

Changing lives a world away

Park grad performs much-needed surgeries in Ghana

BY PHYLLIS SIDES
Journal Times

Dr. Megi Morishita just came back from working at a clinic in Ghana. It's the latest trip in what has become a special calling for the 33-year-old Park High School graduate. Morishita spent two weeks in early September at the Baptist Missionary Center in the village of Nalerigu.

She started volunteering when she was in medical school at the University of Wisconsin. She has volunteered at medical missions in Vietnam, Thailand, El Salvador, Laos, Nepal, India and Bangladesh.

Morishita is a member of Atonement Lutheran Church. She was born in Tokyo and came to Racine when she was 5. Her mother is Joannie Williams the parish nurse at Atonement and her stepfather Warren Williams is senior pastor at the church. Her father and stepmother are Nobumichi and Reiko Morishita of Tokyo.

Morishita was in Racine, resting up for a few days, before heading to Eugene, Ore., to start her obstetrician/gynecologist practice. She recently talked with The Journal Times.

It seems as if you have a history of volunteering and community service. When you were middle school and high school did you do any volunteering?

In high school I had no idea I wanted to go to medical school. I thought I would end up doing research or something. It was actually my high school chemistry teacher who suggested I apply for medical school.

We did a lot of volunteering. I taught French after school once a week at Jefferson Lighthouse which is where I had gone for elementary school. Other activities included tutoring students in math and science

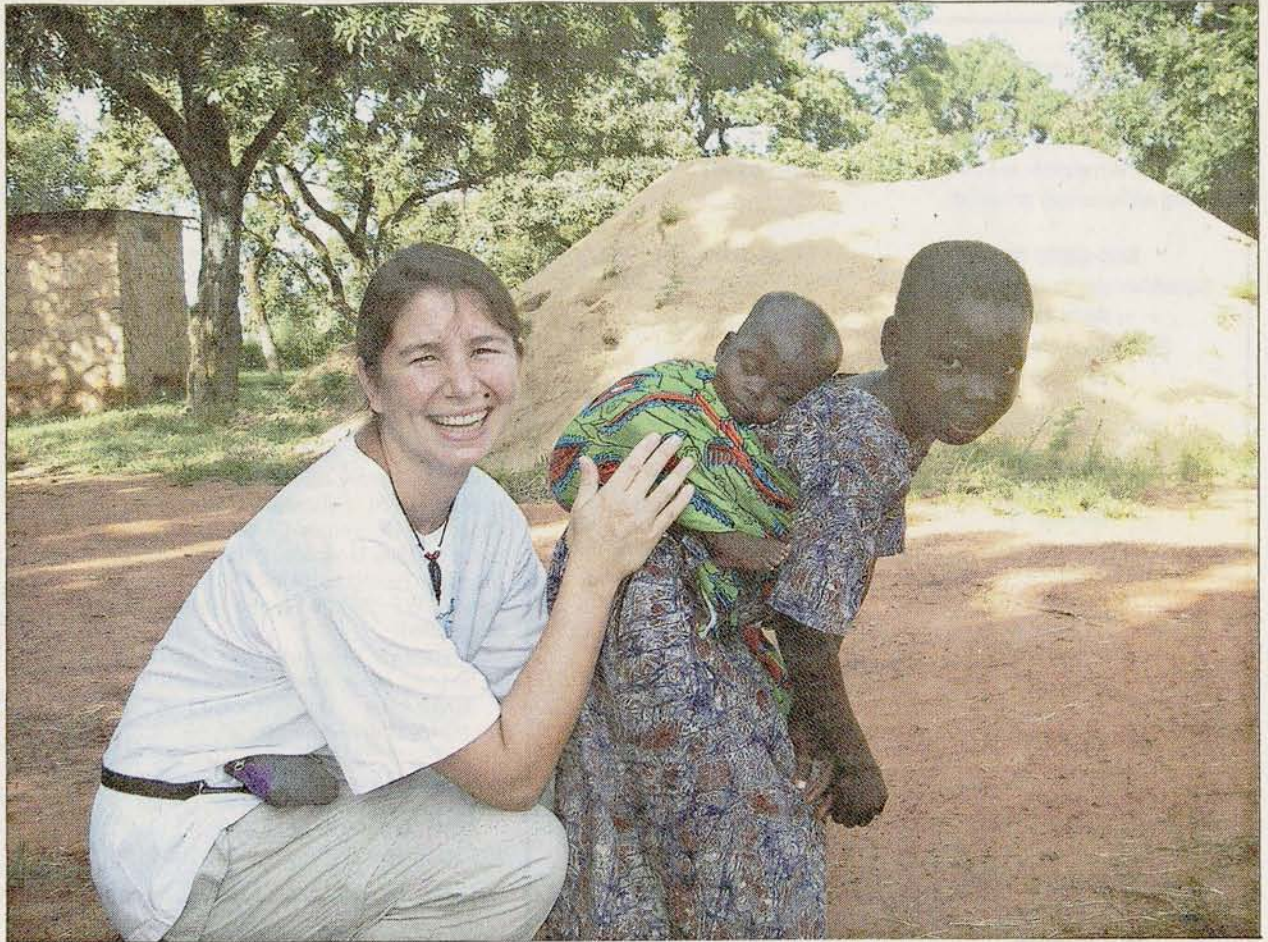


Photo courtesy of MEGI MORISHITA

Megi Morishita poses for a photo with two sisters while visiting a nutrition center in Ghana.

