**Chapter 13**

**Specialists without Borders—the beginning**

After spending two weeks working in a remote Rwandan hospital, returning to a busy surgical life in Australia, helped highlight the great need for medical and surgical assistance in Africa. Relating some of the episodes to my staff, they were really intrigued by what we had to deal with. In my practice, I had staff as previously mentioned who were not only amazingly efficient but also technologically gifted. They were always interested in new developments and so obviously wanted to know much more about what I had experienced. A lunch was organised to discuss the journey, fortunately, I had taken lots of pictures, which by themselves produced lots of discussions.

During this discussion I realised you don’t really appreciate some of the efficiencies and proficiencies which are part of first-world medicine, until you have experienced a situation working, as I did, on the Congolese border. An experience where demand not only exceeds supply, but where there is none of the ‘normal’ medical or administration backup, that you take for granted in western world medicine. An excursion into a situation where facilities are sometimes not as adequate as in the more developed world makes you appreciate how lucky you are as a doctor, nurse, or surgeon to be practising where you are. The other aspect of being in a hospital such as Gisenyi, was that it left a significant impact, such that there wasn’t a day, when I didn’t wonder about how or whether I could contribute more.

A few months passed and I realised I was actually missing the type of medicine and surgery I had been part of in Rwanda. I then contacted one of the doctors by email and asked whether he would be interested in having me again the following year for a few weeks. His enthusiastic response confirmed my decision. I remember my staff looking at me and smiling when I said to allocate 3 weeks at the end of the year as I wanted to return to Rwanda. I think they already realised that there would be more trips following our discussions, and my description of what I thought could still be contributed.

I contacted the group and explained that I wanted to return and that it would be fabulous to have any of them come with me.At the back of my mind, I was cognizant that it might not be possible, given how expensive it was to travel to Rwanda from different parts of the world. To my surprise two of the group, Angie the nurse from America, and Sally-Anne the physiotherapist from Australia, both said they would love to come back again. Sally-Anne said she would be bringing her partner Russel with her, to help further develop the physiotherapy clinic at Gisenyi Hospital. I had also been keeping in touch with Sunnie via email and he was obviously thrilled that we were coming back, and that we would need his taxi services.

Surgery remained as interesting and as busy as it had previously been, especially with bariatric weight loss surgery now being accepted as an effective treatment for those seriously overweight. The Adelaide clinic had continued to grow in size, at one point it was the third biggest in Australia, which also made me feel very privileged, in the sense that I could afford to take time off and travel to a place like Rwanda. The year went quite quickly, and very soon it was time to think about flying back to Africa. I remember telling my son Jordan, who was about 10 years of age at that stage, and him saying that it sounded amazing. That was encouraging, especially as he was developing an interest in medicine.

Flying back to Rwanda via Johannesburg had a certain ‘been there done this before’ feel to it. Landing in Kigali, with the surrounding mountains, and the verdant greenness, made me think this would have been a wonderful place for life on earth to have started, a real Garden of Eden. Walking through customs and immigration, I was greeted by a smiling Sunnie holding a placard ‘Welcome back Dr. Paul’ which was like meeting an old friend. Although at the back of my mind was also the thought of the previous precarious trip to the hotel. Sunnie and I chatted for a few minutes before he took my bags, and we walked out of the terminal into the glorious Rwandan sunshine. A few steps further on I immediately spotted Sunnie’s van, with the giant Silverback Gorilla painted on it.While it was a recognizable and welcoming sight, I was also partly surprised that it had survived another year with Sunnie’s driving! Loading my bags into the back of the van I was surprised to see no holes in the floor! Things were definitely looking up, hopefully the brakes had also been repaired.

Climbing into the back seat Sunnie told me with a big smile to be careful, pointing to the mat on the floor. I lifted the edge and saw the road through a few small holes. Well, there were less holes than last year, and one couldn’t expect a complete overhaul I thought, this was Africa, as we headed out from the airport. I didn’t have to wait long for the familiar buzz of motorcycles whizzing past, people waving, smiling and tooting, another reminder of what a different world it was from Adelaide Australia. As we came to the stop sign which had so impressed me on my previous trip, Sunnie pulled up without gear changes and the creaking of the brakes. As we stopped minus the creaking of brakes Sunnie turned around to look at me, and with his huge smile gave me the thumbs up.I laughed and returned the thumbs up.

The hotel reception staff were wonderfully welcoming, saying it was great to have me back, and that 3 others had arrived. I suggested to Sunnie that we have coffee if he didn’t have any other urgent customers. He told me that he didn’t so after I had checked in, we went and ordered coffee at a small table in the foyer. Sunnie asked me about my life in Australia, which I gave him an abbreviated version of, before we started talking about his family. There were 3 brothers and 2 sisters he told me, as well as his mother and father. They all lived in a small mud brick house about half an hour from the hotel. Then he told me that his father had been very sick with Tuberculosis, and Sunnie had had to leave school to support the family. After a few years of helping harvest vegetables, he got his driver’s license and started taxi driving. The Christian church he attended bought him the taxi, and he was gradually paying them back He was now he informed me 17 years of age. I asked him what he would have chosen to do had it not been for his family situation and having to support them ,and he said he would love to have gone to university. [The developing affection for Sunnie, eventually led to my son and I sponsoring him through university in Rwanda, after which he was offered a scholarship to do a Master’s Degree in Law in England.]

