

KLAUS-DIETER WEBER

TAKE  
THAT CHILD  
AWAY

Adventures of a  
missionary doctor  
in Pakistan

Daniel

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This is an authentic life story.  
Nothing has been added or invented.  
For security reasons, however, all names have  
been changed.

All Bible passages are quoted according to  
NIV (New International Version) 2011

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## Forewords

To tell you the truth, I don't normally enjoy missionary biographies. There is a tendency to turn ordinary people into spiritual superheroes, to put them on a pedestal and to treat them as some kind of different species. Yet I have deeply enjoyed reading this one. As a former colleague of Klaus during the years we shared in Pakistan I was able clearly to see his dedication: the months he spent as the only surgeon at Tank, constantly on call; the time he collapsed from fatigue and I had to escort him to a different hospital for a time of enforced rest; his admirable tenacity in coping with the heat, the tension, the pressures of life in one of the most challenging areas of the world.

Missionaries are not superheroes. Klaus is not one either. He is an ordinary person who chose to say „yes“ when God called him into a journey of risky discipleship. I pray that his account of his years in Pakistan will encourage you to do the same: simply to say „yes“ when the Almighty calls you.

Matt Vaughan

Chief Communications Officer, Interserve International

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With God we will gain the victory.

PSALM 60:14

## Prologue

A fuzzy noise reaches my ear from far, far away. I'm trying to shake it off, but it gets louder and louder. Waking from deep sleep while in the middle of a dream I realize: the phone is ringing, again. Time to sleep is up. In order to take the call I first have to climb out from underneath my mosquito net. As a result, I succeed in suppressing my first impulse, which is to hurl the phone against the wall. And once I've freed myself from the protective cover I am awake enough for a more considered response.

It is 2 am. The call originates from the delivery room.

The diagnosis is "fetal distress": a birth is not proceeding as it should, and the heartbeat of the baby has slowed to a dangerously low rate. Unless we perform a c-section immediately it will not survive.

Everything now has to happen in timelapse fashion: get dressed, run to the hospital, do a quick ultrasound. The mother is unable to walk the 20 metre distance from the delivery room to the operating theatre and there is no time to grab a stretcher. I pick her up and carry her to the operating table. I disinfect my hands in passing, then pull over a surgical gown and put on gloves. All this happens in the blink of an

eye, while the woman is being injected for spinal anaesthesia and her stomach is getting disinfected. I begin with the surgery while the nurse anaesthetist is still praying with the patient. I go through each step as quickly as possible, and after just a few short moments I hold the baby in my hands. Did the newborn survive? Everyone is dying to find out.

Indeed, that baby begins to move and after a moment of holding our breaths she takes her first. Everyone is relieved: the hurry was worth it and the effort paid off.

The above story describes one of many kinds of incidents a missionary doctor may encounter. This book will take you on a journey into a foreign world with incredible interpersonal and medical challenges. It is an authentic memoir, not a novel or a medical textbook.

It is a story about how God prepares and enables people to bring the message of his love even to countries and regions that are difficult to reach. Nothing in this book is fictitious, only the names have been edited. Neither has anything been whitewashed or glossed over. The cliché of a missions field without interpersonal or spiritual difficulties will not be reinforced. Challenges and failures will be shared freely.

Even so, this book is meant to inspire courage. Courage to trust God unconditionally, even – and especially – in difficult situations. Courage to offer one's gifts and skills to the Lord, and to serve him. Courage, to make missions a major personal focus. Courage to participate joyfully, whether through praying behind the scenes, or as a front-line worker.

Shall we begin?



I have loved you with an everlasting love; I have drawn  
you with unfailing kindness.

JEREMIAH 31:3

## “Take That Child Away!”

The harsh sound of the doctor’s voice issuing the order comes from the other side of the delivery room. Moments ago, the midwife laid the newborn on the mother’s chest, and upon seeing the baby she let out a scream. His skin has turned blueish-black – evidently he is suffering from severe lack of oxygen.

