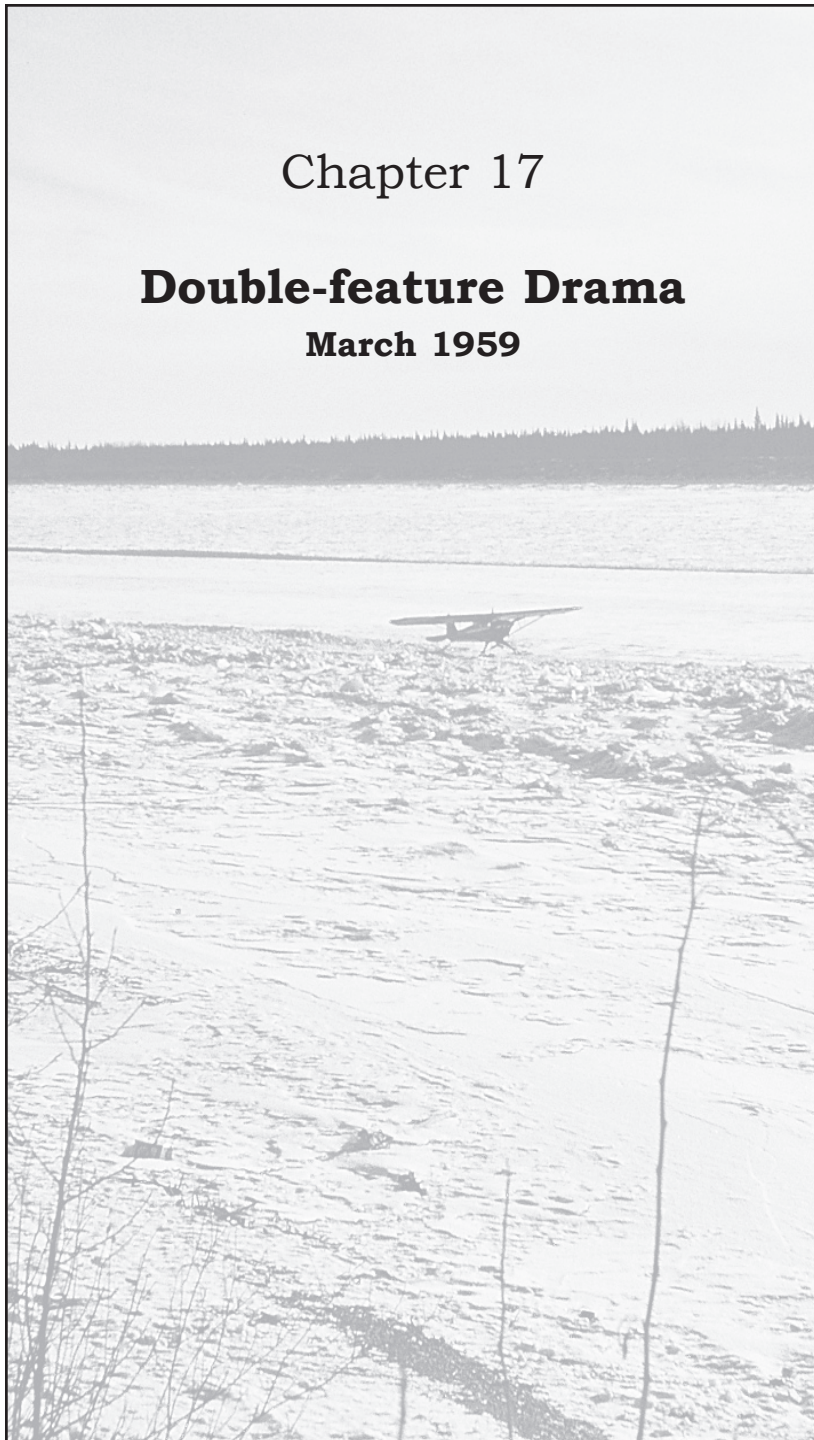


Chapter 17

Double-feature Drama

March 1959



The message: A child is in a coma and needs immediate medical attention. Can Dr. Gaede fly in?

I sent back the reply: Weather permitting, Dr. Gaede will be there as soon as possible.

Mercy flights were not difficult in the summer of the midnight sun, but in the winter? I paced around the hospital waiting for the fog to lift.

