Dear Friends,

We make room for the unexpected, may we find wisdom and life in the unexpected.

Since the start of the year we have been using a morning prayer from the Corrymeela Community (quotes in bold). It helps us reflect on our lives, the joys and the difficulties of each day, and the fact that it is often through relationships with others that we can truly live and encounter God. So Friday 21 February we prayed that we may make room for the unexpected, whilst at the same time hoping for a normal day’s work before expecting a quiet weekend as we have been exceptionally busy over the past 2 months and just needed a bit of rest.

At one o’clock, just as the hospital was getting calm and people were heading off for Friday prayers three military pickups arrived without warning from the local airstrip. They had 11 badly injured rebel fighters who had been evacuated by helicopter from a gold field 300km (a day’s drive) to the north on the Libyan frontier. The battle had been a couple of days before, we had heard some news, but as such things are quite frequent, and often we get 2 or 3 self-referred casualties at a time, we hadn’t thought much about it. No one in the army had thought to let us know that they were bringing us so many wounded.

Thankfully a couple of weeks before we had opened a new 7 bed ward, that had been used before as a storeroom. The 2 patients in there were moved next door and the room quickly filled with casualties. Four extra beds were added when it became clear that they were needed. It sounds efficient, it wasn’t but amazingly it was possible. There was one teenager in shock with a bullet wound to his abdomen and another with a bullet wound puncturing the lung; paralysed from the waist down. The rest had a mixture of open fractures of legs and arms caused by bullets and closed fractures of legs, chest and pelvis from being hit by armoured vehicles. All had received no treatment or dressings since they were injured 3 days before. Where to begin? The entire hospital staff sprang into action, all 6 of us, 2 Chadian doctors, 2 Chadian nurses and us.

We needed fluids for resuscitation, antibiotics, anti-tetanus serum and pain killers and dressings in large amounts from the hospital which required access to the main stock room. The hospital administrator who is currently running the pharmacy had never seen anything like it. His first thought was who is going to pay for the treatment? Once his momentary shock had passed he gave us the key and set off to see the governor. Fortunately, we have boxes for major surgical emergencies from the Ministry of Health, drugs, dressings, stitches and swabs. All are located in a big box. Soon everyone pulled together. The unqualified staff suddenly gaining the enthusiasm to work hard and an unexpected 4 nurses coming from the small military clinic to help to assess and treat the patients.

An emergency chest drain was put in, saline drips started and everyone was assessed, wounds dressed and notes made. The first patient with an open fracture was operated, the second with maggots in his wound had drunk a litre of juice supplied by the local community (along with blankets and food the next day). The patient with an abdominal injury was vomiting as he too hadn’t been able to resist a drink. At that moment, 4 hours after the first casualties, a second convoy arrived with twelve more patients. About half were walking wounded and the rest were suffering from bad fractures. A second ward was cleared and as first treatments were being given. We took the man with the abdominal wound and peritonitis to theatre as he now had a palpable pulse and measurable blood pressure. We have no blood bank, but a unit of much needed blood had been given by a mission colleague. A couple of days before an electrician had fixed the ceiling lights so that we now had 6 rather than 2 bulbs, which along with our head torches make up for the fact that the operating lamps are broken.

The operation went well, 2 perforations of the small bowel were removed, and of course he should have gone to intensive care. Despite Andrea’s best efforts he was still shocked at the end of the operation so at midnight I gave him a unit of my blood. Once we had finished cleaning up the operating theatre for the next days work and checked on the newly arrived patients, we were ready to walk home. The final unexpected event of that eventful day was a chicken pie that Sheryl our mission colleague had dropped off at the hospital for our tea, it was 2am and we fell asleep with the alarm set for 7am.
Give thanks for:
- All the unexpected things that helped us to treat the unexpected number of casualties
- A well stocked pharmacy and the timely arrival of the last of our medical supplies from Ndjamena by MAF and ADP pick up truck a few days before the incident
- The recent reorganisation work at the hospital, the new ward, electrical repairs and the long awaited (over a year) new toilet for the women
- The 2 military nurses temporarily helping out and the unexpected finding of a nurse in Bardai looking for a job.

Help us to respond graciously to disappointment
And then both of our nurses resigned after a disagreement with the administrator! It was really because they were tired and overworked and need to go to see their families. They also thought they could get on the next military helicopter flight. So after an intense few days of emergency medicine, we were left with no nurses only untrained assistants. For the moment the military nurses are helping out until we can get some new ones.

We recall our day yesterday: May we learn, may we love may we live on.

The next morning as we arrived at the hospital, we were told that the patients were to be transferred to Ndjamena later that day and it was a military order. This was far from ideal as many wounds still needed proper surgical cleaning, the abdominal surgical case was still unconscious and the chest wounds were not fit to fly.

The hospital administrator took me to see the governor and he went with us to see the local army commander and the Commanding Officer of the whole Chadian army who had arrived with the Minister of Defence. They were to our surprise very understanding of the situation and asked for a list of those who really couldn’t fly. Anyway, although we continued to expect them at any moment, the helicopters were not available. Suddenly on Wednesday morning at 7am I was called to the hospital to organise the discharges. By this stage, all the patients had been properly treated and the majority could go and get X-rays done. Only three are still with us and everyone is doing well.

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Please pray for:
- A solution to our nursing crisis we have up to 6 contracted nurses ready to come from Ndjamena which would really be good, even better would be nurses from the Ministry of Health
- The transport of the BMS funded solar batteries from Ndjamena to the hospital and their installation in April
- An end to violence and real peace in the Tibesti and Chad

Thanks for all your support and prayers. We pray you too will find God working in the unexpected in your lives.

Mark and Andrea

Andrea and Mark will be on home assignment in the UK and available to request as BMS Speakers from 27 July until 2 August and 1 September until 20 September. Churches wishing to request Andrea and Mark as BMS Speakers should use the online speaker request form at bmsworldmission.org/speakers or call the Church Relations Team on 01235 517600. Please submit your requests as soon as possible.

If you would like to support Andrea and Mark Hotchkin by prayer and committed regular giving, visit bmsworldmission.org/partners or call 01235 517617 for a 24:7 Partners leaflet.