

MIND TO MIND

*Creative writing that explores the abstract side
of our profession and our lives*

Carol Wiley Cassella, M.D., Editor

Mzungus in Rwanda

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“Mzungu” refers to people who travel around in Africa, and it usually refers to “white people.” But, over the years, Mzungu in Rwanda, evolved to mean “rich people.” Growing up in a poor family with twelve children in the small Portuguese Colony of Macau (now Republic of China), I could only dream about becoming a Mzungu. But, through the kindness of others, I had the opportunity to come from China to Canada and be educated as an anesthesiologist.

Following the Rwandan genocide, only one anesthesiologist remained to serve eleven million Rwandans. Although eight more Rwandan anesthesiologists were trained abroad in the late 1990s, most did not return to Rwanda. Recognizing the desperate need of anesthesiologists, the Canadian Anesthesiologists’ Society International Educational Foundation (CASIEF), and the American Society of Anesthesiologists Overseas Teaching Program (ASAOTP), partnered with the National University of Rwanda in 2006 and developed a Teaching Program. The main objectives are to build capacity for anesthesia training, increase the number of anesthesiologists, and establish a sustainable Rwandan anesthesia training program. After some persuasion, I agreed to go to teach in Rwanda with a fellow, a resident and my two sons (paramedics) for a month.

My career in anesthesia has provided me with a privileged life in Canada. The prospect of giving up the comforts of home for the potential challenges I could face in Rwanda led me to hesitate in my preparations for this adventure. Looking back, I fear that the comforts and security of

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my present life dimmed my memory of the many who had, throughout my life, helped me achieve what I now enjoy.

Working in the Rwandan medical system requires extra patience. Although the first surgical case might be scheduled to begin at 8 am, surgical incision is seldom made before 10 am. Facilities in the operating room (OR) are very basic. The rooms are small, but ventilation is adequate even without air-conditioning. Mould is visible on the ceiling of all ORs. While the non-invasive blood pressure monitor, the ECG, and a portable pulse oximetry are available in each OR, there is no capnography and no volatile agent monitor. Anesthetic drugs most commonly used by us were not available. These include propofol, rocuronium, sufentanil, remifentanyl, sevoflurane, or desflurane. On the other hand, drugs not used or not readily available in North America were on hand in Rwanda; thiopental, halothane, and intravenous paracetamol (acetaminophen).

Apart from teaching, we also spent some time exploring Rwanda, the Land of a Thousand Hills, to better understand the culture. With the assistance of a local tour guide, we went to almost every corner of the country. Everywhere was lush and green. While the main roads are well built, the smaller roads are not. Our guide told us that the constant bouncing and lurching of the jeep were referred to as an “African Massage” and advised us to hold on and enjoy the long ride.

Rwandans who live in the rural areas walk everywhere, carrying potatoes, water, or gifts on top of their heads. Everyday, little children would be sent by their parents to get jugs of water from the local water pumps, and they would walk many kilometers back and forth with these heavy jugs.

“Gorilla trekking” in the mountains was exhausting and expensive, and getting the trek permit was more frustrating than anyone could have imagined. But, on a positive note, we saw how the money went into building schools, infrastructure and homes for the locals who dedicate their lives to protect their national treasure, the gorillas, and we came face to face with some of these amazing creatures; the experience was priceless.

Everywhere we went was memorable: the Ntarama Church Genocide Memorial, the Akagera National Park, and the Gisimba Memorial Community Centre (an orphanage), to name a few. Through the guide, we met many local Rwandans, went to the church on Sunday, and drank Mutzig (local beer) and banana beer in the local bars. From sidewalk vendors, we ate goat and chicken brochette and drank the ubiquitous Orange Fanta. The Rwandans were wonderful people who seemed generous, honest, and happy.

The day after we arrived, our resident lost an envelope containing a thousand American dollars. Searching with great determination, he traced his steps back to a cellphone centre where, on the previous day, he had purchased a SIM card. A janitor had apparently found the envelope and gave it to the day-time clerk with every dollar still inside the envelope. This was an inspiring example of how the people we met, though poor, were honest and caring.

Rwandans have gone through a dark period. Recognizing that it was a sensitive issue, one day, I diplomatically asked our guide if he was a Tutsi or a Hutu. He replied with a big grin, “*I am a Rwandan and we are united.*” Knowing that he lost his mother and some siblings during the genocide, I am certain that he is a Tutsi. Yet he did not express any bitterness or hatred against the Hutus. Although he lived in Norway for some time after the genocide, he decided to return to Rwanda and help rebuild his beloved country. I felt touched by his commitment and at the same time I felt a sense of humility and a renewed faith in humanity. My view may be biased as I have met only a small sample of the eleven million Rwandans, yet the attitudes I encountered everywhere give me great hope.

Upon reflection, I realize that I am not a Mzungu; I am only a materialist with money. It is people like our guide who are true Mzungus, the rich people. They may be cash-poor, but they are rich in culture, forgiveness, love, and compassion. Before I went to Rwanda, I had the arrogance to think that I would be able to teach the Rwandans. Instead, we taught Rwandans much less than they taught us. We learned that despite our cultural differences, we can work together and move forward as a community. In addition, we should do the best we can with what we have without a sense of entitlement. But, most importantly, we must embrace life as precious and perhaps rethink our priorities.

From my perspective, the best lesson I learned was to never forget where I came from and how I grew up. As in my hometown Macau, Rwandan children play soccer with anything that is round. I forgot how happy I was in Macau even though I did not have a “real” soccer ball; I was content with a plastic ball, and I remember how happy I was when we made our own toys and paper boats from old newspapers. Why have I changed?

It is my opinion that everyone will benefit from the opportunity to go to Rwanda through the Global Outreach Program (<http://anesthesia.medicine.dal.ca/global-health/global-health-initiatives.php>). The experience of teaching in Rwanda, while they teach us what is important, is transformative. One is struck by the enormity of their needs. One may be overwhelmed by their poverty. One may feel humbled by the realization about how much one has and wonder about social justice. One may question one's life and personal priorities. I hope, should you decide to go, you too will experience what we did. It is a remarkable gift to have the opportunity to meet those Mzungus in Rwanda.