

## TLC Showcase

# Damien Brown



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## My experience with The Literary Consultancy

Writing a book was never my intention. I'd always enjoyed reading, but the idea of actually sitting down to write a book was not one I ever entertained. And what would I write about, anyway? The fiction writers I read seemed outrageously talented, and the authors of most non-fiction works I came across seemed to be experts in their field. I was neither. Nor did I have the time to try and master this skill – least of all while training in medicine.

Then, slowly and almost inadvertently, writing became an increasingly important part of my life. I backpacked as a student through developing countries and posted blog entries about some of the local people I'd met, and readers responded positively. After university, I ended up volunteering as a doctor with *Medecins Sans Frontieres*, or Doctors Without Borders, and my blog entries garnered the same response. Writing became my therapy, my way of processing the world, but more importantly I realised that it became a way of connecting: readers seemed hungry to hear the stories of the people I was meeting and working with in these desperately poor places—people who not just survived, but very often thrived, despite the circumstances. And always, it was this—the story of *people*—that prompted the strongest responses; this juxtaposition of their often uplifting, inspiring and at times humorous outlooks against such a tragic background. So it became a mutually reinforcing circle: the more challenging the circumstances I found myself in, the more I wrote, and the stronger the feedback from readers became.

After my third posting as a volunteer in Africa, I was encouraged by friends to put a book together. The first draft took me about three months to write but was rejected in far less time, although the feedback from one agent was encouraging: the material was great but the writing not quite so. I then wrote a second draft, still not knowing quite how to approach it, blissfully and completely 'unconsciously incompetent' as to how to even begin shaping a coherent narrative, and predictably this version was also rejected. Desperate for any guidance, I came across TLC online and submitted the manuscript for critiquing. Receiving their feedback was a pivotal point for me. Among the numerous bits of technical and structural advice in the report—something I desperately needed, as I'd long lost all objectivity regarding the

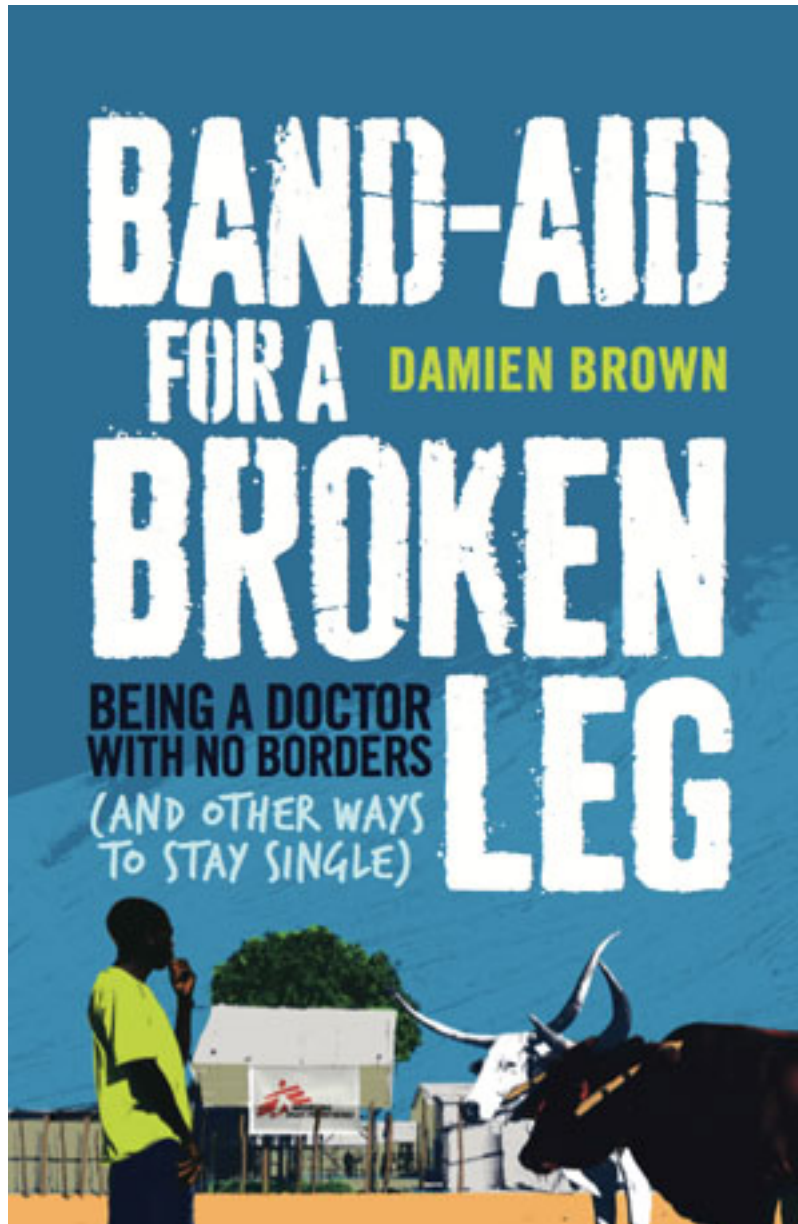
process—I recall the appraiser’s almost brutal honesty with regards to the process ahead. This was going to be a long road, he cautioned, with no guarantees of success, but that it was very worth getting this story right. ‘Once it’s out there, its out there forever,’ he warned. ‘Consider this your apprenticeship.’