at Park High School. Most of my time in high school was spent with the swim team, soccer team, yearbook photography, Lighthouse Brigade Marching Band, playing violin in the orchestra, competing with the science team. Things like that, but not a lot of medical work back then.

What made you decide to go to Ghana?

I was very interested in the fistulas. Fistulas cause incontinence and other

health problems in otherwise young healthy women. This is a problem that we can correct relatively simply by surgery. But it is something we don't learn in the United States because of the good obstetric care we have here. So I wanted to go with my faculty member (Dr. William Meyer, a faculty physician at the University of Arizona in Tucson) and learn about these surgeries so that in the future I can go back to Africa and help

other women.

What are fistulas and what causes them?

A fistula is a connection between one organ in the body with another organ. A vesicovaginal fistula is one that develops between the bladder and the female reproductive system. This results in urinary incontinence, constant leaking of urine, which then

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results in poor hygiene and the subsequent loss of one's husband, children and family due to the stigma of this injury.

Fistulas in developing countries are usually caused by obstetric injury, injury during child labor. Usually, this occurs when a woman has been in labor for days and is having difficulty. Because people are not able to access hospitals, doctors are unable to intervene in time to help the baby, and are often too late to help the mother. The pressure of the baby's head in the pelvis for so long causes compression of the blood supply. This, and other things, results in the formation of a fistula.

These women are otherwise young, healthy women who were pregnant and beautiful one day, and the next, are being shunned by their families because of this injury. With a surgical correction that might take 1-2 hours, we can basically give these women their lives back. It is really rewarding.

Unfortunately, some of these women have had several prior surgeries done which failed. It is a difficult surgery and so there is a lot of scarring which makes it more difficult to correct. We do not learn these operations in the United States because people have access to health care and do not spend five days laboring in the bush. We might see them in patients with gynecologic or bladder cancer, but not enough to be trained well in correcting these without seeking special training.

Is this a problem in most of Africa or just in Ghana?

Most of Africa. There are thousands and thousands of women who have them and for as many as you correct there are more women who get them in child labor.

Is it a result of not having prenatal care?

Well, some of it is not having prenatal care but mostly not having intrapartum care during labor and delivering their babies at home. And from laboring for three, four, five days and not being able to come into the hospital when something is going wrong.

How many surgeries did you do while you were gone?

I think we did 26 during the two weeks.

Were they all fistulas?

No, because there have been ob/gyn doctors at this hospital before. There weren't that many



Photos courtesy of MEGI MORISHITA

Above: Megi Morishita with friends at the nutrition center in Ghana. Below: Morishita and a patient during an ultrasound.



fistulas like in Nigeria where they've done like 19,000. They had a United Nations campaign where they did 500 fistula repairs in two weeks.

At this hospital they had ob/gyn surgeons come in May so a lot of women had their surgery then. We did, I think, eight more fistula repairs.

You did three C-sections while you were gone. How many live births did you have?

Of the three C-sections there

were three dead babies. But there was one live baby because one of the women had twins. And in all the cases they labored for days at home. By the time they get to the hospital it's too late to do anything for the baby and so we're really doing it to save the mom. And even then it's one in 10 who die in child labor.

You mentioned that sometimes because they wait so long there's this perception that hospitals kill people?

Yeah, by the time they do

come in to the hospital they have to be really, really sick. And both for cultural reasons and transportation reasons they simply can't. You can't walk eight hours to get to a hospital. So when they do get there a lot of the time there's nothing we can do. And people do die there and that further strengthens the perception that a hospital is some where you go to die. And so then people really don't want to come to the hospital. They'll do everything else first including seeing the witch doctors before they'll come in.

Has the influence of the witch doctor waned any?

Probably in the Nalerigu community because the hospital has been there 50 years. A lot of the people trust the doctors that are there because they've been there so long.

After you start your practice, do you think you'll keep on volunteering in other parts of the world?

Yeah, definitely. It's something that keeps me motivated, the work. It's very rewarding. I negotiated up to six weeks of vacation instead of the four weeks everybody else gets, so that I could take one trip a year to do volunteer work.