Miracle at Tenwek

The Life of Dr. Ernie Steury

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Foreword by Franklin Graham

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Daktari! Daktari!

Dr. Ernie Steury smiled as he handed the day-old infant back to her mother before he looked up to see the messenger rushing across the maternity ward. The young Kenyan woman, one of the hospital’s nursing assistants, kept calling as she came: “Daktari! Daktari!”

“What is it?” Ernie wanted to know.

“Come quickly!” She was breathing hard. “They need you . . . in outpatient . . . A boy . . . with an arrow wound . . . He is hurt . . . very bad, Mosonik (MOH’-SOH-NIK).”

“Then let’s go!” Ernie responded, hurrying out of the maternity ward and across the Tenwek Hospital compound. Rushing into the outpatient clinic thirty seconds later, he found a missionary nurse checking the vital signs on a fifteen-year-old Kipsigis (KIP-SUH-GEEZ) boy. The patient was obviously in pain and going into shock. In the Kipsigis language, Ernie asked the boy’s name.

“Kiprotich.”

Then Ernie asked what had happened.

The young man’s father, who had hitched a ride to the hospital for his son on the back of an old pickup truck, told a familiar story. Early that morning, his boy and some others in their village were taking the family cows out to graze for the day when they’d been ambushed by a band of Maasai warriors intent on stealing the cattle. The herders resisted, but futilely. The Maasai, who were better armed, also had the advantage of surprise and greater numbers. During the fight, Kiprotich was wounded.

Ernie had heard similar stories many times before. There were frequent raids and skirmishes over livestock all along the border of the Kipsigis and Maasai territories. The Maasai believed that the creator gave their
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Tribe dominion over all cattle; thus, they considered every cow on earth to be rightfully Maasai property—a worldview neither accepted nor appreciated by neighboring tribes.

Even as he listened to the account of the early morning attack, Ernie began examining a deceptively small abdominal wound. He’d seen enough of those to know it was far worse inside than it looked on the outside. He knew that Maasai arrows, primitive as they might seem, were ingeniously designed to inflict maximum damage to their target. Each arrow was a hollowed-out shaft into which was inserted a long metal point. When the arrows hit their target, the wooden shaft simply fell off, while the metal head penetrated deep into the target. The sharpened point contained numerous wicked barbs that ripped flesh going in and tore even more flesh coming out if it was pulled out quickly.

Noting the angle of the entrance wound at the front of the abdomen, Ernie feared the boy’s internal organs were seriously damaged. He couldn’t imagine how this youngster had survived a two-hour ride in a matatu (a covered pickup truck or van used for public transportation) over primitive, rutted roads. Ernie knew there was massive internal bleeding; the patient’s low blood pressure indicated there wasn’t much time left. He quickly started two large IVs and began infusing fluid into the boy as rapidly as it would go.

An X-ray confirmed that Ernie would have a surgical challenge. The four-inch-long metal point of the arrow had gone almost all the way through the boy before lodging near his spine.

Ernie wanted a second pair of trained hands to help with this surgery. So he sent word for a young colleague to join him as he personally wheeled the patient to the operating room. He also mobilized the hospital’s walking blood bank (staff who had volunteered to donate blood whenever an emergency arose). Ernie knew he would need many units of blood for this boy.

After administering a spinal and waiting for the anesthetic to take effect, Ernie did what he did with every patient before he operated: He prayed. He took the boy’s hand and spoke slowly and clearly in the Kipsigis language to make sure his patient understood. “Lord, we need your help today, and we know you are here with us. We pray for Kiprotich Arap.”

1 Arap is Kipsigis for “the son of.”
Rono and ask that you would be with him and show your great love for him by helping to heal his body . . . ”

When he finished his prayer, Ernie smiled and patted the boy’s arm as he reassured him again, “We’ll take care of you the very best we can.”

Ernie scrubbed in as the nurses finished prepping the patient for surgery. When he stepped back to the side of the table and took his scalpel in his hand, his focus became so intense on his patient that he barely noticed the others in the room: his colleague standing across the table waiting to assist as needed, the scrub nurse handing over the instruments as he called for them, and the circulating nurse, who gathered and delivered additional gauze, sutures, instruments, units of blood, or whatever was requested during the operation.

As soon as he opened the abdomen, Ernie could see the damage he had feared. The arrowhead had ripped through multiple loops of intestine. Ernie clamped off the intestine around each tear to prevent further contamination as he worked his way down into the abdomen, searching for the primary source of bleeding.

