

A Small Light in a Kingdom of Darkness

Flies circle the sparsely equipped operating room in the middle-of-nowhere Central Asia. One lands on an instrument tray, strutting the length of a scalpel just seconds before the previously sterile instrument plunges beneath Jalal Hossein's* skin.

"Allah!" the 28-year-old mullah (Islamic teacher) moans through a haze of local anesthesia that obviously has failed to kill the pain. The lead surgeon calls for more light, but three of the four bulbs in the operating room's lamp are burned out.

Cutting-edge medicine it's not. But at the moment, the hospital—and Hossein—have at least one ace up their collective sleeves: the man behind the scalpel is Dr. Doug Page,* one of the finest thoracic surgeons in the country.

"Put that bad boy in there," Page coaches a national colleague who is attempting to insert a catheter into the protective sac surrounding Hossein's heart. These are teachable moments for Page, 56, a soft-spoken, Southern Baptist doctor who came to this rugged corner of Central Asia with his wife, Alice,* to be Jesus' hands and feet among a people in desperate need of physical and spiritual healing. It's a brutal place to practice medicine, let alone share the gospel.

"There are so many walls here," Page says. "There are walls around every house and there are barriers between families. ... There's fighting between villages and tribes. This isn't just fisticuffs fighting—this is blowing up homes, setting booby-trapped mines, children being maimed, crops being burned, livestock stolen. It's ruthless."

During the past several years, Page has scrubbed in for

hundreds of surgeries at the hospital. The 60-plus bed facility is dirty and poorly equipped. But as the largest of only three hospitals in an area more than twice the size of the state of Georgia, it's also the best chance of good health care for the more than 350,000 people who call this province home. That's roughly one doctor for every 15,000 individuals.

Though those numbers are staggering, Page believes the need for the gospel is even greater. Islam dominates the religious landscape. Estimates place the number of Christians here at fewer than 2,000. Cultural and political animosities have forced most national believers to keep their faith a secret.

"They're locked into a system of righteousness based on works. ... They have no hope of salvation. They have no understanding or sense of grace or forgiveness," Page says. "Famine, disease, injustice, abuse of women and children, human trafficking—all of these things relate to that darkness. ... And they've been enslaved for hundreds and thousands of years like this.

"It's a kingdom of darkness. I think Satan is very powerful here."

Third-World Medicine

By 8 a.m. the next day Page is on his way to the hospital, eager to begin morning rounds. "Just another day in paradise," he jokes with his driver, Farooq,* as their SUV bounces violently across a series of Hula-Hoop-sized potholes near the hospital's front gate.

"*Salaam alaikum!*" (Peace be to you!) Page beams as he greets Dr. Walid Asad,* one of the hospital's top physicians. Asad is tall and handsome, with a neatly trimmed mustache, wide smile and robust sense of humor. He loves practicing English with Page, whose humor is an endless stream of entertainment for them both.

"Laughter is the best medicine! Honesty is the best

policy!"Asad teases as he recites a string of idioms, holding up an index finger like a nagging parent. "The trouble is he's so serious all the time," Page tells us with a sarcastic grin, as the two men head down the hallway with a team of nurses in tow.

Their first stop is Hossein, who appears to be resting comfortably following yesterday's surgery. A tube snakes out of his chest to a bag filled with reddish fluid. Page suspects the fluid is a product of tuberculosis, but the hospital has no lab to confirm his diagnosis. It's one of the hard realities of Third-World medicine, a stark contrast to Page's former private practice in the United States.

Each of the hospital's wards, lit by a single, fluorescent bulb, smells of body odor. Patients lie on paint-chipped beds covered with threadbare sheets. Paperwork is "filed" in a beat-up cardboard box underneath the nurses' supply cart. There is often no electricity, and the generator, as well as the only X-ray machine, is unreliable.

Harsh, frigid winters make matters worse. Illnesses skyrocket and the hospital fills quickly beyond capacity; children are sometimes admitted two or three to a bed. Temperatures can dip below -20 degrees Fahrenheit, and with no central heating system, frozen pipes cut off the hospital's supply of running water. Heavy snow shuts down roads, and security limits the hospital's ambulance to in-town runs only. Patients in outlying villages often don't reach the hospital until it's too late.

