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Then and now

Ellen Einterz

VICS Volunteer, Kolofata, Cameroon

When we started out in Kolofata, Africa was further away than it is now. Electricity and running water, to say nothing of telephones and television, were distant dreams. The single squat structure that we used as a hospital sported crumbling cement floors, metal shutters for windows, and a roof that leaked rivers.

We sterilized instruments in boiling water over the flame of a kerosene stove. At night we worked by lantern light. Water we trucked in or hauled uphill from the river. Depending on what was needed, I was doctor, ambulance driver, counselor, laboratory technician, midwife, nurse, orderly, pharmacist, burner of garbage and sweeper of floors.

Much is much better now. Assuming all the stars are rightly aligned, we have electricity and running water, cellular phones and limited but adequate internet. We have a beautiful hospital with 12 sturdy pavilions, 120 beds, and enough nurses, lab techs, midwives and ancillary staff that I can stick for the most part to doctoring and keeping all the different pieces working as one.

We treat over a hundred patients a day in Kolofata; administer thousands of vaccinations a month; deliver babies; feed orphans; care for malnourished children; teach students, patients, aspiring nurses, doctors-in-training and each other; support the development of schools and the digging of wells; sponsor teachers, students and women's groups; and nothing, absolutely nothing, we do is done without your help.

Crises and epidemics

The hospital knows no stillness, except perhaps of the kind found in the eye of a storm. Crises — dozens of them at any given time — have a way of swirling around us cyclone-like, and often it seems that we no sooner get one under control than two more blow in to take its place. Epidemics are either raging or not far from the horizon. In a town with no electricians, mechanics or plumbers, electrical, mechanical and plumbing parts act up or break down with exasperating regularity. Over one shoulder we keep an eye out for the next drought, famine or flood, and over the other for the next outburst of violence sending us victims from across the border. Even in the absence of an epidemic or other catastrophe, patients tumble in non-stop.



Photo by Barb Summers, PWS&D

Baby Rebecca

Not always, but often enough, wonderful things happen. One Sunday evening I had just lifted my stethoscope from my neck and was closing my office to head home when a middle-aged woman in a faded and torn cotton dress rushed in, cradling a puny baby in her arms. She was hunched over it, and the little body emitted a rasping wheeze with every breath. The mother's eyes reached out, grappling like hooks, as she raised the child towards me and pleaded, "Tata-ni — martine!", "My baby — please!"

The baby's name was Rebecca, and she was 11 months old. She had a temperature of 104 and a chest that heaved and flailed in a way that made her fight against pneumonia look all but over. Her lips and nail beds were blue, her limbs flaccid, her eyes fixed in a sightless stare. I took the child from her mother, hugged her to me and ran from my office, out the front door of our waiting room and down the dusty incline to our post-partum ward, the only place outside the operating theatre where we have oxygen.

Six-year-old Algadi

But the oxygen machine was already being used by a 6-year-old shepherd, a fatherless boy named Algadi, who had been brought in earlier that day with cerebral malaria, convulsions, a deep coma, and a temperature of 106. From the time he arrived, Algadi had not been expected to live, not with a body that hot and a coma that deep. He had not died yet though,

so we had poured bowlfuls of water over his body to cool it down and injected quinine and glucose into his blood stream. We had inserted a nasogastric tube and put him on oxygen, and now, seven hours later, he was, astonishingly, still holding on. I checked his oxygen saturation and reckoned it safe to borrow his machine for Rebecca until we could lug the other machine over from the surgery.

Fifteen-year-old Hadidja

In an adjacent bed lay Hadidja, a fifteen-year-old girl who had been bitten on the leg by a snake, a carpet viper, several days earlier. Carpet viper venom prevents a victim's blood from clotting while simultaneously easing apart the cells that make up the walls of the body's capillaries. So blood seeps spontaneously from vessels, in addition to leaking from the slightest bruise or scrape new or old anywhere, and because the blood does not clot, the bleeding does not stop.

Hadidja was from Nigeria, and after she was bitten, her family dragged her from hospital to hospital for four days in search of a cure, and all the while her life was slowly oozing out of her. They finally landed on our doorstep late one evening.

By this time Hadidja's right leg, the bitten one, was twice its normal size and black from internal bleeding. She was bleeding copiously from gums and from a tiny scratch on her left forearm, and she had lost so much blood she was unconscious. Her breaths came infrequently and in deep laboured sighs. Within minutes we had oxygen pouring into her lungs and then fresh blood and antivenin into her veins. She clung to life. She survived the night and by morning she had regained consciousness. The days passed and here she was now, mostly out of danger and watching us intently. We did not know yet if the snake-bitten leg could be saved.

Tiomodok and Kadi

There were only two real post-partum patients in the post-partum ward, both women who had arrived the night before in obstructed labour and delivered finally by vacuum extraction.

Tiomodok was 17 years old. Her first baby had been born dead at home a year earlier. Without help she would have lost this child as well for she was small and the baby was big and he was well and truly stuck. Combining forces, we managed to unstick him and get him out. He was born a bruiser, but a bruiser who stubbornly refused to breathe on his own — until an hour or so later he at last understood that his stubbornness was nothing compared to ours.

Next to Tiomodok was Kadi, at 30 years old already a dowager, mother of eight children, four of whom had survived infancy. She should have been able to deliver this ninth baby with relative ease, but trouble unexpectedly intervened and her baby, like Tiomodok's, had been going nowhere until we attached a vacuum to his head and pulled him out. He emerged kicking and screaming — two signs we take as a neonate's way of saying thanks.

And now both women Tiomodok and Kadi, lay quietly on their beds, their newborns nestled against them, as across the room Rebecca, the feverish cyanotic eleven-month-old with raging pneumonia, battled to stay alive.

Night and day nursing back to life

I did not think she had a chance. She had been sick too long, her lungs were stiff, her heart was overwhelmed, her brain exhausted. Children are made of miracles, though, and with the right nudge here and there, it is amazing how often they beat the odds. We nursed Rebecca all night, and the next morning she was still alive. The morning after that she was too, and by the third day she was smiling.

Algadi, the comatose shepherd boy with cerebral malaria, did fine as well, though it took him longer. After three days he awoke from his coma. A couple of days later he was able to sit again, then to stand with help, finally to walk a wobbly,

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drunken sort of walk, gesticulating wildly and shouting incoherently as he did. Eventually he was well enough to go home, and at a follow-up visit two weeks later, it was with pure delight that I found him to be wholly recovered, in every way perfect.

Hadidja, the snakebite victim who had had that massively swollen, blackened leg, also got better and went home, walking on her own all the way.

“Enough, Lord!”

Our days and our nights are filled to the brim with people like these and stories like theirs. The challenges in Kolofata are endless, the endings are not always happy. There are times when we, like people the world over, think Elijah had it about right when he threw up his hands, cried “Enough, Lord!”, then lay down under a tree and fell asleep.

But I suspect that in Kolofata we have it easier than most, for here it takes so little — the whimper of the next suffering child, the joyful tears of the next relieved mother, the clenched, clasped hands of the next distraught father — to remind us that when Christ sacrificed everything for us, the only thing he asked in return was that we walk in the way of love. This we try to do.

The path he set us on is nether straight nor smooth, there are no shortcuts, and sometimes despite our best efforts we find ourselves doubling back and doubling back again. But it is a road along which wonderful things do happen. ■