With his colleague holding the intestines aside, Ernie had at least a small field of vision and finally spotted the tip of the arrow. As the younger doctor suctioned out the constant flow of blood, Ernie began packing sponges around the projectile in an attempt to spot the source of all that bleeding.

“We’ve got a big problem!” he announced in English.

The arrow had embedded itself in the abdominal aorta—the largest blood vessel in the body—just above where it divided into the two main arteries leading to the legs. Ordinarily, a perforated aorta would result in a patient’s bleeding to death within a minute or two. This boy had survived a long, jolting ride to the hospital only because the embedded arrowhead itself was partially plugging the hole. The very thing that had created his mortal wound was also keeping the boy alive.

Ernie called for the vascular instrument set. But it didn’t contain a clamp large enough to fit over the abdominal aorta. He now faced a surgical catch-22: He couldn’t leave the arrowhead in because the patient was slowly and steadily bleeding to death, yet if he removed the arrow, the resulting fountain of blood would obscure his view of the puncture and the boy would bleed out before he could repair the artery.
“Lord, help us!” Ernie prayed aloud as he took a few seconds and tried to think. What he needed, but the small mission hospital didn’t have, was a very special large vascular clamp. A regular surgical clamp would irreparably crush the aorta. He could repair this immediate wound, but the aorta would rupture within a day when the crushed tissue broke down.

Suddenly Ernie had an idea: “Get me a piece of red rubber catheter!” (a small diameter flexible tube). “And a piece of suction tubing!” With one hand he pinched the aorta to the arrow to lessen the bleeding that obstructed his vision. With the other hand he dissected away the peritoneum (the thin, plastic-wrap-like membrane covering the abdominal organs) a few inches above the arrowhead and worked his finger down and around the aorta where it ran along the spine. Once he cleared an opening, Ernie instructed his colleague to slowly feed one end of the catheter down into the abdomen. Then, completely by feel, Ernie gently maneuvered the end of the catheter through the hole he had made in the peritoneum and around the backside of the aorta.

After he fed the leading tip of the catheter through, he pulled it up with a hemostat and brought both ends together. Next, he called for a short piece of half-inch-diameter suction tubing, threaded the parallel ends of the catheter up through that, and then slid the suction tubing down the rubber catheter to create a soft noose that he tightened gently around the aorta. Finally, he clamped the suction tube to the catheter to hold the noose firmly closed.

Only then could Ernie release the direct pressure, remove his left hand, and find out if his wild idea was going to work. Once his colleague had suctioned most of the blood out of the patient’s abdomen, they could see that the makeshift vascular clamp had slowed the blood loss to a manageable level. As expected, clamping the aorta had caused the patient’s blood pressure to spike dangerously high, and there was now no blood flowing to the lower extremities. With little time and only one chance to get it right, Ernie had already made sure he had a vascular suture on a needle holder ready. Then he removed the arrow, grabbed the needle and suture, and sewed in two layers as quickly as possible to close the aorta. The moment he finished, he slowly loosened the rubber
noose to let the blood flow again and watched to make certain he had a
dry bed with little or no bleeding.

After pulling out the catheter, Ernie applied some gel foam to help
clot formation and placed drains from the puncture site through the
abdominal wall. During the next hour he carefully sewed up each of the
holes in the intestine, gradually working his way out by closing up one
layer after another of the boy’s abdominal wall.

The boy received large doses of broad-spectrum antibiotics to control
the infection already beginning from the spillage of his bowel contents.
After ten days of tender loving care in the hospital, as well as many prayers,
Kiprotich Arap Rono walked out of Tenwek Hospital, went home to his
village, and soon made a complete recovery.

Ernie Steury added the tip of that arrow to his extensive collection
of foreign objects—including numerous arrowheads, spear points, and
assorted projectiles—that he had removed from patients over the years.
Every one was a story in itself.

Tenwek Hospital added one more memorable surgical account to its
case file of remarkable success stories. Another patient saved, another
life forever changed.

And yet again a grateful Kipsigis family went home with their own
tale to add to the already legendary reputation of the American doctor
known throughout the highlands of western Kenya as Mosonik (Kipsigis
for “Left-Handed One”).

But that remarkable story didn’t start in Kenya. It began half a century
earlier, and half a world away, with an Indiana farm boy who never imag-
ined how his life would intersect with a wounded Kipsigis boy on an
operating table in an overcrowded mission hospital in a remote corner of
Africa. Yet somehow this American doctor named Ernie Steury, without
any formal training as a surgeon, without adequate instruments, without
even a constant electrical supply, saved thousands of lives, transformed
health care in the highlands of Kenya, and built one of the most success-
ful medical mission facilities in the world.