 I heard some familiar chatter and turned around. Sally-Anne the physio called out. ‘Dr Paul so great to see you again’ as she and her partner Russell walked towards me smiling, arms out. Several hugs later, and an introduction to Russell, we had another Rwandan coffee on the table.The catch up was well under way when we heard another very familiar voice, Angie our nurse. More greetings, hugs, and more discussion about what we had all been doing since we last worked together. Finally, at about 4:30 pm, Sunnie said he would have to leave us, as he had a church service beginning at 6 pm. He said he would be happy to take us, explaining something we knew, that Christian religion was an integral part of most Rwandan’s life. We looked at each other for a few minutes before there was a unanimous ‘yes!’

We squeezed into Sunnie’s van, all of us wondering a little about what we had committed ourselves to, but looking at each other thinking this was part of the adventure. The church was a very large building, more like a theatre with a hugecar park in front, which when we arrived was mostly full. Sunnie had a special car park close to the entrance so as we all got out of the van, we could hear the African gospel music. Russell looked at me smiling before saying, ‘This could be really interesting.’ I nodded as we walked towards the church entrance where there were people standing handing out notes. Walking in Sunnie was greeted like a special member of the family.

Looking around I calculated there were almost 2000 people inside the church. There was an elevated stage, which was decorated with candles ornaments and flowers, as well as having approximately 25 possible singers dressed in long white full flowing gowns. Sunnie directed us to seats 5 rows from the front as many around continued to greet him. As I looked around, I realised this was the first time I had been back in a church since the terrorist attack in the Cape Town church. It brought back feelings, eerily similar to what I had experienced sitting in Cape Town, a sense of peace and joy, which was then unfortunately replaced by terror with the entrance of 4 terrorists. I looked around thinking about where the nearest exit was, some of the fear obviously not having left me.Then looking down at the pamphlet we’d been given, an outline of the service and the songs to be sung, distracted me from those awful thoughts. Simultaneously one of the choir took the microphone and announced that they were going to sing ‘Ada Ehi’, which I noted, looking at the pamphlet, meant ‘Only You Jesus ‘.The choir then started singing the harmony, with all swaying in time with the music, the effect similar to Southern Baptist music in America I had seen performed. After a few minutes the congregation joined in, standing while swaying in time with the music, the air filled by beautiful sounds. I checked the doorways quickly, no shadowy outlines in military fatigues. Relaxing a little again, I could understand looking at how happy people were beside me, part of the attraction of being a churchgoer. I thought it also the wonderful faith that some of the Rwandans obviously have ,from which forgiveness played such a significant part in recovering from the genocide.The service went on for approximately 2 hours, with a very enthusiastic pastor and sermon. As we finally walked out of the church, I think we allfelt not only had we seen another part of Rwanda, but also the unity of races within the church, was a privilege to be part of.

Arriving back at the hotel we all talked about the positivity that we experienced in the church; how remarkable it was given Rwanda’s genocidal history to have Hutu and Tutsi together singing as one. Then Sunnie, whom we had again invited to have coffee with us, told us about members of his extended family who had been killed in the genocide. One cousin had been killed by his neighbour with a machete. And when the neighbour had admitted it, at one of the community truth and reconciliation meetings, after the killing stopped, Sunnie said that it challenged his Christian belief in forgiveness. He found it really difficult although gradually with the church helping ,he had forgiven the neighbour. After another cup of coffee, Sunnie told us he would pick us up in the morning and take us down to where the bus left for Gisenyi. We had decided to take the bus as there were only going to be 4 of us, and the vans would be too expensive.

The next day Sunnie picked us up from the hotel, and as we walked out to his van he held up and waved tickets, that he had purchased for us on the way to the hotel. He told us there would be a big queue, which, when we arrived at the bus stop leading out of Kigali, we were delighted that he had. Approximately 30 people were standing in line waiting with luggage and crates of chickens and the odd goat! Sunnie then went to the bus and spoke to the driver pointing at us, before waving us over and taking us into the bus. It would be fair to say that the bus was well used, the chickens many being placed in racks above the seats, where they squawked loudly.We were greeted warmly by those around us initially in French, and then realising that we didn’t understand the greetings, spoke to us in English. The bus was so crowded that children ended up sitting on the floor between the seats, chatting, seemingly quite happy. After the initial greetings people started asking what we were doing in Rwanda, before telling us that we had to go and visit the gorillas. It was now safe to do so they explained, as the government were now providing armed guards to protect tourists. I made a mental note to ask Dr. Nikita how we possibly could get to see the silverback gorillas, once we got to Gisenyi.The time on the bus passed quite quickly, chatting to each other about how amazing it felt to be back, and about the verdant Rwandan countryside that we were passing through. The bus stopped 5 times, exchanging people before finally arriving in Gisenyi. I could see as we stopped Nikita and several others waving to us.