For three days, ice fog had coated our world. The delicate frost crystals hovered on the thermometer,



Ice fog on a tree between Tanana Day School and the Yukon River.

which dipped between minus 20° to minus 40° F. The weather created severe electrical radio disturbances, and I was concerned about medical situations in the down-river villages.

The static of the two-way radio had become an expected part of my routine. I attempted to ask the “right” questions, make a diagnosis, and prescribe treatment over the phone. In addition to keeping *me* in touch with the villages, the radio conversations connected the teachers and missionaries with a small piece of “civilization” — which illustrated how isolated the villages were, in comparison to Tanana.

Winter in northern Alaska is harsh. Everything is locked in darkness, with perhaps a few feeble hours of midday grayness. Small-village missionaries, especially women, live with extra tension. Their children’s restless energy is penned into one- or two-room cabins — claustrophobic quarters when there is no escape outside.

In the 1950s, schools were not available in all the villages, and education often fell on the shoulders of these mothers.¹ Even if they could venture out, there was no place to go. No corner cafe for a cup of tea and stimulating adult conversation, no library for fresh reading material, no store with interesting shopping for birthday cards, sewing notions, spices, or a brand new sweater. Moreover, there were no televisions, computers, or telephones to provide contact with loved ones or to gather news of the world outside the village. Mail service was sporadic. Nothing to ward off the bleak eternal night. Inevitably, there was a natural progression toward “cabin fever.”²

Ruby and I tried to be an encouragement to the missionaries. Our basement turned into a revolving-door “Tanana Holiday Inn.” Pregnant missionary women would come with their children to await the arrival of

¹ The Calvert Curriculum was used for homeschooling.

² Cabin fever – what happens to people who live without sunlight and social stimulation, and stay indoors for long periods of time. Symptoms include depression, restlessness, and sometimes violence. Today this would be characterized as Seasonal Affective Disorder.

another child, or families would fly or boat in, just to get out of their villages. We all shared one bathroom, and our children found trouble together. One too-quiet afternoon, Ruby caught Mark and a three-year-old missionary child throwing thick-yolked eggs³ down the basement hallway. Other times, we would take “missionary journeys” down the Yukon, carrying along news, sharing books, and offering support of listening, laughter, and friendship.

Tanana didn’t have televisions or telephones either — beyond a few intervillage lines — but we *could* get several radio stations. Other information was carried into the village by pilots, or an occasional week-old newspaper. Given the FAA and hospital, the non-Native population was larger in Tanana. There were more of us to pass around books. Political or world news drifted in through letters from friends and relatives — all of which we shared with one another.



On this particular day, communication finally broke through, with a telephone call to the hospital from the Tanana FAA: medical crisis at Kaltag, approximately 200 miles downriver. They had desperately tried to reach the Tanana hospital by two-way radio, but, when that was not possible, they tried communication through the Galena FAA, which was often capable of relaying information during weather difficulties. No luck. Still undaunted, Kaltag tried the Bethel FAA, which then leap-frogged the message to Tanana FAA, and then to our hospital.⁴

The message: A child is in a coma and needs immediate medical attention. Can Dr. Gaede fly in?

I sent back the reply: Weather permitting, Dr.

³ The effect on eggs of long shelf-life.

⁴ The first radios were single-band, which added to the difficulty of communication. Since radio operators could listen in on all communications, one in another village might overhear a cry of distress, and realize *that* operator wasn’t making contact, so would relay the information.

Gaede will be there as soon as possible.

Mercy flights were not difficult in the summer of the midnight sun, but in the winter? The paltry sun stiffly pulled itself up above the treetops at about 10 a.m., only to fall away sharply around 2 p.m., plunging the arctic world back into gloomy coldness. These winter flights could be treacherous.

For two days, I paced around the hospital waiting for the fog to lift.

Ruby wrote my parents her report on all this:

Dear Loved Ones,

The past week was more normal. . . .I went to a baby shower.

Monday and Tuesday were busy for Elmer as he had a cancer patient which was dying. He had a premature baby (not an incubator here!) so he was not home much these days and nights, but he did what he could to prolong life.