“Take that child away!” These are the first words the child ever hears in its life. Luckily the little boy cannot yet understand the words or appreciate the fact that they refer to him. Otherwise his sense of self worth would be seriously jeopardized. And yet, the doctor’s order refers to nobody else: the mother isn’t supposed to see her baby in this condition.



The child receives medical care – and survives. Because God has a plan for his life. This actually happened in a city in the Ruhrgebiet area of North Rhine Westphalia, Germany, in the 1950s.

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“Take that child away, get rid of the baby!” thinks a desperate woman in an ultra-conservative region of Pakistan, half a century later. Her daughter has just given birth to an illegitimate child in a small Christian hospital. In the eyes of the shame culture that’s prevalent here, the honor of the family has inevitably been tainted. As she is leaving the women’s section with the healthy newborn girl that the midwife has handed her, she dons her burqa, draping it over herself and the baby. She walks around a corner and glances around. Not seeing anyone watching, and – knowing no other way out – her hands grasp the newborn’s neck and squeeze.

This child, too, survives. An ammah (older woman helping the nurses) walks by, sees the desperate mother and approaches her. Now the woman reaches a breaking point. The murder of a child is a criminal offense in Pakistan, too, and incurs serious punishment – if brought before a court, that is. The woman drops the baby and runs, never to be seen again.

In the hospital, ammahs need to be jacks of all trades. They help the nurses, they clean, and they accompany patients to treatments and examinations. They are usually older women, which in our part of the

country suggests an age of 30 years or more. Most are unable to read or write, but are fluent in two languages: Urdu and Pashto. Most patients speak Pashto only, while the official language at the hospital is Urdu. As a result, the ammahs also serve as translators.

The ammah picks up the baby. At first she doesn't know what to do with it but then decides to take it to the administration building. She finds the office of the head of administration and places it on his desk.

The little girl quickly endears herself to everyone at the hospital. We name her PEAR, which means "valuable" and "loved". She is healthy, grows and does well. We are able to locate a Christian family who is willing to adopt her and who lives far enough away. The distance matters because it is important in the prevailing culture that the child's origin and history remain anonymous. Everyone is sad when we have to say goodbye to PEAR.

"We" above refers to the staff of the hospital. By the way: the little boy from the beginning of the chapter is me. I became a missionary doctor and have been working for many years in this tiny Christian hospital in Western Pakistan, near the border to Afghanistan.



Your eyes saw my unformed body;  
all the days ordained for me  
were written in your book  
before one of them came to be.

PSALM 139:16

## A Difficult Pregnancy

It has happened again! The workers on a construction site in a major city in the Ruhrgebiet area scramble to bring a wheelbarrow. The young pregnant woman living in the house across the street has once again collapsed after taking only a few steps, just like she did a few days ago, even though she had promised to take it easy and not go shopping by herself! The workers wheel her back to the house that she and her young husband live in. Her parents and siblings live there too. Ten years after the end of the war, housing is still in short supply. For the past two years, six people have been sharing the 1-bedroom apartment.

Fueled by the rise of coal mining, the formerly insignificant little village has become a major city in the region, with a population of almost half a million at its peak. During World War II countless buildings were destroyed in bombings. The post-war period is marked by economic resurgence along with a severe housing shortage, so construction is going on everywhere.

The woman in the wheelbarrow is my mom. A year earlier she had given birth to her firstborn, but the excitement about the little girl was short-lived: the baby was born with spina bifida, a birth defect of the spinal cord. Today there are ways to treat this condition with a high survival rate but not back then. As a result, my sister dies at an age of two days, probably because of an infection.

Over the course of the current pregnancy my mom has observed that her waist circumference has increased unusually quickly. One possible cause could be an increase in amniotic fluid production, as is often the case along with anomalies in the baby's development. That, of course, causes my mom great worries. But there is another possibility. "Might I be carrying twins?" she wonders, and asks for an examination. Medical ultrasound has not been invented yet, and physicians trying to interpret an unborn child's heartbeat rely on their ears. The doctor tells my mom to relax: no, Mrs Weber, you won't be having twins. Just one baby, albeit a pretty big one.