Encouraged and now armed with new ideas on how to approach the rewrite, I spent much of the next year re-drafting, still working full time in medicine, and at the end I again resubmitted the manuscript to TLC. The feedback this time was from a different appraiser, but was along similar lines: the material was great, the writing still not there, but this was a project very worth pursuing. Needless to say I felt deflated; given the time I’d invested I was disappointed that this manuscript still wasn’t ‘ready’, but equally encouraged by the dozen pages of advice on how to improve it. An angsty and soul-searching few weeks followed, and I ultimately took the decision to quit my job and write full time; if I couldn’t get this right after another twelve months, I decided, it was time to put down the manuscript and move on. But the material meant a lot to me, and I felt I had an obligation to do it justice. I needed to give it every chance.

Fortunately, however, the story has a happy ending: almost 12 months to the day after I left my job to write, the book was picked up by a major Australian publisher (Allen & Unwin), and has since been published in the UK and distributed in South Africa, with North America to follow shortly. The feedback from TLC, although initially a bitter pill to swallow for an insecure first-time writer, has been invaluable in getting it to this point.

## Introduction to Extract

*Band-Aid for a Broken Leg* is a compassionate, deeply honest and often humorous account of life on the medical frontline in Angola, Mozambique and South Sudan. It is also a moving testimony to the work done by medical humanitarian groups and the remarkable, often eccentric people who work for them.



## I. THE EDGE OF THE WORLD

I arrived yesterday, dropped off by a little plane that promptly turned and rattled down the dirt runway, taking with it any semblance of a link to the outside world as it left me in this town. *If* you'd call this a town, that is. Seems more like a village to me. A dusty, isolated, mud-hut-filled outpost of a village, hidden in this far corner of Angola—a war-ravaged country in south-west Africa. It's like nothing I've ever seen, and is my home for the next six months.

But right now I'm trying not to think about it. Pretending there are no landmines. No crowded hospital. No ward with malnourished children; poster-kids from a Bob Geldof appeal who sit listlessly, wide-eyed, rubber feeding tubes taped to their cheeks, and for whose medical care I'm about to be responsible. Or that I'm to be the only doctor, for that matter, left working in the middle of a region once dubbed '*O Fim do Mundo*'—The Edge of the World—by the Portuguese colonists. And I'm hoping desperately that the immediate task at hand—choosing a gift for tonight's local wedding, to which the six of us Médecins Sans Frontières volunteers have been invited—will provide at least some respite, some fleeting distraction, from the incomprehensible, pitiful, frightening universe that begins just beyond these walls.

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Three of us stand in our storage tent. Tim, the Swiss-French co-ordinator of our MSF project; Toyota, the Angolan logistics operator who supervises this storage site; and me—a junior Australian doctor on my first posting.

‘Well?’ asks Tim. ‘Any ideas?’

Toyota looks up from his stock list. He’s a tall African man with sharp eyes and a broad smile, and he’s clearly untroubled by the afternoon heat. Thick blue overalls drape his solid frame and a pair of rubber gumboots is pulled near to his knees even though the dry, dusty savannah of the region suggests it hasn’t rained for months.

‘Oh, yes,’ he grins. ‘I found a very good gift. Just in here.’

‘Great,’ says Tim. ‘But in *here*?’

‘Oh yes. And believe me, you two will love it!’