After getting our bags off the bus, there were the traditional hugs and greetings, reminding us again of the warmth which is so genuinely Rwandan.Nikita then drove us to the local hotel situated on the shore of the beautiful lake Kivu. Walking into the hotel Nikita had had them put signs up in the foyer saying ‘Welcome Back’ making us feel like a real returning family.After checking in before we took our bags to our rooms he said. ‘We are expecting you for a meal at home tonight.’ Then as we all smiled added. “I hope you all like vegetarian curry?”

‘Sounds great.’ I said looking at the other 3 who were also smiling and nodding their heads.

‘Okay I will leave you to it, I’ll be back at 5 pm. We live about 20 minutes’ walk from here along the edge of the lake.’

Russell suggested we unpack quickly as it was now 4pm and then go out and enjoy the magnificent view of Lake Kivu. As we walked along the shore line, admiring the beauty of the lake, it didn’t seem like 12 months since we were previously here. I think we were also wondering whether or not some of the changes we had introduced 12 months previously would still be in place. We walked back and were sitting and chatting when we heard a voice call and wave Nikita had entered the foyer.More greetings followed and then he led us off the into the evening light, along the edge of the lake with the late sun shining through the trees, making the walk even more beautiful.

After about 20 minutes of chatting and literally drinking in the African atmosphere, we walked up the driveway towards Nikita’s house. It was a wood construction, quite different to the earthen warehouses that we had previously seen and wouldn’t have looked out of place in rural Australia. Nikita took us around to the back door, where we could see his wife through the back window cooking as we walked in.

‘Mandina ,these are the people that I was telling you about who are coming to help at the hospital; Paul our surgeon from Australia, Sally-Anne our physiotherapist and her partner Russell, and Angie our nurse.’

Mandina stopped stirring the curry, wiped her hands quickly, before shaking our hands, and giving us each a kiss on the cheek.

‘Welcome to our humble abode,’ she said as two young boys raced through the kitchen into another room. ‘Kevin and Richard,’ she said smiling, ‘I will introduce you at the dining table later.’

The curry was delicious, as I think we all expected, with the wonderful aroma which greeted us walking through the back door. Angie remarked on the placemats, which we noticed were made of a natural material with African scenes painted on them. Mandina then explained she was a teacher at the local primary school, and one of the things that she taught was art.She had made the placemats herself, explaining that often for the children there were not enough materials, and they had to make do with wooden sticks, drawing on the loose earth around the school*.* As I was given a 2nd helping, Nikita asked whether we had caught up with some of the political issues affecting Gisenyi and the hospital. We briefly looked at each other and shook our heads.

“I will tell you quickly, and then I will give you this Newsweek magazine to read.” Nikita said holding the magazine up .On it I could see a quarter-page photograph of Kariba Offengowe, with the headline, ‘Atrocities in the Congo’. I picked up the magazine briefly showing it to Russell sitting next to me.It had maps detailing mineral extraction and points of conflict from the gangs who controlled mining.The magazine also showed pictures of very young African boys digging in a large open cast mine, supervised by males holding large shovels. It had been written by an African correspondent in Rwanda.

‘There are many of these gangs, all seeking to extract valuable minerals like cobalt and lithium.’ Said Nikita. ‘They in turn are supported by various governments around the world, trying to obtain these precious minerals from the Congo. Because of the need for these minerals for computers especially, lots of money changes hands, as a result generating competition amongst the gangs to the point of violence.We have seen young boys with fingers and ears chopped off, in our accident and emergency department just because they didn’t dig hard enough.’

‘Thanks for the heads up.’ I replied not really knowing what else to say, as Angie looked at me before collecting the plates to help Mandina.

‘Well let’s all go and sit in the lounge and enjoy a last coffee.’ Mandina said breaking the tension a little. We sat and chatted for another 20 minutes, and then I suggested that we would head back to the hotel, as we assumed there would be a 7:30 am start as per normal tomorrow morning. Nikita said we were right about an early start, but that he would meet us at the hotel and walk with us, as all the locals knew him and that meant we would be safe.

Nikita drove us back to the hotel ,even in the darkness, we were able to see many people sleeping under the trees. Nikita explained that some of these were patients, and that the hospital was overwhelmed so they couldn’t be accommodated there. Back at the hotel, we said we said goodbye and thanked Nikita again for his hospitality and such an interesting evening.

‘I will see you in the morning.’ he said as he dropped us off. As we all said goodbye to Nikita, we all agreed we would meet for an early coffee.

The next morning Nikita arrived and after coffee we all walked up to the hospital.Despite the fact that it was 7:15 am there was a constant stream of people, 2 to 3 wide in places, heading to and from the Congolese border. A reminder to us all that Rwanda is the most densely populated country in Africa. Twelve million people crammed into a ruggedly volcanic country, the size of Belgium, or the state of Maryland in the United States. Coffee and tea harvesting provided work for some, but for the vast majority, there little other employment other than a growing tourism industry. The Congo with its numerous mines provided the potential for some to stave off starvation, irrespective of the atavistic violence many had to endure working there.

