



Malamulo Kids

THE OFFICIAL NEWSLETTER OF THE MALAMULO CHILDREN'S HOSPITAL

The Door is Open!!

In our last edition of the *Malamulo Newsletter*, we made a plea for help in meeting the dramatic healthcare needs of the children in our catchment area. The response that we received was invigorating! It is because of that response that we have started a new monthly publication of which this is the very first issue: *Malamulo Kids*. I hope you are blessed by the stories of healing and giving presented in this Newsletter—stories of donors, staff, and patients alike, coming together to help the Malamulo Kids.

As we previously mentioned, we believe we can give free care to children at Malamulo for an estimated \$115,000 per year. Our goal to start the program was \$60,000 by the end of December. It is with gratitude and awe that I am happy to report to you that as of the last report we have received \$119,350 for the Malamulo Pediatrics Fund – hereafter referred to as the Shanti Ruth Pediatrics Fund (read on). I would sincerely like to recognize and appreciate each of those who willingly decided to participate in this effort. We received gifts from a few dollars to over \$30,000. From the bottom of the Warm Heart of Africa, Thank you.

I am also very pleased to report that as God has opened this opportunity for us, we opened the door of the hospital to the children of our community. As of January 1, 2016, **Inpatient and Outpatient Pediatric care at Malamulo is free!** The response has been overwhelming. In a matter of a couple days our census in Pediatrics went from twenty to sixty, and today it is 76. The staff have been busy taking care of the seemingly endless stream of sick little Malaria patients. Some sleeping, some crying, some vomiting, some seizing – all on their journey to find healing. The outpatient clinics are also in the middle of their busiest month of the year stretching nurses, clinicians, laboratory, pharmacy, and accounts staff alike. At Malamulo, as in most of the world, it is our custom to take a break for lunch. Walking through the hospital at lunch time the last week has been a short study in the commitment of the Malamulo staff—pulling together to make this happen for the kids, even without lunch.

I have been inspired by your giving as I have been inspired by our working. Overall, I have been forced at times to stop in the busyness of the season to acknowledge the goodness of God who so generously opened this door for us to participate in His work of healing.

-Jamie

The Shanti Ruth Pediatric Fund

By Shanti's Sisters



Shanti Ruth Krishnasami was the oldest of us 6 sisters. We had emigrated from India to North America in the early 70s—for religious (Sabbath) reasons. Shanti was always the mature, wise one. As

children, we'd often equate her to animals—the “owl” because she was smart and wore glasses, the “giraffe” because she seemed so tall to us back then and when mad, that was the meanest, most derogatory thing we could think of to call her. Although she was serious and worked hard, she also had a nerdy, quirky side—waking us up with her rendition of Simon and Garfunkel's “Wake up little Suzie”, beginning conversations with “Qu'est-ce que?” just to demonstrate her love for anything French Canadian, and laboring for hours in the kitchen as a mad scientist, perfecting her lasagna or cheese cake; but if you were to ask anyone of us sisters, what stood out about Shanti, we'd say it was her deep, spiritual bond with God. She loved Him. It was obvious. They were best friends.

At a young age, Shanti knew she wanted to be a medical doctor. This was due to our mother who ingrained in us to love and serve God by serving others. Sadly, the road to becoming a doctor was not an easy one. As first generation immigrants, we didn't have much. We felt the pangs of poverty—sometimes having a limited food supply, wearing the same second-hand jeans every day, scrounging for pennies to meet the \$1 required science fee. Shanti compensated for the poverty by working hard. She studied to the wee hours of the morning, brooding over books. She'd give her 100%—starting from her academy days at Kingsway College and extending to her later years at the University of Huntsville (UAH) where she earned a Masters in Biochemistry. Her heart was broken several times when she didn't get into medical

school; But this didn't stop her. She worked harder. We can remember her fasting, praying and pleading with her Best Friend.

Finally, she got in. We were all so overjoyed. Of course, we saw even less of her as she carried her work ethics into medical school at the University of Alabama at Birmingham (UAB) and then later into medical residency at Emory University. When we did see her, she was often sleeping on the couch, trying to catch up in sleep; but she was still her same quirky, driven self. Shanti decided to become a cardiologist, being motivated by our mother's own heart condition from rheumatic fever. She was accepted into a Fellowship program in Tulane. When we talked to her, we could sense she was happy and perhaps relaxing a bit more. We were all happy for her. Her life-long struggle seemed to reach some level of good fruition. In the back of our minds, we were all hoping that marriage and having children were next on her agenda.