Toyota drops his stock list and walks to the far corner of this space. It’s a large enclosure—far larger than any room in the hospital, anyway. Yellowing canvas is hitched tightly over a high, arching metal frame beneath which our mine-proof vehicle is parked, yet there’s still ample room for the rows of aid supplies along each wall. At one end, hundreds of plastic buckets form colourful columns that lean towards silver drums of cooking oil, the latter bearing the image of two hands shaking in a gesture of friendship, with the statement: ‘*Gift: Not to be sold or exchanged.*’ Towards the other end, blankets, soap, high energy biscuits, and milk formula for the malnourished are piled in discrete mounds, while sacks of maize interlock neatly along both nearer walls. A family of cats, too; they’re squatting somewhere in here—you can smell it, along with old cardboard, chlorine and diesel.

Tim shrugs. ‘I know,’ he says. ‘In here, huh? But Toyota’s the person to see about such matters. He looks after all the non-medical stock and has contacts all over town, so he can usually find what you’re after. If not, he’ll try to make it for you—he’s good in that little workshop behind us.’

Tim would know. He's a veteran of several MSF projects in Africa and he's been in this town, Mavinga, for almost two months. Six-foot two and in his early thirties, he appears remarkably unruffled by the context; a man who, in glaring contrast to my current mental state, projects an air of calm authority. So I'm sticking closely to him these first days.

Toyota returns.

'This!' he declares. 'This is what you should bring.' He hands Tim a small package, about the size of a paperback. Some type of white cloth wrapped inside a film of clear plastic, I think, and like everything in town it's coated in a veneer of honey-coloured dust.

Tim looks up. 'Toyota, is this—?'

'Just open it!' laughs Toyota. 'You must feel it for yourself to know how good it is.'

Tim smiles, regarding the item from several angles. '*Merda*, Toyota. Is this what I think it is?'

'How can I know what you are thinking?' chuckles Toyota. 'I cannot possibly know. But I *do* know that you will like it. And I am telling you, this one you must feel. Feel it before you say anything.'

Tim opens the plastic at one end, pulls out a small piece of the fabric and fingers it lightly. He laughs. 'My God! Are you serious?'

Toyota looks surprised. 'What are you talking about, *Coordenador*?' he asks.

'There's no way we can bring this. It's supposed to be from the whole team, Toyota—and for a wedding! They'll be expecting something a little better from MSF, don't you think? What else have you got?'

'And why would you need something else?'

'Because we've given these things away for free in the past! They're worth, what—three or four dollars at most?'

Toyota's undeterred. '*Coordenador*,' he says, shaking his head adamantly. 'I do not agree. Why does this price matter? It is the *quality* of this that matters, and the quality of these ones is very good. I am

telling you. You must feel it properly to know. How can you know if you do not feel it properly? Feel it!’

Tim ponders the package again for a long moment, mumbling to himself. He unfurls the full length of fabric and turns to me. ‘What do you think?’

I shrug, tell him I’m not sure what it is.

‘A mosquito net,’ he says.

‘A what?’

‘A mosquito net,’ he repeats, straight-faced.

I suppress a laugh. ‘Really?’

He nods. ‘A nylon mosquito net. Insecticide-impregnated and all, same as those distributed by health agencies across the continent. So, would you be happy to bring it to a wedding?’

I look at the two of them, hesitant to say what I really think. They watch me expectantly.

‘Well?’ Tim asks. ‘You want to bring it?’

I smile uneasily at the pair. Part of me suspects they’re joking: two weeks ago I was looking at a hundred-dollar cheeseboard on a friend’s bridal registry in Melbourne—one of the cheaper gift suggestions; now, a mosquito net? I watch Toyota, expecting him to break out of character at any moment and say, *Ha! As if!* But what if he is actually being serious? Who am I then to stand here, on my second day, deriding the apparent level of need in this country—a nation with the highest infant mortality rate on earth?

So I shrug. Again. No idea what to say. No idea even what to think, which has been exactly the problem since I arrived: I don’t even have to walk the ten metres over the road to the hospital in order to feel lost, overwhelmed, out of my depth. I feel it everywhere I go. Like right here, standing in this tent, as I grapple with the absurdity—the reality!—that a mosquito net may in fact be a feasible wedding gift.

As for things in the hospital? Therein, my real source of fear. People are everywhere in there. In beds, under beds, across beds,



between beds, in front of beds. Even five to a bed, or on the floor of those two tents, the large white ones pitched in the back courtyard. Others just sit outside, on the dirt that surrounds the tin-roofed wards. Who's a patient, who's a brother? I can't tell. Everyone looks feverish in this heat. Everyone looks a little on the skinny side to me. Everyone needs *something*.

