“The praise of faith” – Felicia’s story  
By Erin Horn (MSN 2018)

I’m not sure what attracted me to her at first. Maybe it was the genuine smile that radiated from her face. Maybe it was the fact that she seemed to comprehend a little of the English I was speaking. Little did I know as I explained discharge instructions through a translator to Felicia, a Malagasy woman who was POD#3 from goiter surgery, how important my simple words would be or the friendship I would develop with this woman in the weeks ahead. I was working as an international volunteer nurse on board the M/V Africa Mercy, a Mercy Ship providing free surgeries to the poorest of the poor in Madagascar.

I had instructed her to take oral calcium tablets and return to the hospital ship immediately if she experienced numbness or tingling in her fingers or face. A week later as I was getting off nightshift, I saw her being carried down to the general surgery ward in full tetany. When I returned to work that night, my coworkers had stabilized Felicia with IV calcium and she was sitting on her cot talking with other patients in the open ward. As I took care of Felicia that evening, we discussed in broken English how scary the muscle cramping had been for her and her relief to be feeling “more normal” now. Felicia was experiencing hypocalcemia caused by disturbance of her parathyroid glands during her goiter removal, a fairly common complication after a thyroidectomy.

However, as the days turn to weeks and her serum calcium level continued to be dangerously low, requiring daily doses of IV calcium, we realized she was in the 1 percent of those who experience the complication of prolonged hypocalcemia s/p thyroidectomy. Her surgeon, having returned to the United States after his two-week volunteer stint, assured the medical staff on the ship that in some case studies, parathyroids had taken up to six weeks to start functioning properly. Meanwhile, Felicia was getting anxious to get better and return home to her 2-year-old daughter and 6-year-old son. She did not understand why she was the only one having this complication when so many of her friends had gone home after having their goiters were removed without any complications.

I sympathized with this young woman who was about my age and “stuck” in this hospital ship without windows. I began going to the ward during my off-time to hang out with Felicia or taking her up to the outside portion of Deck 7 for extra time in the sunlight. I learned that although she had a husband and two children, they had never had a church wedding because she
did not want to have a wedding while she looked “ugly.” She had been waiting until she could
get her goiter removed so she would be “beautiful” on her wedding day. We developed a
friendship and Felicia felt free to share her concerns and fears with me. What if she never got
better? What if the doctors were lying to her and something else was wrong? I continuously
reassured her and explained that her prolonged complication, while rare, was not so alarming as
we were still within the six-week timeframe. I would later agonize over the effect my sharing the
expected timeframe for recovery would have on her. We (the nurses and doctors) were not hiding
anything from her; we just simply had to wait for her parathyroid glands to start working
properly again, then she would no longer need the IV calcium. In addition to supporting her with
medical science, as a faith-based community we were praying for God to heal her parathyroids
sooner rather than later.

I advocated for Felicia’s sister and daughter to be allowed to stay with her on the ship as
Felicia was medically stable, only requiring her daily IV dose of calcium. She needed her family
around her so she would not feel so isolated. At first having her daughter and sister with her
seemed to reduce her anxiety, but as we approached and passed the six-week mark, Felicia’s
fears seemed to be realized. Her calcium levels were still dangerously low; she needed IV
calcium daily; and her anxiety was extending to paranoia. While I knew from my nursing
knowledge that hypocalcemia could cause anxiety, I was not prepared for the extreme paranoia
that Felicia began to exhibit. No longer did she want to go with me to Deck 7, and often she
would not even look me in the eye. Felicia became convinced that we were lying to her and that
she was going to die. Her family became increasingly concerned and began asking if she had a
mental illness. It was difficult to explain the intricacies of electrolyte imbalances in a culture
where paranoia is often seen as a sign of witchcraft and being cursed. We held several family
conferences with the chaplain/counselor and doctors, trying to explain the medical condition and
complications in a culturally relevant way and also attempting to carefully assess if there were
any underlying medical or psychological conditions factoring into the situation that we had
missed in our pre-surgical workup.

I became one of the few nurses that would ask to be assigned to Felicia as she became an
emotional and mentally difficult patient to care for in her condition of extreme paranoia and
depression. I remember one particular shift being an emotional roll-coaster as one minute Felicia
was hugging me and talking with me like a friend and an hour later unwilling to look me in the
eye, convinced I was talking about her behind her back. But overall, Felicia seemed to trust me a bit more and liked me caring for her over most of the other nurses since we had established a friendship early on in her hospital stay.

In truth, the medical staff, myself included, were perplexed and concerned as to why her parathyroids were still not functioning and why Felicia seemed to be getting worse, not better. Increasing our concern was the knowledge that the ship would be sailing away in six weeks and there was no IV calcium available in the entire country. We were desperate to get Felicia better so she could live without requiring IV calcium. As we researched for possible solutions and even special ordered different oral calcium compounds from Europe to attempt to wean her from the IV to oral calcium meds, we continued to pray.

I clearly remember sitting up on Deck 7 with some ship friends one evening, worshipping and praying together in preparation for Easter. In this environment of worship and praise, I was once again praying for Felicia’s healing when I heard God speak clearly to my heart, “Stop asking me for healing, and start praising me for healing.” My immediate, excited response was to question, “God, did you really just say that? Does this mean you have healed Felicia?”

I discovered, however, that the “praise of faith” is easier said than done. For the next week as I continued to care for Felicia on the ward, her calcium levels actually got worse. I had a decision to make. Was I going to praise God for healing Felicia as He had told me, to or was I going to keep asking and waiting for physical evidence of that healing? After a few days, I worked up the courage to share with my coworkers what I felt like I had heard God say to me, and together in faith we joined in praising God for healing our patient and friend. One of my coworkers shared how this waiting reminded her of the spiritual warfare described in the book of Daniel (Dan 10:11-14) in which the angel Gabriel tells Daniel that as soon as he started to pray, God answered his prayer, but he (the angel) was delayed in delivering the answer for he had been detained fighting the prince of Persia.

I remember sitting with Felicia’s primary doctor on the ship, discussing Felicia’s case and listening to the doctor state what a disaster it was, expressing her true fear that we might not be able to wean Felicia off the IV calcium. As a medical community we could not fully express this fear to Felicia, who was already paranoid and planning her own funeral or to her family who was questioning her mental sanity and considering disowning her as was the cultural custom with mental illness. I boldly shared with the doctor who had served less time on the ship than me that
the ship’s hospital culture was to “speak life and not death” over situations and patients even in the face of uncertainty. I also shared with the doctor how I felt like God had spoken to me and told me to praise Him for healing Felicia.

Slowly, over the next two weeks Felicia’s calcium levels gradually begin to get slightly better. With a few forward steps and some set-backs we started attempting to wean her off the IV calcium and onto oral Calcium meds. The first time the lab report came back with an increased calcium level, the doctor I had spoken to wrote a positive note in the chart stating that we anticipated the calcium level to continue to improve and to continue the oral regime. However, it was an emotional rollercoaster as we attempted to explain to Felicia and her family that the labs showed she was indeed finally getting better. Understandably, they were slow to believe us, especially when the switch to the new oral calcium compound initially caused a drop in her serum calcium and return of symptoms of numbness and tingling as we had anticipated.

As we approached post-op week 10, Felicia was finally able to successfully wean off the IV calcium, and her calcium level was sustained on oral meds alone. I was scheduled to depart the ship as my volunteer stint was over, and I left still praising (and trusting God) for Felicia’s complete healing. Months later I heard the report that she had improved to the point she no longer needed any medication and was back to functioning happily as a wife and mother to her family. Felicia was finally able to plan for her wedding instead of her funeral.