Walking in through the gate we could see the number of people sitting and lying on the ground outside Accident and Emergency. Walking in through the front gate Russell was about to knock on the door at administration,then I told him to wait. One of the people lying in front of A&E wasn’t moving, so I quickly went over and as others around him parted. I could see he wasn’t breathing and then taking his pulse found none.I was about to start CPR when one of the other people waiting said, ‘He’s been dead since last night doctor.’

I walked back to where Angie, Sally-Anne and Russell had been watching.

‘He’s dead, unfortunately.’ I said, as we waited outside the administrator’s office . The greeting after we knocked on the door was in great contrast to what we had just seen. After more hugs and handshakes, I excused myself and said I would head down to find Dr Nikita, and see them all later at the hotel.

Approaching A&E I could see they had dragged the dead man a little further away from the entrance, so no-one had to step over a dead body. Walking in I saw three nurses I remembered, who all looked up from their patients and smiled and gave me little waves. The young man filling in the paperwork behind the wooden desk, whom I also remembered Emmanuel said, ‘Good morning, Dr Paul, welcome back’ with a huge smile. I was somewhat surprised that he remembered me, but he looked at me still smiling before saying. ‘Word travels fast here if you cut the mustard’ then adding, ‘Dr Nikita is in theatre with a stab wound from last night, and he said would you do the ward round and then join him.’

I look around the ward as Emanuel handed me a file for patient notes. Sabret, one of the nurses that I remembered, looked up and walked over and said, ‘Nice to have you back Dr Paul, would you like me as your interpreter again, we have had a busy night?’

‘Thank you Sabret, just like old times. I see you have had to put some of the patients on mats under the beds.’

Sabret pointed to a young man under the first bed who had a very large bandage around his head through which the blood was seeping. He would need suturing sooner rather than later I thought, Sabret making notes as I asked him how he felt.Sabret repeated the question in French and the young man just shook his shoulders. Another young man who was sitting on the bed above surrounded by his family, had fallen off the back of a motorbike. He had an open fracture of his forearm, which fortunately wasn’t bleeding. He would then be 2nd on the list. Sabret then showed me a two-year-old boy whose mother had brought him in with an infected spider bite ,which I thought needed cleaning and debriding. Hopefully, it wasn’t a Buruli ulcer, which could consume the whole leg and need a skin graft. I was just about to move on when I saw the blood starting to ooze from under the bandage on the first patient. He needed to have his machete wound sutured urgently. I hurried out of the A&E into the theatre change room and quickly put on green overalls.Through the open theatre door I could see Dr Nikita still operating.He hadn’t yet closed the abdomen, so he was going to be at least 20 minutes. Then I heard a crash followed by crying outside the theatre changing room. Looking out I could see the young man with a head wound had collapsed on the floor, Sabret trying to rouse him. I went back into the theatre change room, knowing where the intravenous fluids were kept. Grabbing some normal saline, I went back out and quickly inserted it into the young boy’s vein lying on the floor, realising we had to stop the blood flow somehow.

‘Sabret, can you get me sutures from A&E and scissors, a torch, and bandages? Dr Nikita is going to be another half-hour in theatre, and we need to stop this bleeding.’

Sabret returned very quickly with gloves and a torch under her arm as well as a small suture pack. She undid the suture pack while I quickly put gloves on. I knew that when I cut through the bandage there would be blood streaming everywhere.Sabret shone the torch on the dressing as I cut through it ,as it was dark in the hallway. I could then see a full-thickness machete slash bleeding. I quickly started suturing the areas where I could see there was blood actively oozing .After about 20 minutes the bleeding was controlled, and we wrapped the head in a bandage again with dressings over the wound. The young man had still not responded, so I opened the drip to give him the final 500 millilitres of saline as a volume push. Emmanuel arrived and we carried the young man back to Accident and Emergency, where a bed had been vacated for him. As we lay him on the bed he groaned and opened his eyes a little. Sabret gave me a little smile, which seemed to say another one saved and welcome back to Rwanda Dr Paul!

‘Thank you so much for your help Sabret, it was great that we could get that done. I’m sure Dr Nikita is now finished, so I will go and just check to see what else he has on the list, otherwise I’ll come back and finish the ward round here with you.’

I went to the theatre changing room. From there I could see into the theatre and that Dr Nikita was finishing up, Theresa handing him dressings. She looked up and briefly waved as Dr Nikita turned around, and even under the mask, I saw a smile as well as a small wave.Five minutes later he walked through the door smiling, theatre gown removed and said, ‘Really good to see you again and that you survived the curry.’ Before giving me a hug. We sat down and as he started to make a coffee for us both, then he turned, looked at me, and said ‘I think it’s about time you called me Samuel or Sam.’

‘Thank Sam.’ I replied smiling.