In the 1950s the terrors of the war aren't yet forgotten, especially in the Ruhrgebiet region, where people have frequently had to shelter for days (and nights) on end in bunkers and basements. How scared they must have been, how many prayers have they uttered, how many loved ones mourned? People are still acutely aware of the transitoriness and finiteness of their lives and reflect on matters like death and

eternity. Churches are fuller than today as hearts are more receptive to the message of a loving God who offers hope for the future. They are open to the message of a God who sent his son Jesus into the world to atone for humanity's guilt, even the crimes of the Nazi era.

John Thiessen, an eloquent and energetic missionary to Indonesia, is currently traveling and speaking in Germany. Wherever he shows up, venues fill to capacity. He comes to visit our city, too, and is set to speak in the largest available facility, which seats more than a thousand. Half an hour before the event is set to begin the place has filled to the brim and the doors close.

My mom has scored a seat in the auditorium. She will not recall much of the sermon but she will certainly remember what comes after it.

The missionary says God has made him feel that there is a young pregnant woman in the audience, and that she has cardiovascular issues that cause her to collapse frequently. He asks that lady to please identify herself so he can pray for her. At first my mom doesn't feel like the invitation applies to her. She reasons that there are likely a number of pregnant women in an audience this size. And since cardiovascular issues are frequent with pregnancies she expects that several will come forward. But none do. My mom begins to wonder if the missionary might actually be talking about her. A few more awkward moments pass. Finally she summons the courage to speak up. The preacher asks her to come to the front and then prays fervently for mother and child. For some strange reason he ends the prayer with the words: "... and Lord, give her a double blessing."

There is a story in the bible that instantly comes to my mother's mind during the prayer. The prophet Elijah, shortly before his ascension,

asks his successor, Elisha, if he has a wish. Elisha then asks for a double portion of Elijah's spirit (2 Kings 2:9). My mom associates the prayer with that occasion.

Some years later John Thiessen visits Gelsenkirchen again and remembers that on his last visit he prayed for a young pregnant mother, that she would give birth to twins. He asks: have the twins arrived?

The "double blessing" is the writer of this book.



You brought me forth  
from my mother's womb.  
I will ever praise you.

PSALM 71:6

## A Surprising Outcome

All these details won't become evident until much later though. For now my parents rely on the diagnosis the doctor has made when he examined my mom – that is to expect a large baby.

The pregnancy approaches its end. My mom is not doing well, neither physiologically nor emotionally. The concern that this child, too, may be born with disabilities, has a crushing effect on her spirit. On top of all that, when she goes into labor on March 1, my mom is by herself with only her youngest brother, fourteen years old at the time. My dad is not home. He is a tram driver, and on an intense and rather inflexible work schedule. He can't just leave work. And so my adolescent uncle accompanies my mom to the hospital, drawing disapproving looks as he does so.

But the child takes its time. The birth pangs get stronger and increase in frequency, but there is no progress. The night passes under great pain, and the next morning there is still no change. As noon approaches and the birth is still not progressing despite unbearable labor pains, the young mother's emotional condition destabilizes. She screams in pain and won't let anyone touch her. All she wants is to die. The baby still isn't coming.

The doctor is eager to find out what the problem is and requests an x-ray. Back then, taking xrays of pregnant women was not as rigorously regulated as it is today. The image appears to reveal that, indeed, there is only one child, though not as large as predicted. The doctor continues to wait, while my mom's condition continues to deteriorate. The birth pangs do not relent, and the baby does not come. The midwives try their best to calm my mom down.

Finally, after almost 24 hours of labor, late in the afternoon, my mother gives birth. Unfortunately, in addition to everything else, the baby presents in a breech position, making things even more difficult. But eventually a healthy boy comes into the world, screaming loudly. The midwife cuts the umbilical cord and waits for the placenta.

