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“Thank you You have always

Ellen Einterz

VICS volunteer for twenty years in Kolofata

The boy's name is Aboubakar, and he is six. He lies unconscious on a cholera cot, which is a sort of camp bed with a five-inch round hole in its middle and a bucket under the hole. The waning days of our three-month cholera epidemic have coincided with the middle of our annual malaria peak. Aboubakar is cholera patient #1551, malaria patient #6785.

We run the first of multiple litres of Ringer's lactate through a large-bore catheter threading a vein in his left arm and get

His mother says he is not in his body, and when we ask her where she thinks he is, she says she does not know, she only knows that he is not in his body.

a transfusion of his father's blood flowing through a vein in his right arm. We fill him with anti-malarials and feed him sugared porridge through a nasogastric tube.

We teach the family how to avoid contamination, how to wash their hands and feet and dishes with chlorinated water from a designated barrel, how to disinfect the contents of the bucket under the bed.

Aboubakar's mother sits on a wooden bench beside him, holding his arms lest he suddenly flail and dislodge the IVs. She hovers over his gaunt frame and stares into his face, into the hooded eyes that are sunken and unseeing. She sits like that all day and all night — sits, hovers, stares.

Temporary treatment centre

This year's cholera epidemic has been an order of magnitude worse than our epidemic of 2009. It started earlier than usual and from the beginning was aggravated by heavy rains that left many villages moated by vast fields of knee-deep mud. Power

outages have been frequent and long-lasting, and water has been everywhere except in our pipes.

A temporary treatment centre was set up in a primary school, and cholera camps were created at the hospital and a peripheral health centre to accommodate the mass of victims being carried in every day. Our creaking vehicles were in constant motion, ferrying personnel, patients, medicines and supplies back and forth between villages and health centres, the hospital and the regional capital.

After three tumultuous months, the long-awaited calm is finally setting in. The peak is past, the denouement surprisingly swift. But for Aboubakar and his family, the storm is far from over, and now there is malaria, and malaria's devastating anemia, to contend with as well.

On the third day, the boy surfaces from the deepest depths of his coma, but he is agitated, delirious. His mother says he is not in his body,

and when we ask her where she thinks he is, she says she does not know, she only knows that he is not in his body. His conjunctivae have colour now and his skin has regained its turgor, and we urge her to be patient, let time bring him back to where he is meant to be.

Haman

On morning rounds of the following day, our last visit before reaching the cholera enclave is with Haman, a thirty-year-old man who is dying of AIDS. Medicines that kept him well for four years have lost their magic, and he is bone-thin now, and knobby as a twig. He cannot swallow without choking. Recurrent fevers sap his strength, a cough rattles his chest. His voice is a whisper, his words are slurred, and his sleep is disturbed by cramps and pains and nightmares. He knows his future. "I am dying," he says, "but thank you. You have always taken care of me." He pauses to breathe, to look around. "Isn't it true that when you came here you found me just a boy?" He smiles

taken care of me”

distantly, remembering, perhaps, that eager youth. “How many children have I had since then, and how many others, friends and brothers and friends of brothers, have died before me?”

His wife Amina stands at the foot of his bed. She pulls her veil across her face but cannot hide her tears. Haman looks at her, raises his skeletal hand and chides her in a voice as strong

“If it is God’s will that I should live, then I will live. If it is His will that I should die, then that too is fine. It is as it is.”

as he can muster. “Non, ca va! If it is God’s will that I should live, then I will live. If it is his will that I should die, then that too is fine. It is as it is.” He looks back at us, imploring us all to understand. “Do you see what I mean?”

Her son has come back

From the male ward we walk across to the cholera camp, and open the makeshift gate on the makeshift enclosure. A young girl is lying on a mat on the sand. An old man and his wife, both as yet unable to stand, are languishing on the veranda. Beyond them, in the middle of the courtyard and perched on a bench his mother had occupied for three days and nights, is Aboubakar. He is devouring a beignet and grinning mirthfully. His mother, a bucket of water balanced on her head, approaches from the other end of the enclosure, sees us and smiles too. No one has to tell anyone that her son has come back.

Having completed our twentieth year with VICS in Kolofata, we take pleasure in looking both backward to where we have been and forward to where we hope we are going. But best of all is looking no farther than straight ahead, into the eyes of whomever we are with right now here in this beautiful, endearing, maddening, astonishing, excruciatingly frustrating, very special place. ■