



Dr Jared Ng and Dr Lo Hong Yee

# Good Morning Afghanistan!

*Disclaimer: This fictitious interview is based on an actual SAF mission which saw the two authors in action, in a field hospital in the provincial capital of Oruzgan, Afghanistan, as part of Singapore's overall contribution to the multinational reconstruction efforts in Afghanistan. Any semblance to real life is completely coincidental. Opinions expressed are those of the authors' alone.*

**T**he Singapore Armed Forces sent a medical team to provide ward capability and primary healthcare at the field hospital in Oruzgan, in support of the Australian and Dutch forces deployed there. MAJ (DR) Lo Hong Yee and MAJ (DR) Jared Ng were the two doctors on the team. They spent three months working with other healthcare workers from Holland and Australia at the medical facility. The following anecdotal account provides a glimpse of their experiences and reflections during the three-month deployment in a light-hearted fictitious interview...

*[Somewhere over Afghanistan airspace] Wrapped in "body armour", the medical team carrying their assault rifles with loaded magazines was flying in a C130 in total darkness. The atmosphere in the cabin was tense and everyone was ready to land into hostile territory. Somewhere near the end of the aircraft, two soldiers were clutching onto their rifles with one hand, and holding onto something else tightly with another – vomit bags. Little did they expect to be doing anything remotely close to this when they first recited the Physician's Pledge many years ago. The aircraft made a sudden and violent bank towards the starboard, then righted itself and made a few more turns to the port side before finally touching down onto the*

*tarmac. The rubber hit the asphalt with a thud, jerking the aircraft forward. The engines were put into reverse for deceleration – causing the aircraft to jerk again. And it happened - the contents of their stomachs were forcefully expelled into the vomit bags. The aircraft taxied and finally stopped. The ramp door opened, letting in the winter night's chill. Still nauseous from the flight, they staggered out of the plane into pitch darkness, beckoned by a blue light...*

**Q: How did you feel when you were first informed that you were chosen to be on the team?**

**HY:** I was informed of the mission at a department BBQ event. My boss said

to me, “I have some news”. I looked at the 3-in-1 BBQ sauce and thought I felt exactly like that – excited, nervous and honoured, all mixed up, applied thinly over the spare ribs and laid onto the fire for grilling. Excited because Afghanistan is not the most popular Health Manpower Development Programme (HMDP) option but for an aspiring trauma surgeon, going to a conflict area to treat the war-wounded is like going on a surgical pilgrimage. Nervous because I thought about the risks to life and just in case, I went ahead to increase my insurance coverage. Honored because we were going to represent SAF and Singapore, making a small but meaningful contribution.

**JN:** I was attending a biostatistics course in NUS when I received the call. It was received with mixed feelings really. I cannot say I was not excited about going on the mission, but my wife was pregnant at that time and I knew that I had responsibilities back home. Afghanistan is not exactly the safest place in the world and we would be gone for more than three months. I thought about how she would react when I told her the news; I called her immediately actually. Fortunately, my wife was very understanding (she still is) and she gave me her blessings. She said she knew what my job entailed when she married me. Well, I did get to witness my son’s birth and spend five months with him before I flew off for my mission.

**Q: What were your most memorable moments from the mission?**

**HY:** Gunshot wounds and blast injuries from Improvised Explosive Devices (IED) were our daily “bread and butter”. After a while, they hardly raised our heart rates. The most memorable moment has got to be my acquaintance with the “Camel Man”. The “Rules of Eligibility” permit the military hospital

to admit and treat patients with life or limb-threatening conditions. I was called to the main gate to assess someone seeking help. He was an elderly Afghan gentleman, lying quietly in a van, his left leg all wrapped up. I opened it to find the fractured ends of his tibia and fibula saying “hello!” – A ten-hour-old Gustillo 3C tib/fib open fracture. Imagine my bewilderment when the translator related a story of his camel savagely attacking him, biting his left leg and causing the injury – I always thought camels were herbivores! The long and short of it was that we admitted him and applied an external fixator for the fracture – not to save his leg, but to help him through the five stages of grief. After one week of coaxing, a second opinion at the local hospital and three family conferences, he finally relented to have his then-putrescent leg amputated. And for those who may see camel bites in your practice, don’t forget the rabies jab.

