**Asthma in the field**

In 2000, I sat on a wooden bench in the Poly Clinic in Mizan Tefari, southwest Ethiopia, struggling to breathe. Full-status hospitals in Addis Ababa were 555 km away, at best a two-day bus trip during the rainy season. The doctor had stepped away for lunch, but the remaining staffer assured me he would be back soon. No other patients were waiting (this was the expensive private clinic) but I chose a dark corner. After the heavy effort it took to get to town I was exhausted, and here in this quiet room I faced the fact that if this man did not have the right medicine I could die. Even with the right medication on hand, if he did not have sterile needles to give the necessary injection, what would I do then? What choices would I have to make about HIV risks? Tears spilled over, and for once in my life I just let them flow, silently, as I kept fighting for breath.

Pride, delusions, and poor decisions led me to be sitting on that bench. I didn’t identify as an asthmatic, as the condition had almost zero impact on my daily life. My allergies started at age 9, triggered by late summer ragweed and dust mites and managed with nasal sprays. Cross-eyed and clumsy, I was the last picked for every gym class team, so I spurned conventional athletics and focused on hiking and ballet. Exertional asthma creeped into my life when I was 12, with heavy exercise in cold dry Wisconsin winters. But occurrences were only episodic, and easily managed with an inhaler and slow-down.

I only became conscious of asthma in relation to fieldwork in 1993 when, after weeks of illustrating artifacts in Oaxaca, a few of us tried to climb a modest mountain near the Pacific coast one weekend. My lungs, coated from city pollution, rebelled and left me gasping on the trail a few miles behind the others. A proud hiker, I was shaken, humiliated, and furious that the others had gone on ahead without even realizing I was ill. Then again, I hadn’t told anyone about my asthma.

Starting graduate school in 1994, I assessed my health and fitness to prepare for what I hoped would be a long career of fieldwork. I shed excess pounds and started jogging. My first ‘runs’ were laughable – I could barely jog 100 m without hitting an asthmatic threshold – but gradually I increased the time and intensity I could go without a lung meltdown. Avoiding the inhaler, I developed a keen sense for the fine line between a sustainable pace and too fast. By 1997, I was jogging comfortably for 45 minutes, calibrating my speed to weather and pollen. With the arrogance of a twenty-something, I thought I had things figured out.

Before departing for solo long-term fieldwork in Ethiopia, I got all my vaccinations, and made sure I had plenty of nasal spray and an albuterol inhaler just for emergencies. The nasal spray proved essential when one of the flowers that is most important for honey production (Asteraceae: *Vernonia*) turned out to be horribly allergenic for me. Everything else went fine through all of 1998 and 1999.

I returned to Ethiopia in 2000 for a short follow-up research season. It started in collaboration with botanists from the National Herbarium, and after my long solo fieldwork the previous years it was a huge pleasure to be with a team. We took a few days to reach my field area. Beforehand, in cold highland Bonga, several of us caught colds. The conventional symptoms abated, but at night, when I lay down, my lungs would fill, and the wheezing would begin. Each frigid night, tossing and turning and coughing, I would resolve to go to a clinic the next day. But then each sunny morning, upright with hot tea sliding down my throat, I would become convinced I was fine, that maybe I was just allergic to the old pillow in the $1-a-night hotel, and we would move on.

On the third and fourth nights, the inhaler didn’t seem to be having much effect. Things came to a head the fifth morning of the ‘cold’, in Sheko, my home field area. We were walking familiar paths and I was gasping and stumbling, even as I was trying to show my senior botanical colleagues all the exciting yam varieties of the locality. The lead botanist took me aside, and gently said “Elsa, you are not well. You need to go to town and see a doctor. Right away.” I can’t remember how I got back to Mizan – did they send me in their Landcruiser? Did the local minibus stop for me? – but by the time I entered the Poly Clinic I could barely walk and my illusions were gone. This was an emergency and I lacked the tools to handle it.

Fifteen minutes after my entry, the Poly Clinic staffer looked over at my wet cheeks and made a discreet phone call. Five minutes after that the doctor arrived, hastily dressed. He examined me, kindly. He told me this was fairly simple, he had injectable bronchiodilators on hand, and he let me rip open the plastic sealing for the brand-new syringe. We let the medicine do its work, and he wrote me a prescription for antibiotics (to kill off the bronchitis) and prednisone (to keep my lungs clear, with careful instructions on how to taper off gradually).

Once I was breathing normally and restored to coherence, he asked “Has this ever happened to you before?” “No, no, I don’t understand this at all. My asthma has only ever been connected to allergies, or to pushing too hard in exercise.” He proceeded to explain: Colds and bronchial infections can aggravate asthma, sometimes quite seriously and suddenly. “In the future, you should be prepared for this.”

So I do prepare. With better asthma medicine available these days, I make sure to get both the routine and the emergency versions, and have fresh prescriptions prepared before fieldwork. My travel doctor also prescribes a series of Azithromycin (Z-pack), an antibiotic that is good for respiratory infections, for me to carry in case a common cold lingers or settles in my chest. I also carry prednisone, so that if all this happens in an area without medical facilities the steroids will buy me enough time to get to a hospital. In the twenty years since Mizan, I’ve never actually had to use the prednisone, as the Z-pack and the inhalers have sufficed, but it’s good to have.

There are larger lessons here. This is not just the story of an asthmatic episode, but the story of a stubborn young woman who didn’t want to admit to herself that she had a medical condition, who remained ignorant of ways that condition can escalate, who failed to notify those around her that she was becoming seriously ill, and who prioritized a cherished research agenda over her own comfort and safety until she found herself in a life-threatening situation.