We then chatted ,Sam updating me on some of the violence across the border in the Congo the previous night what we had had to deal with, as he brewed the coffee. Although he then added that there were no stabbings overnight that were going to be on my operating list that afternoon. And none that he was aware of in the Accident and Emergency. As we chatted, I told him about the machete wound that we had repaired in the hallway. ‘Welcome back to Africa.’ he said smiling as he put yet another delicious Rwandan coffee in front of me. We talked for the next 15 or 20 minutes. Sam informing me that the hospital had a new GP, who was doing some of the gynaecological procedures in the hospital.He had spent 6 months in Kigali training with a gynaecologist. He said he thought it might be prudent if I assisted him just in case there were any surgical difficulties and would also give him a little bit more confidence. I told Sam that I was more than happy to do that, although I was keen obviously to do my own surgical list. Sam then explained they had a list for me starting tomorrow, 3 hernias he said were on the list, but unfortunately, there was no mesh to repair them with. Fortunately, as part of my surgical background, I had learnt how to repair hernias without mesh.

Sam then suggested that we go and finish the ward round in A&E. I could see that he was quite tired so I suggested that I could do it. He looked at me smiled and said, ‘Thank you, so good to have you back.’

Walking back into A&E, Sabret looked up and smiled before walking over to join me. Suddenly, as we were standing and talking, there was an extremely loud noise and the whole of A&E shook. I looked at Sabret, maybe this was one of the many earthquakes that they had in Rwanda. She had walked quickly to one of the windows. ‘Dr Paul come here!’ I hurried across to where she stood pointing out the window. Looking at where she was pointing there was a bus which had crashed through the front fence now lying on its side nearly upside down inside the hospital grounds. There were lots of people milling around it screaming and yelling,as some were caught underneath.

As I ran out through A&E I could hear the crying and screams of the children. Hundreds of people had already gathered. Looking beyond the bus I could see a large truck, shaped like a petrol tanker,which had also crashed through the fence.Possibly it had possibly careered out of control down the hill, its brakes failing before hitting the bus. There were a few plaintive cries coming from pedestrians who were still alive but trapped underneath the bus. I realised if they were going to survive it meant getting the small 20-seater bus off them. At the rear of the bus, I could see a young boy trapped, several people digging desperately to try and free his leg

‘Sam,’ I said as he hurried up behind me from theatre, ‘I think we need to get as many men as possible on the side of the truck closest to the hospital so that we can try and get those out caught underneath. I knew it was just getting people organised that was going to be difficult, given the amount of noise generated by the screaming. Sam looked at me and then let out a high-pitched whistle. There was a momentary pause in the desperate screaming. They all turned and looked at Sam who was standing next to me.

‘Nous aurons besoin de tous les hommes sur le côté du camion.’ He shouted.

The response was swift; fifteen or so of the men quickly assembled next to us. I quickly got the men into position, and as everyone surrounding saw what we were trying to do there were suddenly almost 30 people both men and women in position.

‘On the count of three,’ I shouted at Sam.

‘Une, Deux, Trois.’ He shouted slowly and deliberately.

Slowly the bus started to rise. At 20 cm off the ground, it teetered and threatened to collapse on all those underneath again. Out of the corner of my eye I saw a woman reach and pull out the young boy from under the far end of the bus. Then, for what seemed like an age, the truck hovered above those trapped underneath before even more hands and shoulders rushed to help us. Sam shouted again and with a superhuman effort, from what must’ve been 50 people, the small bus was righted.

I quickly surveyed the carnage. All of my previous trauma training kicking in instantly: decide who’s dead and whom you can save quickly, otherwise, those who you might save will be your worst statistic. I worked my way amongst almost half a dozen bodies. Quickly checking to see those not moving at all, or not breathing, who might be dead. Then as I stepped over the non-moving bodies, I heard the young boy who had been caught at the bottom of the upturned bus, crying. I looked up and saw Sabret standing next to Sam doing CPR. The young boy, who was about 9 years of age,had suddenly regained consciousness and was crying. Sam nodded to me, and I quickly picked the boy up and ran to A&E. He was going to need intravenous fluids to compensate for the blood loss and then theatre to deal with his compound fractures. I could see Sabret following me as well as the mother. Inside A & E the other nurses cleared out bed and were standing holding an intravenous cannula and fluids. ‘He is the only survivor?’ One of the nurses queried as I applied a pressure dressing to his legs.

‘Im not sure Theresa but we’re going to need to go to theatre urgently.’ I said, as I looked up.I could see through the A&E window that most of the crowd had dispersed. In fact, there was now a stream of people again walking past the hospital. Not many noticed or stopped to look at the dead bodies. Perhaps death was too common in Africa, I remember thinking.

Sam walked in as we had finished triaging the young boy and applying a pressure dressing to both of his legs before saying. ‘He’s going to need surgery.’

‘Already sorted Sam, Theresa is getting everything organised.’ I replied.

‘I’ll give you a hand but first of all I will organise for those bodies to be taken to the morgue.’ Sam said as he walked away.