But, October 4, 1993 happened. We received the midnight call, "Shanti was shot...and is dead." That evening, after finishing her rounds at the hospital, she had gone to a grocery store with a guard tower, thinking she was safe. Two men targeted and killed her in a carjacking attempt. The last words she uttered when she saw the 0.45 caliber gun was "No." She was saying "No" because her work had not been completed, but 2 men decided they would finish it for her.

It's been over two decades since that fateful night. Our hearts still ache. Immediately after her death, several of Shanti's patients and colleagues reached out to us. They described her as we knew her: compassionate and passionate. Her Fellowship Director said she had moxie, grit. She was a beautiful quiet, dedicated physician, always putting her patients first. The more helpless and hopeless her patients were, the more she fought for them. A story was recounted about how she bought a patient a bag of groceries, reminding us all of the lonely jar of pickles in her own fridge.

We can't bring Shanti back. But we can bring some sense to her senseless death. To do this, we have established the Shanti Ruth Pediatric Fund through Adventist Health International. With this fund, we hope to continue her mission of service. Some of us have personally witnessed the needs at Malamulo Hospital. They are real. Many children succumb to poverty, malaria, HIV, malnutrition and other treatable diseases in Malawi.

As Shanti's family, we are onboard with the Pediatric initiatives outlined by Dr. James Crouse in the December Malamulo newsletter:

- 1) Providing free care to children who can't afford it
- 2) Educating healthcare staff in Pediatrics
- 3) Recruiting a Pediatrician
- 4) Building a Children's Hospital with a Pediatric ICU

We will do our best in supporting these initiatives through fund raising, medical support, and prayers. We also appeal to you. Even as daunting as this challenge is, we can still make a difference in the lives of these little lambs.

Shanti had written these words of hope in her Bible: "We are troubled on every side, yet not distressed; we are perplexed, but not in despair; Persecuted, but not forsaken; cast down, but not destroyed." 2 Corinthians 4:8 (KJV)

There is hope in Malamulo Hospital and in Malawi. Every donation whether big or small will extend a child's life. No parent should ever have to bury their child.

If you are interested in helping with these initiatives, please send your tax-deductible donation to:

The Shanti Ruth Pediatric Fund
Adventist Health International
11060 Anderson St
Loma Linda, CA 92350

Or donate directly online:

[<http://www.ahiglobal.org/main/donate-now/>](http://www.ahiglobal.org/main/donate-now/)

Thank you.

Shanti's Sisters.



Belita during her four days of coma from cerebral malaria.

Belita's Story

By Jacque Mbendera

I am a 39 year-old divorced mother of five children. I am a small scale subsistence farmer. My daughter, Belita's mother, is a 22 year-old mother of two. She recently divorced in 2015. According to our culture, the maternal parent is responsible for all children born which leaves me as a primary caregiver for both my divorced daughter and grandchildren.

This is not the first time for five-year old Belita to get admitted in the hospital. We were here first in 2014 when she was diagnosed with malaria. We struggled but managed to pay the bill then because her father was still around and did some extra work to bail us out. Because of our poor living conditions it's hard to stay away from the mosquitos which bring the malaria.

We have spent six days in the hospital. Belita is now awake, eating and talking. We are ready to go home. Above all, we are relieved we can go home to continue our normal lives without exaggerated financial problems. Without the free service the hospital is offering, I would have depended on village banking to get some loan despite the big interest rate accompanying it. I am all smiles, and am going home to my farming. All thanks to Malamulo.

Medical Note: Belita was admitted with severe malaria complicated with anemia. During hospitalization she started to have intractable seizures, and then went into a deep coma for four days – a condition diagnosed as cerebral malaria. One evening while comatose, she developed severe respiratory distress which progressed to

gasping, and then respiratory arrest. Her family started the traditional wailing ritual for their dead child. CPR was initiated with a bag mask as well as chest compressions and IV medications. After several minutes it was noted that Belita was once again breathing on her own. She was supported with nasogastric feedings, anti-seizure medications, blood transfusion (as she developed severe anemia with a hemoglobin of 4 grams/dL), oxygen, and IV fluids. Subsequently she recovered full neurologic function, and was discharged home with her mother and grandmother. To our knowledge this is the first time in recent years that a child with a respiratory arrest has been resuscitated in the hospital and survived to discharge with no neurological deficits.

