

Dear friends,

It has now been two years since we – my friend and colleague Gunther Aulbach and I – last traveled to East Africa to treat cleft children. In 2021, our annual cleft mission had been impossible due to the pandemic-related travel restrictions. I am therefore all the more happy to be able to tell you today about our mission this year, a very special one! We spent March 19 to 26 in Rwanda. First, we operated 26 children in Rwamagana and then continued on to a hospital in Gihundwe, on the border with the Democratic Republic of Congo. For us, helping in Africa always means helping the weakest, the smallest and the poorest. The children are often in poor health, many are malnourished and have other diseases in addition to their clefts. For us, these are children's fates that we are able to time and again change for the better.

Hoping for the negative test result

Our journey is marked by many Corona tests – a constant worry. Hopefully none of us will become infected before or during the mission. Rwanda had only fully reopened its borders some two months earlier. Entry requirements remain strict. We have to show the first negative PCR test result at check-in in Munich. On arrival in Kigali, the capital of Rwanda, a rapid test and another PCR test follow at the airport. We await the results at a hotel. All goes well: the tests are negative. We all feel relieved when our Rwandan surgeon Dr. Laurent can finally pick us up from the hotel the next day as planned.



Our first little patient just before anesthesia.



A map of East Africa on a school wall: In the last 20 years we have treated cleft children in Uganda, Tanzania, Burundi and Rwanda.

26 children eagerly await our help

From Kigali, we drive on to Rwamagana, which is only two hours away by car. There, we are already eagerly awaited by our little patients and their families. But where is our Ugandan anesthesiologist Dr. Emmanuel Munyarugero, known to all of us only as "Emma"? We can't reach him on the phone and start screening our patients feeling a bit worried. During screening, one little girl stands out. Claudine has a rare horizontal cleft. The cleft extends from the right corner of the mouth across the cheek almost to the ear. The operation is difficult and requires special surgical skills. It is immediately clear to all of us that without Emma we cannot help Claudine. For almost 20 years he has accompanied us as anesthesiologist on our missions. Dr. Emma's skills and experience are indispensable, especially during complex procedures. Just as I share my concerns with Gunther, a familiar voice calls out to us. Emma is here! His Ugandan cell phone does not work in Rwanda, explaining why we could not contact him.



Claudine has a rare horizontal cleft.



To be able to restore oral symmetry and align the right half of the mouth as closely as possible with the left, Dr. Emma intubates Claudine intranasally.

Many time-consuming corrective operations

But Claudine's operation is not the only one that is more complex and therefore more time-consuming than a normal cleft surgery. In almost half of the children, we have to perform corrective surgeries. These are necessary when the first operation was not performed properly. Not infrequently, this is the result of missions performed by inexperienced teams. „Safari surgery“, as I like to call it, where children are essentially used as practice. Bulging scars, distorted lips and large fistulas in the palate are the unsightly and often fatal consequences. Such corrective interventions are always time-intensive. We even have to operate some of the children several times during the mission.

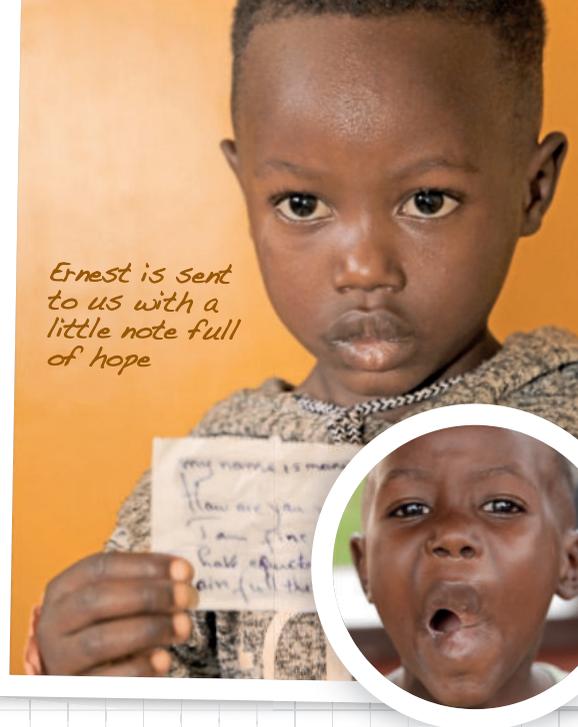
Soon after the surgery, Claudine is already up again. Probably no further surgery will be necessary. Gratefully, Claudine's mother promises to come back to see us for next year's mission. We are eager to know how the girl develops.



