



TLC SHOWCASE

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Introduction to *Guns and Almond Milk*

When our small tugboat arrived to besieged Misrata after a dangerous trip from Benghazi, the city's harbour was being shelled. We didn't realize it then, but apart from the shelling over our heads, there were possible land mines under our feet planted by Gaddafi troops who didn't want anyone in or out of the starving city.

As soon as our medical team set foot on land, my pen was poised. I started asking the city's medical coordinator about their needs and how we can help.

The man raised a hand. *'Relax, my friend. It's enough for us to see people coming from far away to be with us in our blight. To witness our story.'*

This is one of the reasons I wrote *Guns and Almond Milk*. To tell the story of those unsung heroes. Civilians in war.

It is a literary thriller that follows a British Egyptian doctor and his team working in one of the world's most dangerous hospitals in Yemen. Set in the UK and Yemen, *Guns and Almond Milk* deals with identity, diversity and old coins of arguable value. It's *The Sympathizer* mixed with *M.A.S.H* by the way of *Ramy*.

Back in 2020, I knew my fair share about diversity and aid work, the themes I wanted to write about, but not much about publishing books. TLC was the first place to guide me through this complicated process, with services such as the editor One-to-One where they connected me to leading industry professionals, or with the wealth of guidance available on the website, the newsletters, and their various activities around the year. TLC helped me take stable steps towards a writing career. Four years later, my book is out to the world.

Extract from *Guns and Almond Milk* by Mustafa Marwan

Chapter 1

Present Day, Thursday, 10:13

The road snakes through caramel desert, from the rustic harbor to Aden's only functioning hospital. The sun is yellow and white, shades of my headache.

Seatbelt-free, the driver pushes the three-ton 4x4 beast over 120 kph, challenging the second Land Cruiser with the rest of our medical team to keep up. Next to him is our welcoming committee: Yehia, a young Yemeni nurse with a fixer's attitude. Frank, our team leader, clutches the grab handle above him and nervously peers at the speedometer. The driver glances at him in the rearview mirror and grins.

I'm gazing at the scattered sand outside my window when the car slows as it approaches a stone arch at the entrance to the city. A young, suntanned soldier is waving for us to stop.

He checks our papers as I take in the checkpoint's walls studded with bullet holes like galaxies of black stars. Other soldiers are checking outgoing cars; one is smoking atop a pickup truck with a mounted heavy machine gun, while another is motionless behind a bulletproof barrier, waiting for the one moment in a million when his presence might be useful.

I inhale. The air is bitter, laced with diesel fumes and gunpowder. I wonder what the soldier behind the bulletproof barrier might be thinking of: home, money, love ...

"... Metallica!"

The first soldier is speaking to me.

"Excuse me?"

"You like Metallica? Music ... heavy metal?" He's pointing at me as though I were covered in tats, singing "Nothing Else Matters" with a black electric guitar and a mane of hair that would do the Eighties proud. Somehow, I feel closer to a lobotomized sloth.

I follow the trajectory of the soldier's pointing finger. Duh. My Metallica T-shirt—the only clean one left after I packed two days ago in London. So much for my situational

awareness. I'm tired after our long connections and the boat trip from Djibouti. My two morning Oxycodone haven't kicked in yet against the throbbing pain in my head and my fuzzy peripheral vision.

"Ah, yeah. Metallica. They're cool," I say, struggling to remember the last time I listened to them.

"Yes, the best! "Unforgiven" and "Devil's Dance" ... *Black Album* rocks, man."

"Indeed, indeed." I nod sagely, with the wisdom of a Buddhist monk.

"So, you're doctors, huh? Doctors who love Metallica." He chuckles, pleased with his own wittiness.

Frank laughs more than the situation deserves. I purse my lips and shrug as if to say, "guilty as charged." A small trail of cars is forming behind us. Good luck guessing the reason for the delay.

"You look Arab," the soldier says.

"Yes, I'm originally from Egypt."

He scrutinizes the name on my British passport.: Luke Archer. "But your name is Western!"

I smile. "It's a long story."

He returns our passports and steps away from the window, a bit disappointed, probably assuming they'd lost another one to the other side. "OK, OK. You go now."

Yehia tells the soldier that the next car is part of our convoy. He nods. Our white Land Cruiser stops about a hundred meters ahead, indicators flashing, waiting for its twin sister.

When the second car makes it through the checkpoint, we merge back onto the road. We haven't yet picked up speed when the explosion hits.

The shockwave slams the seat against my back hard enough to empty my lungs. A deafening roar and a gust of hot wind, peppered with dust, envelops the car and rattles the windows.

I look back. The checkpoint is engulfed in a giant jellyfish cloud of gray smoke, drifting into the sky.