'Are all these people your family?' I asked a woman on the ward this morning.

'Yes,' the answer. Her mother, her daughter, her three sisters—all on the one bed.

'And these four people next to it? On the floor?'

No—they were the neighbours of the patient in bed eight, the woman with some strange fever. They were here to wish her well, to cook and care for her. Their village was a two-day walk from here, so they wanted to please stay with her a while.

'And that man? Why is he sitting in a tent, outside?'

'Oh, he is always there,' said one of the health workers. 'He has been here since the hospital opened four years ago. He came when the war finished. We think he was injured in the fighting—injured in the head—but we cannot know because he only says "Toto", so that is what we call him. Try it, Doctor—ask him anything. Try! You will see it. He will only say: "Toto".'

I tried. He did.

And then there was this morning's wake-up call. An urgent summons to the hospital, and a glaring, screaming reminder that this is all going to be unlike anything I've experienced.

I'd not yet fallen asleep when I first heard the footsteps. Was still lying under my own mosquito net and a mountain of musty blankets, hiding from the harsh chill of these savannah nights—something I'd not expected—while contemplating the hundred-and-sixty-something days ahead. Then, approaching footsteps. 'Doctor?' called a voice. I fumbled for my torch. The firm bang of a fist on my tin door

followed; a ricochet of echoes around the dense silence of my spartan brick room.

‘*Sim?*’—Yes?

‘*Emergencia!*’

*Jesus*, no need for coffee because there can’t possibly be a more powerful stimulant in the world than that single word. I was up in a flash, heart thumping as I knocked over my bedside candle, scrambled to pull on yesterday’s clothes and jogged quickly to the hospital. No—I ran back: I’d forgotten my stethoscope. A sprint back to the hospital. No—back again: I needed the other doctor. I can’t go anywhere without Tim or the other doctor because I don’t know where anything is or how to—

‘Sofia? Hospital! Quickly!’

She was on her way.

A jog, but not too fast this time because I didn’t want to get there long before Sofia. Out the front of our living compound, straight across the dirt road to the hospital entrance not ten metres away where a wooden cart stood hitched to the fence post near the front gate. The animals were still panting. The patient’s transport? *This is how people get to the hospital?*

I ran past the oxen, across the hospital’s sandy front yard and into the first room, where a small battery-powered lamp threw a gloomy light at the brick walls. A group of people were lifting a man onto the single assessment table—three men and two women that I could see, but I still don’t know who actually works here and who doesn’t because there’re fifty-something people working in this hospital for MSF, another fifty working outside of it. Far too many to remember but I’ll need to figure it all out before Sofia leaves this place on Monday.

‘We don’t know what happened,’ said one of them as I ran over. The beam of my headlamp zigzagged across the patient as I tried to make a quick assessment. He was a middle-aged African man, drowsy and dehydrated, numerous lacerations on his face and forearms. His

clothes were tattered, stiff with dried blood. The injuries were at least a day or two old and the distinctive smell of infected flesh filled the room. He urgently needed fluids and antibiotics.

‘Let’s give him—’ I began, but I still didn’t know what drugs we had here. Or where we kept them. ‘You—please, an IV line,’ I tried.

‘Sorry?’

‘An IV line,’ I repeated.

‘Uh—’

Sofia ran in. Glanced over quickly and assembled some equipment from the cupboard, then directed one of the women to insert the IV. We opened the man’s shirt to examine him properly. ‘What happened to him?’ she asked. ‘Anyone know what happened?’

The Angolan nurse couldn’t find a good vein for a needle. I knelt beside her to search for a spot on his forearm that was neither cut nor infected—a difficult proposition given his injuries. We tried. Fumbled. Tried again and got it.

‘Someone—please,’ repeated Sofia. ‘I need to know what happened.’

‘We cannot be sure,’ said an elderly African man behind us. ‘We do not know what happened,’ he said, stepping forward and removing his old cowboy hat, apologising for the intrusion. An old business jacket and trousers hung loosely from his body, a torn blue shirt showing beneath. No shoes. ‘We found him outside of town. We were getting firewood outside Rivungu village, far from here, and we saw something move near the track. I thought it was an animal. It was very slow and made no sound. My son said maybe we could get meat so he got down, but I was worried. But when he got closer he called to me and said it was a man.’