Theresa arrived with more intravenous fluids, a hypodermic syringe and a vial of morphine saying theatre was all organised.She then very quickly switched to French to talk to the lady who was with the young boy, her face I noticed covered in a Hijab. The long flowing gown she wore was soaked in her son’s blood. As we loaded the young boy onto the trolley, I needed to know whether there was any further injury. I quickly tore open the upper part of the boy’s gown so I could examine the chest and abdomen. The young boy’s abdomen I noted was distended, possibly two broken ribs on the left-hand side and a bleeding spleen would have to be considered.

‘Sabret, I assume this lady here is this young boy’s mother, if you think it appropriate tell her that he might need a laparotomy, if we think he’s bleeding internally.’

‘He’s the son of the local Imam.’ Said Sabret. ‘Someone will need to tell him and get his permission, and the young boy’s name is Yusuf.’ She replied as the mother nodded.

‘Okay.’ I said, concentrating on the young boy, as we put him onto the trolley.’

As we wheeled Yusuf towards theatre, I could see the pain etched on his face. I thought his abdomen was becoming increasingly distended. Yusuf’s eyes by this time were closed and taking his pulse I noticed that his rate was well over 100. Clearly, we didn’t have much time if we were going to save his life. I knew I was going to have to make a very important decision. The bleeding from his legs was controlled with the pressure dressing, the distended abdomen suggesting internal bleeding. Theresa had all the surgical instruments ready. I ripped open the surgical gown. I didn’t scrub up as I knew time was of the essence putting on the surgical gloves without scrubbing up.

Theresa looked at me as I stood on the other side of the operating table, I pointed to the scalpel and indicated the abdomen. She very quickly washed it down with Betadine and I was just about to make an incision in the abdomen when there was a loud commotion outside in the waiting room. This was followed by banging on the door to theatre to the theatre change room. I look through and saw Sam changing. Sam shouted. ‘His father doesn’t give permission for his surgery, that’s him the Iman outside.’

‘If I don’t operate on him, he’s going to die.’ I said to Sam. Suddenly the door to the theatre changing room crashed open and there was the Iman.

‘Your son will die if I don’t operate on him.’ I said through the theatre door.

‘Let me pray for you both first.’ He replied from the doorway to theatre.

‘It will need to be a quick prayer.’ I said holding the scalpel.

‘To Allah the Almighty God we belong, if it please Allah let his angel Izareel call his humble servant home and let the sun of the world continue to shine through Yusuf. May the wisdom of the prophet Mohammed guide the hands of those who care for him.’

‘And may the one true God look after us.’ Whispered Theresa as she looked at me over her mask.

‘Thank you.’ I said, thinking that even in a crisis it was necessary for each to assert their religious dominance. Turning back to make the incision I said, ‘We will need many large packs, Theresa.’

As I made the incision in the skin down to Yusuf’s navel Malachi the anaethetist indicated Yusuf’s blood pressure was dropping and his pulse was going up, the bleeding was clearly getting critical. Out of the corner of my eye I could see Malachi squeezing the saline bag to encourage extra fluids into Yusuf. As I opened the fascia entering the abdomen blood gushed out over the surgical drapes and down onto the floor. Theresa quickly placed a retractor into the abdomen and handed me four large surgical packs. Quickly packing and absorbing the blood I then felt for the spleen. It was lacerated as expected and I quickly isolated and clamped the splenic artery. We all watched as the bleeding stopped, Yusuf might survive. Removing the packs and suctioning the blood I then removed the spleen tying several more sutures around the artery to make sure it didn’t bleed.

‘I put the spleen on the instrument table saying to Theresa, ‘Don’t dispose of that until we have checked with the Imam.’

‘I think that’s only with death that the body parts have to be returned, but you can ask him when we’re finished. Replied Theresa

I washed out the abdomen with sterile saline before closing the abdomen with a nylon suture. By this time Sam had scrubbed up and joined us.

‘Good decision Dr Paul.’ he said as he looked at the spleen. ‘I can take over and do his fracture. You look like you need another cup of that wonderful Rwandan coffee.’

As Theresa placed the dressing over the incision on the abdomen, I looked at Yusuf’s right leg. There was no x-ray to be able to check the alignment, so it would have to be Sam’s best clinical judgment.

As I took my gown off, I saw one of the interns scrubbing up to help Sam. I smiled reassurance at him as he walked through and stood next to Sam. I noticed the Iman kneeling in the changing room obviously praying. I said to him, ‘It’s going to be a difficult few days, but I think he will make it.’

‘Praise Allah.’ He said. ‘I am most grateful that he guided your hands.’

‘I had to remove his spleen, and although we can live without spleens, in this environment, we’re going to need to see whether we can get him vaccinated. Do you know whether he has been vaccinated or not against TB or measles?’

‘Yes, he has, Doctor, we run an education program through the mosque about vaccinations and he also had smallpox.’

‘That’s good because without his spleen he will have impaired immunity and would be very susceptible if he hadn’t been immunized. I have his spleen in addition inside if you require it, I wasn’t sure what the Islamic teaching was for body parts.’

‘Thank you, Doctor, I am Mohammed Sharaf. It is only with death that we like to have all body parts together. But it is not a critical teaching. I am so grateful that you have saved my son, I would insist that you come and visit us when he’s better.’