"Women might come for days on donkeys with some sickness or complication from pregnancy. Maybe the baby dies en route; maybe the woman dies en route," Page says. "The hospital is always cold. You don't take your clothes off when you go in the operating room. You just put scrubs on over them. And the patients are shivering."

It's frustrating, sometimes overwhelming, but Page tries to keep it in perspective. "You can't fix everything. You can't make it like the health-care system in the U.S.," he says. "We make a lot of educated guesses, take out cancers or things we think are cancers. But we don't have pathology, we don't have proper microscopes.

"I rely more heavily on the Lord here. I find myself praying more for patients, praying more during surgery and leaving things in His hands instead of trying to control all of the variables."

And there are a myriad of variables. From the heartbreaking to the downright disgusting, practicing medicine in a place like this means dealing with a mélange of maladies that medical school couldn't prepare any doctor for. Among other things, Page has amputated limbs from landmine victims, removed handfuls of worms from patients' intestines and nursed malnourished children back from the brink of death.

Typhoid, tuberculosis and malnutrition are common. So is trauma, especially from motorcycle and farming accidents. Diarrhea and intestinal parasites are rampant. Less than 25 percent of the area's households have access to safe drinking water and fewer than 10 percent have adequate toilet facilities.

More than 30 percent of the population lives below the poverty line; one-third of all pre-school children are underweight.

Mohammed is one of them. Just 18 months old and severely malnourished, he was brought to the hospital suffering from pneumonia and an infection in his right thigh. He winces in pain at the slightest touch, his squeaky cries broken only by a thick, wet cough. "I'm sorry," Page says softly as he listens to the boy's breathing. "This little kid just hurts everywhere you touch him. His lungs sound really bad."

Asad chastises the boy's mother for failing to take him for a

chest X-ray ordered the day before and asks whether she's been feeding him the malnutrition formula they prescribed. She hasn't. "Poor little guy's struggling," Page says. "He may not make it."

As they move through the ward the doctors come to the bed of 12-year-old Anhahita, whose delicately feminine face bears a sullen, distant expression. She has suffered serious head trauma after being hit by a motorcycle and has been experiencing seizures and vomiting. Page holds her X-ray to the window; a depression in the front of her skull is clearly visible. "Can we look at her pupils?" he asks. He's worried about brain damage, but the hospital isn't equipped for neurosurgery. Page orders an anti-inflammatory drug he hopes will reduce the swelling.

Khalan is another critical patient. Her weathered face is gaunt with malnutrition and her fingers blackened from hard work. "Oh my goodness," Page mutters as he studies a huge, white mass on the 40-year-old's X-ray. It appears to be an aggressive liver tumor, likely linked to hepatitis. "She's very uncomfortable. I don't think she's going to live a whole lot longer," he says with quiet sadness.

Worse Than Death

The tone in Page's voice reveals a tender heart. He admits dealing with the hardness of life here takes its toll. But worse than a patient's death, he says, is witnessing their suffering—especially that of women and children like Khalan and Mohammed.

"It's a culture of men," he explains. "The women are basically property."

Seen as a liability in many households, daughters are typically married off as teenagers, often as second or third wives for men several times their age. Most rely on folk medicine to explain changes to their bodies during pregnancy

or illness.

He believes this contributes to the area's alarmingly high rate of maternal and infant mortality, particularly related to complications from pregnancy. Page frequently treats women for bleeding, post-birth infections and fistulas.

"Many of the mothers are very young, and they're basically all malnourished and don't get much prenatal care," he explains. "The men decide when and if they get any medical treatment. The men can beat them, can kill them. The women will commit suicide or attempt to commit suicide, [even] set themselves on fire."

Page remembers a young mother-to-be, covered with bruises and cuts, who was brought to the hospital in a coma. She was suffering from eclampsia—seizures caused by pregnancy-induced hypertension. Page discovered that the seizures began several days earlier, and her family went first to a mullah for help.

"The mullah had told the family this was from an evil spirit ... and he would beat her. And he taught the family to beat her. So every time this lady was seizing, they were just beating the heck out of her," Page says. Both the woman and baby died.

Other memories haunt him. Two years ago, Page performed emergency surgery on a 14-year-old girl with a neck wound. Neighbors believed her much-older husband had been abusing her, possibly even forcing her into prostitution. He allegedly slashed her throat and left her to die. Doctors managed to save her life, but despite their best efforts, she was returned to her husband. Page wonders if she's since been killed or sold into slavery.