But no placenta shows. And the birth pangs do not relent either. And if my mom has been in poor shape earlier, the pain is now truly unbearable, as is the whole situation for the healthcare staff. The doctor sees no other option and resorts to injecting the patient with morphine. Because doing so can lead to severe breathing problems for the newborn, it is normally only done – if needed – after the birthing process is over. But the child has already been born, hasn't it?



The injection puts my mom into an anesthesia-like state. Still the birth pangs are ongoing. Is it because the placenta has not ejected yet? An hour passes and nothing happens. When the situation has not changed after another hour, the doctor gets suspicious. Should there be a second baby after all? And sure enough, a second amniotic sac comes into view. The doctor punctures it and breaks it open, and two small feet appear on which I am being pulled into the world and then laid on my mother's stomach.

My mom wakes from the morphine-induced fog and sees a blueish newborn on her belly. Again she screams. The doctor calls out, "Take that child away!"



Children are a heritage  
from the Lord,  
offspring a reward from him.

PSALM 127:3

## Twins

Fast forward fifty years, to our small hospital in Pakistan.

A twin reports:

*“My name is Zubair – or maybe not? At least I’d like my parents to call me that. Because so far I have not been given a name. I am still inside my mom’s uterus. But I do get the sense that I’ll soon be able to leave this tiny prison cell. I hear talk about the birth being imminent. Many people think I can’t hear anything here. But that’s not true. I can even see, if only the difference between light and darkness. That way I know exactly when my mom is in bed under her blanket and when it is day. I can feel things too, absolutely! And what do I feel? Well, I can feel that I am not alone. My twin sister*

*is here, right next to me. She's basically all right but because she is bigger and stronger than I she gets first dibs on everything. Her link to the placenta must be much better than mine – she grew faster than I did. Yikes, what's going on now?*

*Something is squeezing us together. I don't like that at all. My amniotic sac leaks already and it is getting more and more difficult to move. Ah, thankfully the pressure releases a bit. Where did I leave off again? Oh yes, my sister. She's laying with her head down while I'm positioned the other way around. So she'll be born first. That's so unfair – after all I'm a boy. I'll have to come up with a solution. Ouch, the pressure is increasing again! I won't be able to endure this much longer, I'm getting so dizzy. Splash! Something burst. It must be my amniotic sac because from one moment to the next I can hardly move, and something is pulling my foot downward. Mercifully, the pressure eases once again. The issue with the foot isn't so bad. Maybe if I push it a little further yet I can block my sister's way so she lets me out first. Yes, that's what I'll do. I'll push my foot past her head, and now – what strange sensation – my foot gets cold! And I hear the adults shout something about a prolapse of some sort. Things are getting hectic. They talk about surgery, whatever that's supposed to mean. My mom doesn't seem to like the idea and she is yelling at the others. Everyone is trying to convince her, but she doesn't budge. Then I hear a man's voice. A certain Dr Klaus tells my mom that it's a matter of life and death. Did I do something wrong? I just wanted to be first! And now both of us are choking because I'm unable to pull my foot back again and my sister can't seem to move forward either? What can I do? My mom is still protesting. Then the doctor raises his voice and demands to talk to my dad. Hopefully he is nearby. Yes, I can hear his voice. He asks for the problem to be explained to him but also seems to conclude that surgery is not necessary. He says*

*he doesn't have enough money to pay for the procedure. The doctor asks if he'd prefer to spend money on three funerals instead. My dad seems to ponder the question. Then I hear him talk to my grandpa, without hearing my grandpa's voice. I'm guessing they do this with the device they call "cellphone".*

*Oh no, we're being squeezed again. And my sister's head pushes hard against my lower leg. I'm wondering if it will break. My foot is getting colder and colder – are my toes freezing off? The pressure eases up once again and the nausea is getting less, too. But now I have a strange taste on my tongue. Did I soil myself without realizing it? Something is going to have to happen now – things can't continue like this. My sister is strangely still, can't she see what's happening? Outside there's still a noisy discussion going on. Then suddenly all is quiet. It seems they have been able to agree on a decision. A nurse is telling my dad to press his thumb onto an ink pad to indicate that he is okay with whatever decision has been made. It was about time!*