‘That might be a week or two but I’m sure that we will be seeing each other regularly as he recovers. We will take him up to the surgical ward in a few minutes. I am surprised that there is a mosque in this part of the world. I would not have thought that possible given the fact that 95% of Rwanda is Christian.’

‘Christianity is the predominant religion, which teaches peace on earth and goodwill to men, and yet allowed the genocide. Many people were disillusioned with the God who allowed such atrocities. There was fertile ground to provide a caring structure that helped everyone work towards an afterlife.’

 ‘Does not the Quran say to cast terror into the hearts of the unbelievers? And doesn’t It also exhort believers to fight and kill those who believe the Messiah was the son of Allah?’ I said remembering some things I had read.

‘I see you understand a little bit about the Quran. Not all Muslims are jihadists, as not all Christians are extreme fundamentalists. Those who undertake jihad in Africa often blaspheme in the name of Allah. They are more interested in power and control than people’s souls. Unfortunately, because of those extremists in Somalia and Mali, sight is lost of the common ground that could be shared by Christians and Muslim to make the world a better place.’

‘I’m not sure that you will convince me of that, Mohammed, but we are all one on this planet together, so let’s get your son well and I’m sure we will talk more.”’

‘Bless you my son, and if there is anything that I can do in any way please let me know. Could I give you my mobile number and case there is any problem with Yusuf?’

‘Of course, we will let you know. But I haven’t had a chance to get a new Sim card for my mobile, but you would be more than welcome to have my number once I do.’

‘I will organize a SIM card for you tomorrow, one of our brothers sells them in the market.’

I met Samuel outside the surgical ward the next morning. He greeted me with a big smile before saying, ‘I hear Yusuf was fine overnight and had no significant trauma for us to deal with, you are a good influence, Dr Paul.’

We walked into the surgical ward together and in the distance, I could see the Iman in his long flowing robe praying at the foot of Yusuf’s bed. He turned hearing us enter and gave a smile with a thumbs up pointing at his son. Samuel walked straight over to the bed greeting the Iman, leaving the post-operative examination to me.Yusuf was by this time awake, and as I said good morning to him in French, there was a little smile, and I could see there had been no seepage from the laparotomy wound, as I pulled the sheet back a little. I thought from his palish colour we would possibly need a blood transfusion. Very gently placing the stethoscope on his abdomen, I was surprised that there were early bowel sounds. That was a very good indication that things were settling down internally. Standing up I looked at both Samuel and the Iman before giving him a thumbs up*.*He smiled, reached into his pocket, and held up a SIM card. I gratefully accepted it with a thank you.

Yusuf made good progress over the next few weeks, but with bilateral fractured legs in plaster, the issue was, in terms of getting home, something that he could use to get around until he could walk. We had explained all this to his father who turned up one day with a wheelchair which had been made from bicycle wheels by one of his congregation. On the day of his discharge, Yusuf had become a very talkative young man, and we all lined up to say goodbye as his father wheeled him out in the made-for-Yusuf wheelchair. As we said goodbye, true to his word, the Iman said to me I would like you to come and meet the family the next week and stay for a meal? Their residency, he further explained, was next to the mosque just off the main street.

Samuel and I, having finished the ward round deciding to have the traditional coffee in the theatre waiting room.

‘Some more interesting information from across the Congo’ Samuel said as he poured a long black for me.

I waited till he sat down before replying.

‘Related to the mining gangs?’

'Very good guess Paul, I can see that you are in sync with our situation already. It has just been published that the warlords controlling are violently abusing the children digging out the minerals. Identifying an association with Syrian and Chinese companies. These two countries are apparently providing active support to the Rwandan-backed MD23 militia to protect their interests. The aim obviously to seek to control the extremely valuable supplies of lithium, tin, tungsten and tantalum.’

‘My goodness Samuel, that’s all happening down here in this part of the world, which is in such desperate need?’

‘Unfortunately, and I think that kind of control will lead to more violence across the border with those warlords, so really just to give you a heads up in terms of coming days.’

With the busy activity in the next few days, it was with some distractive interest that I walked up the main street, locating the mosque and seeing the residence next door. I was about to tap on the door when it was opened by Mohammed Yusuf next to him with a big smile despite his wheelchair.I was invited inside quite a spacious residence and was introduced to 2 women in long flowing white gowns who were fully veiled. Both were Mohammed’s wives I found out later ,after they graciously bowed to me and walked off through a door into the kitchen. I could see a table which had been beautifully laid out, Mohammed indicated we go and sit down. He sat at the top of the table, and I was as a special guest allocated a chair close to him. Yusuf looking at me as I sat down smiled and came and sat next to me in his wheelchair, before touching my hand and saying in perfect English, ‘Thank you for saving my life, Dr Paul.’ I have to admit that brought a tear to my eye, as Mohammed explained smiling that Yusuf had been practising saying that for most of the afternoon. The rest of the evening I would have to say was interesting in terms of learning more about Rwanda, as well as enjoying delightful food. Mohammed telling between mouthfuls that the Muslim community supported an orphanage, which he would like to show me at some stage. The walk home back to the hotel later that evening was with a great sense of not only satisfaction through surgically helping, but also, yet again, the sense of a family embrace.

