# The Heart of Darkness

This year's trip to Africa provided me with a sudden unexpected opportunity to work at Nganga, a Salesian run Don Bosco center serving the refugee population in Goma. The city of Goma is located in North Kivu in the Democratic Republic of Congo. North Kivu is the current epicenter of the war that has torn this country for over a decade and cost over 6 million lives. Goma, on the Rwandan border, is the recipient of the human wave of refugees fleeing the fighting

*The following are excepts from my journal:*

The city of Goma almost defies description. I have never seen or experienced anything like it. It has been doubly ravaged by both war and the recent volcanic eruption. The city is like a wasteland. A desolate gray and muddy landscape of bombed out looking buildings. The streets were crawling with humanity. People are just living in the open. The muddy streets themselves are so strewn with lava rocks, huge holes and craters and various debris that it took a four-wheel drive vehicle to navigate them, though progress is very laboriously and slowly. The only vehicles seem to be military, UN or charity/NGO ones like ours. The charity vehicles all have an insignia of an AK 47 with a line through it displayed on the windows to indicate unarmed vehicle. Driving through town there are no stoplights or streetlights, and tanks guard the main intersections. Blue hatted or turbaned UN peacekeeping forces are in abundance. Flocks of UN helicopters armed with machine gun cast ominous shadows on the ground as they swoop over us. As we approach the Don Bosco Nganga compound, JP points out the "Poteau Indicatif," a small light perched atop a pole in the middle of the compound to show if electricity is currently "On" at the facility. Other than that the compound is brightly light by floodlights from the surround Indian army compound.

Three refugee camps surround the Don Bosco. One is made up of UN issued tents. The other two camps are filled with cobbled together tents made from plastic sheets. Each is surrounded by a barbwire fence. The "streets" between tents are a quagmire of mud and ooze. Inside the Don Bosco compound a large warehouse like building that was originally intended to become a church houses another 2000 refugees densely packed and literally living one on top of the other. The refugees are almost all women and children. We saw almost no men, other than the employees of the Don Bosco. The Don Bosco itself consists of a primary, secondary and vocational school like most other Don Boscos. They have a collection of street children, orphans and displaced refugee children, as well as a dormitory for former child soldiers that they are rehabilitating. Unlike most Don Boscos, they have medical facilities. The compound has a hospital, nursery, nutritional ward to build back up many of the emaciated children they receive, and a cholera ward. They are the only UN approved cholera facility in the Goma area.

**Refugee camp**

**Food lines**

The UN imposes rigid standards of protocol and hygiene for Cholera facilities. Hands have to be washed in Clorox upon entering and leaving rooms, and shoes are disinfected by strategically placed Clorox soaked rugs. The beds have plastic mattress with a hole cut out in the middle and bucket placed under them to

handle the watery flux of diarrhea. There are three rigid treatment protocols that are followed based on degree of dehydration. People of all ages from infant to elderly lay, on the narrow cots receiving IV fluids. Despite the stringent hygiene standards, the smell is overpowering.

**Cholera Ward**

**Starving Child**

I lay awake most of the night unable to sleep. The floodlights from the adjacent Indian Peacekeeping Base make it seem like daytime within the compound. Add to the light the constant hum of the generators, occasional gunfire in the distance, periodic ambulance and UN truck arrivals and a swirl of disturbing thoughts and images and sleep is hard to come by.

Early in the morning I was off to work with Dr Joseph, a young Congolese Salesian. Dr Joseph is the only on site doctor for the entire compound, He does receive a half days help twice a week from another Doctor and is surrounded by a dedicated staff of workers and nurses, but this is far from enough. Dr Joseph is highly intelligent and skilled. His training as a generalist in Africa included common surgeries such as appendectomies, and caesarian sections, so he is definitely more competent than I am, for the given situation. Overall, I can easily say he is one of the finest doctors I have even worked with. What touched me most was his compassion. Even under these almost impossible conditions, he always found time for a kind word or a hug. The children and staff revere him. I was definitely the student at the feet of this incredible mentor. We started the morning with hospital rounds. We visited the general medical wards, pediatric wards, nutritional wards and cholera wards. They have a fairly good range of general antibiotic and basic medicines. Most hospitalized patients need intravenous therapy, and IV catheters and tubing were available, but it looked like some of the IV bottles were being reused. The big difference here is that almost everything is considered reusable. Almost nothing gets thrown away. Though IV therapy was prevalent and available, respiratory therapy was non existent. There is no oxygen, suction or nebulizers. Luckily, I brought a nebulizer with me and a generous supply of medicine. Tuberculosis and respiratory problems are rampant and in bed after bed I watch patients struggle and gasp for breath for the lack of simple equipment that we take for granted in the United States.

Rounds also included a lot of teaching for me on African and tropical medicine. It is a whole new indoctrination and way of thinking for me. As can be expected, there is almost no diagnostic testing done on first encounter with a patient. Treatment protocols are initiated based on symptoms and if there is no improvement in three days, the course of treatment is reevaluated and diagnostic testing is considered.

There are well-established treatment protocols for cholera, malaria, TB and malnutrition. Dr Joseph said the basic rule of thumb is, “treat all fever presentations as malaria, and all coughs as TB, unless there is a well identified other cause.” He called this treatment by “ primary intention. “ Thus armed with these words of wisdom and some printed treatment protocols, he turned me loose saying “now go ahead and work as if this was your hospital.” Well maybe not quite; at my hospital I know what I am doing and work by myself. Here I still needed to have my mentor close by for frequent consultations as I encountered pathology I have only read about in books. One case was a toddler, with a rigid firm abdomen. He had a low-grade fever but was still able to take some fluids. I would have gotten lab work and CAT scan at home, but upon consultation and re evaluation by Joseph, I learn that this was a common pediatric presentation of TB.

The day went by fast. We probably saw over 100 patient in consultation and admitted several more to the hospital. Throughout the day the Don Bosco ambulance brought more sick patients. UN trucks rumbled into the compound with their human cargo of displaced children, and out of the corner of my eye I saw a procession of tiny caskets make their way silently out of the hospital. As night fell I noted with dismay our indicator light was off. It would be 12-volt electricty only tonight.

My time in Goma was over all too soon. I had had other plans and engagments in Africa that were made before I knew that fate would lead me here. Before leaving, I turned over all of my medical equipment, even my stethoscope and otoscope. I had nothing left for the rest of trip, but it did not matter. This is where it was needed. In my heart I vow to come back.