*Something is rumbling, and I hear doors squeaking. My mom is being wheeled into the room they call the operation theatre. Things feel quite different here, much quieter for sure. But my foot is still getting colder. And again something around us is squeezing us together even worse than before. I hear my mom scream and I'm getting scared. What will happen next? The pressure lets up again. My foot slides even lower and it still is freezing cold. Now I can feel that someone is gently brushing it with a cotton swab. That tickles! Suddenly, total silence, except for a nurse talking to someone I can't hear. Then several people say "amen". Something is pushing on my back and it seems to get brighter as the minutes pass. I hear the clicking of medical instruments. Suddenly my back feels icy cold and*

*at the same time someone grabs my leg and pulls my foot upwards. Now the doctor takes me by my chest and head, and instantly I am surrounded by blinding brightness. I open my eyes but close them again immediately – I can't handle such bright light. And I feel cold, terribly cold. No, I am not liking it out here, I would like to go back into the womb. Without success I try to free myself from the hand that is holding me tight. But the hand doesn't relent and instead pulls me out completely. Now somebody is stuffing something rubberlike into my mouth. It makes a slurping noise. All of a sudden I realize that I am able to breathe. That in fact I have to breathe. Even though I'd rather not, I can't help but pull the cold air into my lungs. Then I hear a scream escaping my throat. Actually, it's more like a squeak – not very impressive at all. I think I'll have to practice so that it sounds better! Someone is fiddling with my umbilical cord that I have played with for so long, then cuts it off entirely.*

*The doctor holds me in both his hands, then wraps me into a towel that a nurse has spread out. This feels a little warmer – and it is about time! The nurse carries me through several hallways and doors and then puts me down on soft bedding. Above me I can see a red light glowing gently, and comfortable warmth starts spreading through my body. It's almost as cozy here as it was in the uterus. I get rubbed with a towel and start feeling better. Finally I can stop crying. Now I'm wondering: what's going on with my sister? I got distracted by all this chaos and excitement and only now realize that I was the first one out after all!"*

This is how things sometimes go at our hospital!

Whenever a woman pregnant with twins comes here to give birth, it is a special occasion even for me. Of course, most twins get delivered

without a c-section. And when I tell a new mom that I am a twin myself it will often trigger a smile on her face. Incidentally that is one of my objectives on the maternity ward: to make sure the women smile at least once. Usually they don't. Considered the servants of their husbands, they have been brought up to attend to their chores and obligations without showing emotion. These obligations are: to care for the husband, to look after the children, and to run the household. And of course to give birth, preferably to boys, because girls are considered far less valuable. Often, when we tell a mother that her firstborn is a girl, she will start to cry.

Yes, in this ultra-conservative local culture women are still considered the property of their husbands. They have to wear a burqa in public at

### The Weber twins in 1955



all times, to ensure that no other man will see their face. Most burqas are black and even those that are initially white darken over time. When a group of women is among themselves on the wards they can take the burqas off. But as soon as a man joins they need to be put on again. That happens regularly during visiting hours.

Multiple births are more frequent here in Pakistan than in Germany, possibly because more women here take medication to aid ovulation. If a young newlywed woman doesn't get pregnant immediately after the wedding, her reputation suffers: people think that something must be wrong with her. As a result it is common practice to resort to such drugs which are easily obtainable even without a prescription. And if that doesn't solve the problem, the woman seeks help at the

### Newborn twins in the maternity ward



hospital. Any given day we see about 100 patients in our outpatient clinic and on some days up to a third of them present with “infertility”. Often we discover severe knowledge gaps when it comes to biological processes. For that reason one of our first questions is whether the husband actually lives at home. And we aren’t terribly surprised when we hear that he has been living and working in Dubai for the last six months...

So long for this little excursion into the future. Let’s go back to my childhood in Germany. I am still amazed today at how God put the mosaic of my life together piece by piece in order to bring his plan to fruition.