Wednesday night he went to check at the hospital on an emergency at Kaltag (this was done by radio.) They said the patient was still in convulsions, so Elmer came to the house and said he'd get the plane ready for when the weather improved. I asked him why the patient couldn't be brought in, but he told me the planes went to Kaltag only once a week and then the connections were so terrible that a sick person would die before he ever made it here. . .

Love Ruby

P.S. The premature baby died Tuesday nite and the cancer patient died Wed. afternoon.



“Mary Ann, are you ready for a mercy flight?” I asked, handing her a list of medical supplies to pack for the mission. She agreed. I checked and rechecked my ambulance-red Family Cruiser, making sure it would be ready to take off.⁵

I'd bought skis and changed from the tundra tires. Now, the plane was tied on the Yukon River in front of our house. The engine was swaddled with heavy blan-

⁵ PHS allowed \$900 per month for chartered plane service by approved commercial aircraft operators; however there were situations when no charter could get in or out.



Cleared airstrip on the Yukon River.

kets, to hold in heat provided by an electric heater; the oil was carried indoors, ready to be warmed and fed back to the engine at a moment's notice. The river provided a solid airstrip, but the pressure ridges jutting up turned the prospect into a potential catastrophe.

"Pete, can you fire up the Cat?"

He accepted the challenge and the 12-ton D8 Cat lumbered out onto the four-foot ice, smoothing out what had been, in my children's eyes, an arctic expedition playground.

In the medical duplex, our kitchen radiated the aroma of baking cinnamon rolls and raisin bread. Ruby never missed an opportunity to send along a care package to missionaries; this time to the Nabingers. She'd started



Ruby standing on the Yukon River among the pressure ridges (Tanana in the background).

filling a good-size box with Jello,[™] canned peas, Cheerios,[™] cream of chicken soup, graham crackers, and a special carton of Constant Comment[™] tea. Tucked in for their two-year-old, Ralph, was a jacket Mark had outgrown, a box of 16 new crayons for seven-year-old Vivian, several grade school worksheets, and a book for their mother, Rose.

At 9:30 on the third morning, four days after the Kaltag child had gone into a coma, the ice fog subsided, although the temperature remained at minus 30° F. Dressed in heavy army parkas, with thick fur ruffs around our faces, and other survival gear, Mary Ann and I pulled ourselves into the plane for our flight for life.

After two hours of trailing the Yukon River, we landed on the river in front of Kaltag, a village of about 150 people. We unloaded the medical supplies and drained the engine oil into a two-gallon can, to be taken inside and heated. A group of Indians crowded around us. I unloaded the Nabingers' care box and asked one of the men to make the delivery.



*Top, village
of Kaltag.*



*Right,
Kaltag
Community
Hall.*

Quietly, the rest of the soft-soled mukluded villagers escorted us to a log cabin. Death chant wails shrouded us as we entered the shadowy cabin. Nearly a dozen people accompanied the sick child's parents — all resigned to the loss of the child.

Upon examination of the 13-year-old boy, I realized the prognosis was indeed grim. Not only was the boy in a coma, but he was dehydrated, with a temperature of 105° F, a very rapid pulse, and one lung nearly filled with fluid. Convulsing intermittently, he made an occasional feeble effort to cough. His parents provided me with other information: he was an epileptic, and because of a recent cold, resulting in bronchitis and loss of appetite, he had stopped eating and discontinued his medication. As a result, his convulsions had increased and he had become comatose. As if this wasn't enough, I suspected he might have active tuberculosis. Kaltag had been hard-hit by this disease.

Once the diagnosis had been formed, Mary Ann and I began emergency treatment. The death wails subsided and the twelve adults looked on curiously. Dehydration was the number one problem. Mary Ann held a flashlight, and I administered an intravenous electrolyte and glucose solution, followed by a glucose and water solution. There was no sterile table to assemble anything or to work from. Even washing our hands was impossible. A gastric tube was inserted for giving dilantin, phenobarbital, and massive doses of penicillin. Intramuscular injections of penicillin came next.

As we concentrated on the critical need in this cabin, a second medical crisis was developing in another part of the village. Rose Nabinger, the missionary wife, now six months pregnant, had been spotting for several days. Her husband, Don, and daughter, Vivian, were at Unalakleet (YOU na la kleet), where he was speaking at the Covenant High School.



Rose described her drama in this way:

I'd awakened about 3 am with definite labor pains. These increased in intensity and became closer. I began

praying that God would send me medical help, “reminding” him that I was alone in that isolated village, not knowing how to contact anyone for help.