The first bag of IV fluid went up but the patient still lay with eyes closed, breathing softly. Sofia tried to rouse him. ‘Sir?’ She touched his chest gently. ‘Can you open your eyes?’

Only a mumble.

The man with the hat apologised again. 'Can I say, he slept in the cart. He slept all the time. We tried to give him a little water because he looked very weak, but otherwise we did not disturb him. We just came straight to Mavinga. But he did not tell us what happened.'

We ran the fluids in as fast as possible, and under the light of my headlamp Sofia and I examined the wounds more closely. His injuries were numerous, concentrated around his head and upper limbs. Worst were a series of lacerations above his right eye and along both forearms, a few going deep into muscle. Several puncture wounds, too—small, as if he'd been stabbed with something round, not just slashed—although fortunately sparing his abdomen and chest.

'Someone get a vial of morphine,' said Sophia. 'Here, take my key. And get antibiotics.'

We hung the second bag of fluids and squeezed it in fast. Next, IV dextrose to raise his blood sugar level. The two cart-drivers stood close by, concerned and apologising all the time. 'We came as fast as we could,' said the younger man. 'We are sorry—we tried to bring him here faster, but it took most of the night. That road is very bad. There was a lot of sand, and the moon was with us for only some of the time.'

The first nurse returned with the drugs and Sofia sent her back to find an anti-tetanus dose in the fridge of our living compound. Gradually, the man's conscious state improved and with help he was able to lift his head a little to sip water. 'What happened?' we asked again, but he only mumbled softly.

'You must tell us,' said the health worker. 'We need to know so we can tell the police. This, what has been done to you—it is terrible.'

The patient shook his head and said something about it being okay, no police.

'But who did this?'

He took his time. Another sip of water, then the words he whispered brought the room to a halt.

'A leopard.'

Everyone paused.

'A *leopard*?'

'Yes.'

'You sure?'

A nod.

'In *town*?'

'Outside,' he whispered. 'Away from Rivungu village. To the north.'

Murmurs rippled through the room.

'But he could attack again!' cried the nurse with the syringe. 'He will come back! This hasn't happened for years—we must let the police know to hunt him.'

The patient shook his head. 'No,' he whispered. 'It is okay.'

'How?' asked the younger man from the cart. 'Did you injure it?'

The patient asked for another sip of water. The nurse filled a cup from the yellow jerry can beside the desk and helped him drink, propping him up gently on the foam mattress. 'It happened in the dark,' he began, slowly. 'I did not know . . . I did not see it coming. It was very quick. I covered myself . . . here, my arms, like this, over my face . . . but it carried on.' He stopped to take another sip of water and shut his eyes, then described the hissing of the animal as the attack continued, saying that he didn't know how long it all went on for—one minute, maybe fifteen. At some point he'd managed to get free. 'It must have gone,' he said. 'I do not know why, because before it was angry, very strong . . . But I am lucky—I found my knife. I found it before he came back.' Another long pause. No movement in the room as everyone stood frozen. 'I was frightened,' he continued, in time. 'I pushed this other arm, here, into him when he came. Into his face. I tried to keep him from my eyes, my neck . . . With my free arm I got it. Many times . . . Anywhere.'

The Angolans looked on in disbelief.

‘With your knife?’ asked the younger man. ‘Got him with the knife?’

A nod.

‘It is dead?’

Another nod.

‘You sure? Can you be *sure*?’

‘Yes.’

‘You saw the body?’

He nodded again. We’d have hoisted this man—this real-life Rambo!—into the air in celebration had he been in any state for it, but for the moment he needed treatment. Someone was going to have to debride and explore the wounds, trim away the dead, infected tissue at the edges of the lacerations, clean them, and make sure there were no deeper collections of pus. In the meantime we gave him antibiotics and the nurse wiped his wounds with antiseptic. Sofia drew up a dose of morphine to give in anticipation of further treatment, but the patient shook his head.

‘It’s only for the pain,’ she explained. ‘You’ll feel better for it, then we can clean those wounds properly.’

‘Thank you,’ he said, ‘but no. It has been two days already. Two days since I was attacked. I have been travelling since then . . . walking, lying in the bush, and now the pain is gone. I do not need that medicine.’