A note full of hope

Suddenly Ernest is standing in front of us. He looks at us expectantly, holding a note with a touching request for help. At first glance, we don't even see the problem. It is only when the boy tries to open his mouth that his painful story is revealed to us. Due to a chemical burn - probably caused by acid - he can hardly open his mouth. He speaks poorly, eating and drinking are very difficult, and he suffers from chronic pain. Just imagine how much something as simple as yawning must hurt him! We don't know what happened to Ernest. We only know that we have to help this child. We manage to restore an almost normal mouth opening with a surgery. We also reconstruct the red of the lips. A great blessing for the boy. And he shows us his gratitude: during the entire mission, he tries to stay close to us. And Ernest has a place deep in our hearts as well.

Ernest is sent to us with a little note full of hope



»My name is Manirakiza, Ernest. How are you now. I am fine. I have education, I have painful mouth.«

Shortly after the operation, Ernest's lips are still a little swollen. In only a few days, he will be able to eat and drink normally and without pain again.

A goodbye with honors

As a sign of appreciation and thanks, we are invited to an official farewell photo session with hospital management and community leaders in front of Rwamagana Hospital. A very special moment for us, and the result of years of trustful cooperation. We also have to say goodbye to little Ernest, who does not leave our side even during the photo shoot. We leave in the knowledge that a new, better phase of his life is about to begin for him.

The local dignitaries join us for a farewell photo: The military and police chiefs, the mayor, the hospital director and the district health minister.

After a long surgery day, we are exhausted but could not be happier and more satisfied with the results!





Broken axle -
we can't continue



Second stop: At the border to the Democratic Republic of Congo

Gihundwe, the second destination of our mission, is located in western Rwanda on the border with the Democratic Republic of Congo. To get there requires a 300 kilometer drive right over sometimes difficult roads through the rural countryside and jungle. Since Rwanda only allows a top speed of 60kph, the drive takes longer than expected. When we have almost made it, just before reaching our destination, a moment of inattention by our tired driver stops us in our tracks: Our car makes a leap and the journey comes to an abrupt end. Due to the approaching nightfall we have to stop for an unplanned overnight stay. Continuing the journey would be too dangerous.

Potential new mission location

When we finally arrive in Gihundwe the next morning, we are rewarded for the previous day's exertions. We find that the hospital exceeds our expectations: a well-equipped operating room, two anesthesia machines and an obviously very well-trained anesthesiologist. We are warmly welcomed and it quickly becomes apparent that Gihundwe Hospital could become a permanent new, second operating site for us in Rwanda. From here, it is possible to help cleft children in the directly neighboring Democratic Republic of Congo.



In our midst and in my heart: Dr. Emma is a brother and soulmate to me.

All's well that ends well

The return trip to Kigali passes without incident. With the final negative PCR tests, we travel back to Germany filled with many very special memories and in the certainty that we were able to give 26 children a new life. On behalf of the entire team, the children and their families, I thank you for making this possible with your donations.

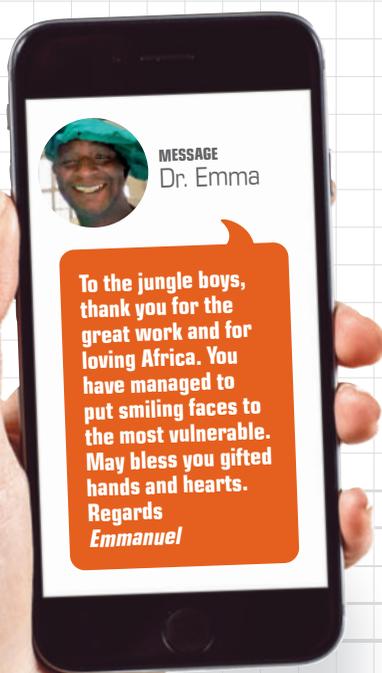
Yours,

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