Frank whispers, almost inaudibly, "Sweet Jesus."

The driver stops. He frowns at the flames devouring the checkpoint and the skeletons of the less-fortunate cars and shakes his head. Then puts the car back in gear and moves forward.

"Shouldn't we ... shouldn't we go back?" I ask.

"We can't go back," Yehia says. "Those human bombs usually double tap. We'll beat the injured to the hospital anyway." He notices Frank's paper-white face. "Don't worry, suicide attacks are common these days. We call them appetizers."

"I'm sure those soldiers no longer do," I mutter.

Yehia catches my eye in the rear-view mirror. "Welcome to Yemen!"

My pager sits on the instrument tray, the triage code blinking. I ignore it. I'm busy fishing a 7.62 round from the stomach of a sixteen-year-old. The CT scanner is down again, but as far as I can tell, the bullet has not perforated his intestine, which would cause a nasty infection and a slow death. Basically, his chances of survival are either excellent or nonexistent. I don't tell him that. Instead, I finish bandaging him and award him his bullet trophy. They love keeping those things.

He asks, in Arabic, "So, what do I have?"

"A dangerous obsession with a blood sport," I reply with my broken but functional Arabic.

"Huh?"

"You're good for now. Tonight, someone will bring you to do some scans."

"I won't be here tonight," the kid says, trying to sit up.

"Whoa. What are you doing? You need to rest for at least a week."

"I have to go now."

"Your call." At least he will free up a bed, and his mom can take care of him at home. "But make sure that you come back tonight for the scans. Who's coming to get you?"

"No one. I can go back on my own."

I furrow my brow. "Go back where?"

He mirrors my puzzlement. “How do you think I got this hole in my stomach? From eating too much *fahsa*?”

Something is very wrong with the youth in this country. They shove themselves in harm’s way as though they’ve never heard of death—or life. Most of them have the faces of the too young, and the eyes of the too old.

I put my hand on his shoulder. “You can’t be serious? You can’t go back to the fight in this condition.”

He looks at my hand as if he’s about to bite it. “Yes, I can. You said I’m OK. Where is my Klash?”

I take my hand off his shoulder. “What I meant was—”

“Where is my Klash?” Panic seeps into his anemic face as he searches under the bed.

Klash is how Arabs affectionately refer to Kalashnikovs, or AK-47s—the assault rifle that’s killed more people than any other weapon, including the atomic bomb.

“One of your friends took it. The one who brought you here.”

He relaxes. He’s still looking under the bed, but this time for his sandals. I try to remember what I was like at his age. My biggest worry was probably an algebra exam.

“Listen, son,” I say, in the firmest tone I can muster. “This is not a game. I just stitched your femoral artery. If your wound opens again—which could easily happen if you strain taking a shit—you’ll die within five minutes.”

The kid fixes me with glassy eyes. He seems to be thinking for a change, then he abruptly lies back in bed and relaxes. “OK, if that’s the case, get me some juice. I’m thirsty.”

I look at him, thanking God that fatherhood is something I’m not planning on experiencing anytime soon. Then I notice Anne beckoning me to join her in the busy corridor.

Anne is our head nurse and the de facto coordinator of our small trauma team, which includes Frank, Rachel, Emmanuel, and me. I might disagree with her on many things, but she’s bloody good at her job and in helping us to do ours. I grab my pager and follow her.

“What’s all that about? Femoral injury in an abdomen wound? You lied to him,” she says.

I forgot that she understands basic Arabic, as well as a half dozen other languages, gleaned from her decades in the field.

If she had met me five years ago, I would have told her that she was right, that I felt obliged to do something to stop the kid from killing himself. I would probably have apologized, but the oxytocin drip in my brain busted long ago. So I say instead, “Would you prefer him to be dead?”

The pager beeps, urging me to the triage tent. Pagers have been one of our main additions to the hospital system. Over here, there is more individual ingenuity, patching together solutions with meager resources. But automating operations is a Western specialty.

“That’s not your call.” Hands on her hips, Anne locks eyes with me.

I head toward the stairs. “I’ve got to go. And it *is* my call if the kid doesn’t know what’s good for him. It’s called meritocracy.”

About the Writer

Mustafa Marwan is an Egyptian writer, aid worker, and trainer with over a decade of experience in more than a dozen conflict zones around the world. His debut novel, *Guns and Almond Milk*, a 2021 Page Turner Awards Finalist, is set in Yemen and the United Kingdom, where he has lived and worked. Mustafa has a Bachelor's in Pharmacy and a Master's in Public Health and has lectured and consulted on topics such as management and leadership, health and social care. He has also facilitated intercultural dialogue programs in several countries. Mustafa currently resides in Bangkok, Thailand.