Gratitude Note: In June 2015, a group of physicians and nurses from the Loma Linda University Medical Center Pediatric Intensive Care Unit visited Malamulo to teach our staff about pediatric emergencies. In addition to other things, they taught us a hands-on course in Pediatric Advanced Life Support. Since that time we have attempted resuscitations on children multiple times but without success. With the new attention and emphasis on pediatrics in our hospital in 2016, we hope to do better, and have already had one successful attempt. Our thanks go out to the Loma Linda PICU team and the part they have played in training our staff, and saving Belita's life.



donations at Malamulo that enable us to provide care that is of higher quality than some surrounding health care facilities.

Why do you like Pediatrics?

I appreciate the good team work we have in the department. I also like working with children as they tend to respond to treatment faster than adults. If we help them appropriately in good time they usually recover good health.

What is the most difficult part of your job?

The most difficult part is when there is a situation that could be treatable, but you don't have the equipment or supplies to help that patient. For example, sometimes we have patients with respiratory distress who need help with breathing, but we don't have the ability to help them with mechanical ventilation.

What is the most rewarding part of your job?

I feel the best when we have a child that seems hopeless, but we do what we can as a team, and sometimes we see a good outcome even though it is unexpected. Such as the case of Belita Harry.

What do you think about free care for children at Malamulo?

I think that free care has helped us reach people that we could not otherwise meet. I also think we have saved many lives and averted complications as parents are bringing their children sooner.

We appreciate the hard work that Jacque and her team have been doing, and the teamwork she talks about is palpable from just a walk into the Pediatric Ward. The nurses and clinicians have developed an efficient and patient friendly system despite the heavy workload. Thank you, Jacque, for your hard work for the Malamulo Kids, we are proud you are part of our team!

In Conclusion

As you may be able to see, the last month at Malamulo has been one of excitement and satisfaction, as well as hard work. The most common response I have had from national as well as international stakeholders is whether or not this is sustainable. While not having the means in hand, by faith we are saying "YES". With your help we have

Meet Jacque

I would like to introduce you to Ms. Jacqueline Mbendera (also known as Jacque—pronounced "Jackie"), the current Charge Nurse for the Pediatric Ward. Jacque came to Malamulo after completing her Bachelor's Degree from Kamuzu College of Nursing in Nursing and Midwifery in February 2012. She has been leading the Pediatric Ward for the last two years. She originally hales from our neighboring district in Mulanje in Southern Malawi, but has spent most of her life living around the capital of Lilongwe. Jacque has been in charge of the busiest department in the hospital for the last few weeks, but we found a few minutes to talk with her about her work at Malamulo...

Why did you choose Malamulo?

I was originally posted to work at Malamulo after finishing my studies. While working at the hospital I have found that the staff at Malamulo is like a family, even for those of us who come from a long distance away. I appreciate the teamwork and good spirit we have in the Pediatric Ward. We also have a lot of supplies and

raised enough money to take care of kids for a year. Now we are looking forward and planning for the next phases of this project which were mentioned earlier in this newsletter.

- Phase 1** -- \$115,000 for free care – already raised for 2016
- Phase 2** -- \$6000 for staff upgrading in Peds – mostly raised
- Phase 3** – Pediatrician with a house – working with Loma Linda University and other partners, not yet raised.
- Phase 4** – Staff Housing – not started
- Phase 5** – Pediatric ICU -- 2017
- Phase 6** – Building a Children’s Hospital
- Phase 7** – Endowment

This is an ambitious project, and our only good option is to go forward in faith. As God has opened this door, and led us forward, we will continue to follow where He leads us. We would once again like to express our appreciation to the Krishnasami Family, the Foundation for the Greatest Good, and the Three Graces Foundation for their major support for our Pediatric project. We also want to thank every individual for every dollar to fund this project. God has used each of you to help the Malamulo Kids.

We would like to encourage you to consider whether or not you could become a consistent donor to this project. We welcome any donation at any time, but as we desire to build our sustainability, it would be helpful to know how to plan. If you would consider a monthly donation to this cause, it can be made through the AHI website noted above, or by mail. If you choose to be a monthly supporter, I would also request that you send a brief email to me at jcrounse@llu.edu to let me know your intentions.

Next month we will bring a report on the activity in the Pediatrics ward, as well as some comparative data for those who like numbers. Until then we wish you a blessed 2016.

Sincerely,

jamie

James Crounse, MD, MPH
Medical Director
Malamulo Hospital