The rest of my time at Gisenyi was surgically stimulating. A young lady who had fallen off the back of a motorbike was one case I remembered. She had no crash helmet and when I saw her, I suspected that she might have fractured her skull. She had the typical Racoon eyes, but it was when her coma scale started to decrease, and she became less and less responsive, that I knew intervention was the only way to save her. Fortunately, I had done some neurosurgical training as a registrar, so when we took her to theatre, with Theresa holding the head, I made a drill hole over the hematoma, draining the superficial blood. I think I remember keeping my fingers crossed and in my subconscious thinking that Mohammed had said I would be protected by their prayers! The young lady recovered without further incident, fortunately, but it also made me start to think about whether it would be possible to get other specialists like myself to come down and teach local doctors how to do these kinds of procedures.

 In the next few days, after a few more coffees with Samuel, he asked about my medical teaching background. I explained that I had been an adjunct Professor of Surgery and one of my passions was teaching medical students. Very quickly he suggested I might like to teach the local interns, medical students and nurses. Contacting my 13-year-old son in Adelaide, he was able to locate on my computer where I had stored the PowerPoint lectures and send them to me albeit without the videos. In the first session that we organised, there were 13 who attended.And such was the enthusiasm Samuel asked whether I could repeat it later in the week, and do 2 lectures more in the next week before I was due to leave. Little did I know that I was also going to be involved in a major trauma occurring across the Congolese border.

Sunday night of the the last week, I was sitting enjoying a goat curry at the hotel when I saw Samuel coming in through the main door.

‘Sorry to interrupt your meal, Paul.’ he said as he sat next to me, there has been a major incident across the border in theCongo and we are on high alert so we might need you tonight.’

‘Well, that’s what I’m here for, to help.’ I said with an attempted smile. ‘Can you tell me what has happened yet?’

‘There have been shootings as a result of a revolt at one of the open mines and one of diesel fuel tankers caught fire and exploded. There are an unknown number of injured. There is a medical team coming in from Kinshasa to help. If you could come and help triage, we have armed security to provide protection, and then we could see whether there are any patients we could possibly treat here.’

I pushed my plate to one side, took my jacket off the chair, and followed Samuel out of the front door. Parked outside was an ambulance which looked like something straight out of a M.A.S.H. movie. The green camouflage cab had had a small Red Cross painted on each door. The windscreen was cracked, and the rear of the ambulance had an old green canvas to cover patients. I recognised the driver Jean Miguel from the hospital, as Samuel and I both got in the front seat. Jean Miguel had explained that there was a small hospital was about 15 minutes from the border.

The border crossing was in two parts. For those on foot, there was a separate queue, which on both sides of the border seemed to stretch for half a kilometre. If this was what it was like on an early Sunday evening, I tried to imagine the uncontrolled chaos when 10,000 to 14,000 tried to squeeze through following the eruption of the Nyiragongo volcano in 1994. As we approached I could see there was a queue of five vehicles waiting to be processed, and allowed to pass through the checkpoint. Five military personnel with automatic weapons supervised the process on either side of the border. Jean Miguel handed the official papers out the window, and we were quickly waved through. A large sign on the Congolese side ,sponsored by Primus a Rwandan beer, said welcome to my country. As we drove, I could see hawker’s stands dotting the roadside selling everything from fruit to souvenirs and clothing.

The hospital entrance was a large wrought iron gate which had been tied open. On either side, there was a white plastic caste fence extending 20m beyond the gate. A small wire fence continued around the perimeter interrupted frequently by missing segments. As we drove up the driveway, I could see staff erecting makeshift tents. There were numerous people lying on the lawn in front of the small hospital.Climbing out of the cab, Samuel greeted someone that he knew, who we quickly followed into the hospital. The staff had identified 6 patients whom they thought would need surgery. Fortunately, as I looked over them, none of them appeared to be burns patients, several were gunshots and machete wounds all had intravenous lines and dressings. Jean organised help loading them into the ambulance, Sam and I sitting in the back checking their intravenous fluids. Sam had Theresa on standby in Gisenyi, so we went straight to theatre backing the ambulance up to the theatre door. Sabret greeted us with more staff and mattresses for patients to lie on in the hallway. Samuel and I had nominated the most serious for surgery, me assisting Samuel with the first laparotomy, and then he assisting me with the 2nd. We operated through the night, which was very reminiscent of some of my South African experiences. Finishing at 8 am the next morning with a simple suture repair of a machete wound to a leg, we both sat in the changing room, smiled at each other, and wiped our brows. Sam then made the traditional coffee suggesting that it needed the extra strength as we still had a full day ahead of us.

As we sat and chatted, Sam said, ‘I have had some really good reports about your teaching, do you think you could organise to bring specialists to Rwanda to teach? That would be in keeping with that old saying, give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.’

‘Samuel, I need to think about that to see what could be done, but potentially a great idea. It’s just a matter of whether we can get enough specialists interested.’