

2-2009

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Recommended Citation

Einterz, E. (2009). VICS: Her blood in his veins. *Spiritan Magazine*, 33 (1). Retrieved from <https://dsc.duq.edu/spiritan-tc/vol33/iss1/10>

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Her blood in his veins

Dr. Ellen Einterz

KOLOFATA, NORTH CAMEROON

The bent old woman lunged into my consulting room, a floppy three-year-old cradled in her arms. Her lopsided lafaiya, maroon with flecks of faded silver, had fallen to her shoulders. Two brass encircled each earlobe and tin bangles each wrist. On her feet were plastic flip flops, broken and mended: green on the left foot, blue on the right. Desperately, as though the words themselves were on their knees, accustomed to being refused, she pleaded, "Tata-nyi, tata-nyi." My child, my child.

After hours

It was after six o'clock and only an orange glow was left rimming the mountains to the west. The waiting room, cavernous and still, no longer vibrated with the day's bustling crowd of men, women and children suffering coughs, fevers, rashes, intestinal ailments, complicated pregnancies, aches, pains and wounds. A handful of white-coated nurses and two stick-bearing night watchmen shuffled from task to task. The lights were on, a hundred fluorescent tubes defying the darkness about to descend.

I looked up from my papers. An oil tanker had exploded outside one of our villages one night several weeks earlier, and two other trucks and a van full of passengers had gone up in flames. Of the twenty-two victims, nineteen had survived and been hospitalized for weeks. The government now wanted a report.

Alive but unconscious

I motioned the women to sit in the chair beside me. "Martiné!" she begged. Please! The boy was alive but unconscious and on fire. His unseeing eyes rolled up under their lids, and the conjunctivae were milk white. He breathed rapidly and too deeply, each intake of air stretching the skin taut over strained ribs. I felt the lead-



Dr. Ellen Einterz sets up a transfusion on an anaemic child.

ing edge of the overworked spleen that had swelled past its bony cage. Unwieldy in the old woman's embrace, his neck, spine and limbs were limp. And yet he was a fine boy: well nourished, unblemished, cleanly dressed and coiffed.

"His mother is in the field," the woman said. "I am his grandmother. He is my grandson."

"How long has he been sick?"

"No, no. Only now. I came right away."

Already two weeks sick

I held her grandson's hands and showed her the whiteness of the palms. "Not now," I said. "How many days, how many weeks?" They lived in the village, less than a mile from the hospital.

She nodded. "Two weeks," she replied and then added hastily, "but not like this. Sometimes he would get up. Sometimes he would play before lying down again. The fever would come, and then it would go.

But today..." she shook her head and looked into the boy's blank face, as if waiting for something important to happen any minute, "today he is not getting up at all." She wrapped her arms around him and clutched him fiercely to her chest. "Martiné, martiné," she said again. Please, please.

Killer mosquitoes

After last year's destructive floods but shortened rainy season, this year's rains were just about perfect. The harvest was good, and the off-season millet is thriving. But the plentiful rains brought plentiful mosquitoes, and in this part of Africa, mosquitoes, ferocious bearers of falciparum malaria, are killers. The parasite enters its host's red blood cells and multiplies madly until, in their millions, the cells burst.

Two weeks is a long time for a child's body to battle such a potent enemy. In Kolofata our tragedy is that malaria is so common and children are so frequently ill that too often sick is just another word for normal; sickness is not recognized for what it is. Until it is too late.

The tests begin

The emergency lab tech came in and quietly and expertly hurried her array of tests. A tube of blood here, another tube there, a drop here, a drop there, centrifuge on, centrifuge off, ceramic plate, glass slide, test strip, second test strip, third, fourth, stopwatch on, stopwatch off, stir, spin, drop, note.

We do not have a blood bank. An anaemic patient is transfused with blood

from a matching screened relative, and sometimes most of a family must be tested before we find a donor who both matches and screens negative for all of a variety of potentially deadly viral infections.

Grandmother's blood

The grandmother matched and passed the tests, and we drew a half pint of her blood. The night nurse in the children's ward quietly and expertly sponged the child down, inserted a nasogastric tube, started an I.V., administered injections, and fed medicines and sugar water through the NG. The lab tech brought the bag of fresh blood and the nurse set it up and adjusted the drip rate then asked the grandmother to sit by the child and hold her hands over his. "If he wakes up, don't let him pull out the needle, you understand?" The grandmother nodded. She sat and held her hands over the boy's hands and bowed her head over his head as if by some magnetic power she might draw him back to her.

A long night

Her blood, drop by tiny drop, flowed into his vein. The nurse left for the delivery room, and a young mother gave birth to a six pound girl. A delirious AIDS patient in the male ward was calmed. A farmer, his



Dr. Ellen Einterz with a young friend at the hospital.

right cheek split open like an overripe tomato, required sutures; he would tell his story in the morning. The hours passed.

Owls whooed, crickets chirped, stray dogs prowled stealthily. The moon arced across the sky. By dawn, the boy was conscious. He was weak. He could not sit, could not hold up his head. But he was alive, and he could speak, a tiny whispering sound. "Keleewa," he murmured when I asked him how he was, and he looked at me sleepily but held his gaze. "Keleewa sulé." In good health. The grandmother, exhausted from her vigil, lay sound asleep beside him.

Tiny whispering sounds are the most joyous of all. ■



Welcome the Different *Jean Vanier*

"Peace" — we all want peace. We want peace of heart. We want peace with our families. But let's face it — we're in a world of war.

Here in Canada there's no immediate war, but our world is a broken world. We have all the situations of the Middle East, Iraq, Afghanistan where we have Canadian soldiers, all the situations around Pakistan and India and, of course, many other situations of civil war throughout the world.

Maybe one of the causes of all that is the terrible growing gap between the rich and the poor.

I remember being in Santiago, Chile, some years ago coming from the airport to the city. The man who was driving me said, "On the left are all the slum areas of Santiago, on the right are all the rich houses." And he said, "Nobody ever crosses that line. They don't cross that line. Everybody is frightened."

So, we want peace. But we're all in reality people who can make peace.

How do we make peace? By listening to the different, understanding people, sharing. We can all become men and women of peace or we can become men and women of war, where I'm fighting for myself, for my rights and I'm not opening up to what other people need.

So, peace begins not just in my heart but also in the way I respect others who are different.

"Welcome the different" is the road to peace.