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So began my first full morning, just hours ago. But for the moment we’re still debating the net. Still discussing the pros and cons of cheap mesh, although the conversation—as with every other exchange I’ve had out here—is in truth clumsier, far more circuitous, because it requires another expat to interpret for me: I can’t speak Portuguese. It’s no small issue. None of the Angolans I’ve met here speak English, and there’s no translator for hire. So for now Tim interprets, I stare

confusedly, and Toyota waits patiently. Tim insists that we need to find something special to bring, and Toyota laughs.

*'Aqui?'*—Here?—he asks. *'Eh! Look around!'*

We do. It's a valid point. Suggestions to bring chocolate—we have a modest supply in the expat compound beside this tent—are met with equal disapproval. 'You cannot bring something that many people have never seen,' Toyota says, 'and expect that the couple can keep this for themselves.'

'Why not give money?' I ask.

'Even worse!' laughs Toyota. 'This they will spend on little things. Things like soap and salt, or maybe batteries for a torch. They will not save this money. And what special thing, as you say you would like to give, can they buy with it? You have seen our market?'

I have. It's another valid point. Donated clothes and the goods Toyota mentioned account for most wares, so we continue to go in circles. Tim asks Toyota what he'd think if we arrived at *his* next wedding with only this net to give on behalf of the team, which clearly catches him off guard.

'This?' asks Toyota. 'For me?' He pauses, dissolving suddenly into laughter. Big whoops convulse his body, and whether he's laughing with us or at us I can't tell, but it's so utterly infectious that we both succumb anyway. His teeth are perfect; perfect white teeth in a chiselled face, and his skin, flawless, has the complexion of everyone here—a colour utterly dark, blacker than black coffee. His body seems designed for laughing, and when he does it's so loud and all-consuming and high-pitched and totally unexpected from his muscled physique that I don't even know why we started anymore but we carry on anyway, just swept up with him. And this, I suspect, is the difficulty with Toyota: his face, although handsome, is a thoroughly mischievous one. It seems impossible to take what he says seriously.

'Now listen,' says Toyota, regaining his composure. 'We can talk all afternoon like this, but I am serious about the mosquito net. I do

not joke about it. It is a good gift for many reasons. For one, it will last them many years—these things do not fall apart. And even more important, it will protect them from malaria. And tell me, Doctor, is this not what we are all about? Keeping people healthy?’

I can’t argue.

‘So this is a gift that could even save their lives, this net that you laugh at?’

‘Well—’

‘It is! But I will tell you another truth,’ he says, motioning us closer. He lowers his voice to near-whisper as his eyes sparkle, giggling excitedly in anticipation of his own point. We’re now three boys huddled together in a locker room. ‘Tell me this, you two,’ he begins. ‘Where do people make love?’

We stare blankly at him.

‘It is in their beds, yes?’ he prompts.

We agree.

‘Of course it is! And now tell me this: where does this mosquito net hang?’

We shrug, unsure of his point.

‘Over the bed!’ he answers.

I still can’t see what he’s getting at. Neither can Tim.

‘So imagine!’ enthuses Toyota. ‘Imagine that when they are making love—tonight, tomorrow, all the days after this—it will be under this net. Under *our* gift. And for years to come, all of us with MSF here in Mavinga—we will be in their hearts whenever this couple make love!’

And so, only hours later, sticking closely to the two roads we’re cleared to use, we make our way to the wedding. With mosquito net in hand. And yet again I’m forced to concede how thoroughly lost I am. How am I to relate to, let alone live with, people from such a different world? How am I to supervise this entire hospital—this *only* hospital—on my own? And what exactly did I imagine I was going



to achieve coming here, anyway? All questions that seemed infinitely easier to answer two days ago. But for the moment we arrive at the wedding venue itself; and here, I'm at last afforded some respite from these bigger issues by a more pressing one: the entire congregation—bride, groom, minister and a hundred guests—are waiting patiently, the wedding ceremony having been delayed, because we're late.

## About the Writer

Damien Brown is a 36-year old doctor from Melbourne, who has worked with *Medecins Sans Frontieres* (Doctors Without Borders) in several African countries. More recently he's been based in Aboriginal communities in the Northern Territory of Australia. After his last overseas posting, both



inspired and frustrated by what he'd seen, Damien took time off from medical practice to write about his experiences; the resulting book, titled 'Band Aid for a Broken Leg: Being a Doctor With No Borders, and Other Ways to Stay Single', was published by Allen & Unwin earlier this year in the UK, and is a sometimes funny, often moving account of the lives of people in these difficult places. Damien is currently based in London, completing a Masters of International Health.