About 9 am there was a knock on the door. My neighbor handed me a box from the Gaedes.

“Oh!” Did the mail plane get in with all this fog?”

“No, Dr. Gaede just landed. Leonard is real sick.”

I quickly bundled up Ralph and hurried out the door. I needed to go find Dr. Gaede. I was so relieved and grateful that God had sent me help.

I had to hurry, but I couldn’t carry Ralph because the labor pains were increasing. The toddler struggled to hang onto my hand. When the contractions hit hard we’d both crumple onto the snowdrifts alongside the pathway.

Then I thought I thought I heard the plane revving up. I sat with frozen tears. Slowly I crawled back to the cabin in defeat.



As I was finishing caring for the boy and waiting for the medication to take effect, I shrugged the tension from my neck and shoulders.

“Mary Ann, stay here while I arrange the plane seats to transport the boy.” And, I’ll carry the oil to start the plane.” In short order, all was ready. But for some reason I felt I should go see the Nabingers before return-



Nabingers’ cabin.

ing to Tanana.

I knocked on their cabin door. No one seemed to be there. I knocked again and then the door creaked open.

“Thank God! You came!” Rose startled me with her exclamation. She explained her problem, and I examined her. A miscarriage was imminent.

“Just relax — I’ll be right back,” I calmly instructed her.

Then I, uncalmly, rushed out the door and ran back across the snowy trail to the first patient. Except for the boy’s parents, the house was now empty.

Mary Ann greeted me confidently, “He’s stable now.”

I was relieved, and grateful for her steady and dependable assistance and her positive attitude. I wasn’t sure the Asian woman had ever assisted in a medical crisis under such dire circumstances.

Gathering up my medical supplies, I whispered gruffly, “Grab your parka and follow me — we’ve got another house call to make.”

Back with our second emergency, Mary Ann looked around, found more wood to throw in the barrel stove, and heated water. After several hours, Rose expelled the small, dead fetus, a tiny baby girl who would never have been normal.

The crisis, however, was not over. Bleeding profusely, Rose’s blood pressure dropped, while her pulse rate increased. My valued medical supplies were quickly depleted, and improvisation was imperative. I filled an empty IV bottle with boiling water, added a teaspoon of salt, cooled this solution in the snow, and administered it to my patient.

The night stretched on. We found a Native girl to spend the night with Rose, and we went back to be with the boy, who continued to show improvement.

In the morning, I returned to Rose’s. The girl was gone, and the cabin was so cold that I could see my breath in the air. The fire was out. Little Ralph had crawled in bed with his mother and was a lump beneath the blankets. Water in a glass on the table was frozen.

I restarted the fire and went outside to bring in more wood. Before long, the fire roared and water boiled in the kettle. I pulled out Ruby’s cinnamon rolls and tea

bags. After blessing the food, the three of us enjoyed breakfast. Rose rested comfortably after all her trauma, and I felt assured she'd be fine. Don would be flying in within a day and she'd be in his care.

By forenoon, the hazy sun fought off the tenacious ice fog, making our return flight to Tanana possible. I poured the tepid engine oil back into the crankcase and scraped the frost off the wings. Mary Ann and I managed to fit the groggy boy inside two army mummy sleeping bags and ease him into the plane.

The plane crunched on the hard-packed snow of the airstrip and lifted into the air. At 2,000 feet I contacted the Galena FAA, relaying our flight plan and expected arrival time to Tanana FAA.



My suspicions were confirmed — the boy had active tuberculosis and pneumonia. Within a few weeks, he recovered sufficiently from his pneumonia and epilepsy to be transferred to the Anchorage Native Hospital for extended treatment.

“Well, Dr. Gaede, that was a close one, and twice as much as we'd expected,” Mary Ann pondered aloud. “I wasn't sure we'd make it there in time — and then that missionary lady, wasn't that uncanny how, just when



Nabinger family: Vivian, Don, Ralph, Rose.

Prescription for Adventure: Bush Pilot Doctor

she needed you, you happened to be in the village?”

I knew deep inside that this hadn't “just happened,” but that I'd witnessed a miracle of God's love and power in this double feature. There was a greater Physician than myself to help in these kinds of dramas.