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One million people died in Rwanda's vicious 1994 civil war. Direct Relief International was very involved in supporting refugees from Rwanda in neighboring Zaire during the conflict. Having very little in the way of public services and infrastructure prior to that time, the country's health system has yet to emerge from the devastation. There are now fewer than 200 doctors in the entire country.

Two of those doctors serve at Mugonero Hospital located in the western region of Rwanda near the city of Kibuye and Lake Kivu. Approximately 175,000 people are dependent upon the hospital as their primary care and emergency care provider. It is estimated that 50% to 80% of the population of the Mugonero area was killed during the war. An influx of refugees from Congo has helped to repopulate the area. Among the Rwandans who remain or have returned no one talks about the war now. These embattled people merely struggle for survival.

Mugonero Hospital is staffed with Rwandan nationals, two doctors, one lab technician and thirty-five nurses who diagnose and treat the majority of the patients. The hospital helps support the services of several small clinics, completely destroyed during the war, that are scattered in surrounding villages. These beleaguered clinics perform important health outreach functions, providing immunizations, nutritional support including community gardens, as well as providing basic care to villagers.

Through the Loma Linda School of Public Health, Leila Srour, M.D., a Pediatrician from Santa Barbara, visited Mugonero Hospital for three weeks in March of 2001. Having received a specific request from the hospital before her departure, Dr. Srour contacted Direct Relief International to secure suture material to take along. With sutures on hand contributed by Ethicon, Inc., we were able to assist her. She said the shelves were bare when she arrived. The sutures came into use immediately. A little girl named Honorine was run over by a bus and was carried to Mugonero Hospital. She lost one leg but her life was saved with the use of the sutures.

Dr. Srour explains that bandages, medicines, instruments, and suture materials are needed by the hospital on a daily basis. The patients must usually wash and reuse bandages. The hospital also has no phone, no Fax and no e-mail. When asked what else might be helpful to assist the

hospital, Dr. Srouer commented that additional training for the staff would be extremely helpful. Radiology technology is available, for example, but it could not be used because there is no trained X-ray technician. There is a nursing school located in the village of Mugonero with 500 students but there are no textbooks. Dr. Srouer observed that additional training is necessary not only to improve the level of care provided to the patients but also to give these dedicated medical professionals a measure of hope. They need hope in order to have the strength to help others. It is difficult to practice medicine without the proper material. Dr. Srouer said it is excruciating for the staff to see, day after day, people dying from conditions they could treat but are unable for lack of appropriate supplies and medicines.

Lack of sanitation is a major public health concern affecting the majority of the people of the area. Infectious diseases such as tuberculosis, malaria, and dysentery are common. Malnutrition is widespread and the under-five mortality rate is extremely high. Though the hospital has no means of testing for HIV/AIDS currently, the virus is not thought to be prevalent yet. With the continual influx of refugees from neighboring countries and the repatriation of many Rwandans HIV/AIDS is a public health education priority.

Dr. Srouer noticed during her time in Mugonero that beyond the poverty, malnutrition and disease, the problem is the way the people feel about themselves. They feel abandoned, inadequate, and discouraged. Patients don't come to them until they are half gone, they throw everything at them and they still die. People were utterly demoralized. Hospitals are supposed to be self-sufficient. Income generation from fees for services are supposed to regenerate the budget to procure the medical supplies and medicines needed for care. But this is not possible in a country that is so extremely poor. It is the infusion of donations of medical resources that helps keep the hospital operating.

Her experience in Rwanda was a turning point for Leila Srouer. I had never experienced what the level of care really is for so many people. After completing her M.P.H. at Loma Linda, Dr. Srouer will be attending the School of Tropical Medicine in London for three months. After that, she and her husband have plans to work with an organization called Health Frontiers training Pediatricians in Laos.

It is difficult to secure safe passage to Rwanda other than through small hand-carried packages like that carried by Leila Srouer. If we are able to assure the safety of contributed goods, Direct Relief International hopes to provide further assistance to Mugonero Hospital. Meanwhile, the dedicated doctors and staff of Mugonero Hospital carry on.