"How does God judge someone like that?" he asks. "[Someone] who has been a victim her whole life. And if she's still alive, she's still a victim. She's being abused or manipulated. ... You stay awake at night a lot thinking about things like that."

Little Victories

Despite this heart-wrenching suffering, there are always little victories to celebrate.

As Page and Asad wrap up morning rounds they stop to check on 10-year-old Najibah, whose bright eyes and brilliant smile radiate from beneath her red headscarf. “She looks good, doesn’t she? I’m surprised she’s alive,” Page says as he checks her pulse. A burst appendix forced doctors to remove portions of Najibah’s intestines, leaving her with an ileostomy (similar to a colostomy). After battling a series of life-threatening, post-surgical infections, she is now nearly healthy enough to have the ileostomy reversed—and return to normal life.

Nearby is 45-year-old Homaira, another unexpected bright spot. She’s complaining of nausea and vomiting, possibly related to a lump in her abdomen. “Should we congratulate her?” Page asks Asad with a smile, as an ultrasound reveals the “lump” is a baby. It’s a small miracle since Homaira says she hasn’t been able to conceive in six years.

This isn’t the kind of medicine for which Page was trained. Back in the U.S., he spent his days bypassing blocked arteries and replacing failed heart valves— not treating diarrhea or patching a burst appendix.

“Sometimes as physicians we think, ‘Hey, I learned to be this kind of surgeon or this kind of medical specialist ... and if I can’t do this on the field, then I’m not going to go.’ And I think that’s the wrong attitude,” he says. “You have to approach it with the fact that everything is on the table. ... that there is nothing [God] has given us that He doesn’t ask us to give up ... whether it’s your family, or your career, your education or your pride.”

Being Jesus’ Hands and Feet

Besides, he says, it’s Jesus—and not his 25 years of medical

experience—that Page wants his patients to see in him.

“Every morning ... I pray that this day hearts will turn to Him through my presence at the hospital, either a patient, or a family member, or a visitor or one of the doctors I work with,” he says. “That something I say or do will soften their hearts and will bring them closer to the kingdom of God. ... And that they’ll hear and they’ll respond to Him.”

But sharing the gospel openly isn’t possible without the risk of arrest or expulsion from the country. That means Page can’t hand out tracts or invite co-workers to a Bible study. National believers risk the most. It is common for converts to lose their job, home, possessions, wife and children. Page has helped disciple a local believer, but even visiting nationals’ homes raises eyebrows.

“There’s just tremendous suspicion and distrust, especially of foreigners,” Page says. “People that come here (to Page’s house) are very careful. ... Others will assume that if they’re coming, that we’re ‘proselytizing’ them, and that they’ve converted.”

Ignorance of Jesus and confusing Western popular culture with Christian values also play into people’s misperceptions.

“All they know is what they’re told,” Page says. “And they’re told that ... as ‘Christians’ we worship more than one God, we worship idols, that we are sex-crazed and that we’re alcoholics. ... And if I can just make a little chip in their concept of who we are by something I do or say or the way I look at them, then I think that’s a step.”

In the past two years, Page has seen only one person place his faith in Christ, a local nicknamed “Paul.”

Like his biblical namesake, Paul verbally abused believers. But through months of heart-to-heart conversation, he became a believer. Paul recently left the country because his life had

been threatened.

But those sorts of triumphs are few and far between. Given the stakes involved in becoming a believer, receptivity usually starts in small ways—with a prayer.

After lunch, Page leads us on a tour of the hospital. As he crosses the open courtyard he sees little Mohammed, the malnourished 18-month-old, waiting in the sunshine with his grandmother for an X-ray. Page stops and talks with the grandmother about Mohammed's condition, explaining the importance of the malnutrition formula. Then he seeks the grandmother's permission to ask for some extra "help."

Page kneels in the dirt, holds Mohammed's tiny hand and prays aloud for the child in Jesus' name.

"We're not indispensable to His plan," Page says, "but at least today if this little team that's here wasn't here, there wouldn't be any evangelical witness here. This place would be totally, totally dark. It's very dark, but there's one little, little, little candlelight burning here. I feel very responsible to stay here and keep that burning for now."

**Names have been changed*

Don Graham is a senior writer at IMB.