**JN:** During a mass casualty situation, Hong Yee and I were in the hospital. It may sound strange but we were in the pantry trying to prepare peanut paste and *tau suan*<sup>1</sup> for our Dutch colleagues. The alarm went off and both of us rushed to the emergency room. We saw wounded soldiers streaming in, some on makeshift stretchers made out of tables, hoods of cars and so on. My Family Liaison Officer (FLO), Lieutenant Colonel (DR) Chris Cheok told me that the *tau suan* he sent was a blessing in disguise (he believed that we were in the hospital pantry at that time because we were eager to eat the food!). Anyway, apart from *pau*<sup>2</sup>, I think I will avoid *tau suan* when I am on call in the future.

There was also this other night when a baby girl of four months was brought into the hospital. She had been diagnosed by a local hospital to be suffering from pneumonia, but was transferred to us as she was too ill to be kept there. When

I saw her, she was pale and breathing noisily. Her pupil was blown on one side and her fontanelles were bulging. There was little that we could do for her. In the end, she died in the ward. I stood by the bedside watching her breathing rate decrease, wondering whether that last breath she took was truly her last. It seemed like eternity in between the breaths. When everything was over, I took a walk outside the hospital with my nurse, and both he and I shed tears. The emotions were overwhelming. I wrote a long letter to my wife that night; I thought about calling her, but it was 2 a.m. in Singapore and I did not want her to worry.

**Q: What are your impressions of Afghanistan?**

**JN:** When I first got off the plane, it was pitch dark. I could not even see my own fingers. When morning came, I realised how beautiful the neighbourhood was. We were surrounded by mountain ranges, some of which were snow capped. It would not be too far-fetched to say that it was like a scene from “Lord of the Rings”.

**HY:** I cannot say I have really seen Afghanistan because we were staying in the confines of the military base for security reasons. The Afghan people, like us, laugh when they are happy, and tear when they are sad. They love their children and go to great lengths to care for them. They require basic needs too – a roof over their heads, clean drinking water, good education and security.

**Q: What do you miss about Singapore?**

**JN:** There are many things. Certainly I miss my family. My son was about five months old when I left for the mission. I heard from my wife all the developmental milestones he achieved and I wish I was there to witness all of



MAJ(DR) Lo Hong Yee doing a FAST on a patient in the emergency room

them. I miss my wife too, of course. I know how difficult it must be for her to work and to look after our son at the same time. Fortunately, I am blessed with great parents and in-laws who help out with the childcare and housework. I definitely miss the food back home, especially all the hot and spicy food. I certainly eat more healthy foods in Afghanistan but I don't think one can call himself a Singaporean if he does not miss the *wanton* noodles, the chicken rice, the chilli crabs and the *nasi lemak*.

**HY:** The lack of sand – we have so little that we need to import from Indonesia. Living in the desert for three months makes me wonder why people complain about the Pollutant Standards Index (PSI) in Singapore. I also miss the single sex toilets. I never thought it would feel so uncomfortable to be peeing at the urinal while women were walking in and out of the loo.

The food too, definitely. Roti Prata – 1 egg, 1 *kosong*. *Char kway teow* (black) with cold soya milk – somehow, the black and white, hot and cold contrast has always intrigued me. *Siew mai* and lotus leaf rice served in bamboo baskets on push trolleys. Wait a minute, I haven't mentioned my wife, have I? I knew I was missing something...

**Q: What do you not miss about Singapore?**

**HY:** This is a politically charged question – so I shall use the term “my mother-in-law”. But seriously, I do not miss the traffic jams, ERP, the email “Inbox” and my handphone. For the record, I adore my mother-in-law.

**JN:** We were getting daily weather reports about Singapore over here. It was reported that there were thunderstorms every day in Singapore! Our Dutch colleagues wondered whether Singapore

was underwater judging from the amount of rain we got! I certainly do not miss the wet weather. Strangely enough, I do not miss my handphone. I don't remember ever being separated from my handphone for such a long time, but it feels good to be free.

**Q: What is the one motivation you have to return in one piece?**

**JN:** My son needs a father.

**HY:** I need to father a son.

**Q: How have you grown?**

**HY:** Side ways? :) One cannot witness the ravages of war and remain unmoved. Cliché as it may sound, I have grown to appreciate the racial harmony we enjoy – how I can sit next to my fellow non-Chinese Singaporeans at the hawker centre to share a meal. The importance of celebrating diversity is that much more compelling when one is witness to the calamitous consequences of racial and ideological intolerance.

**JN:** I was filled with some apprehension before coming on the mission. We had quite a bit of training back in Singapore, but it was still rather daunting to think that a psychiatrist was going to work in an emergency department handling war trauma. I had to treat casualties with gunshot wounds, blast injuries and other war-related injuries. It was character-building to say the least. Coming for this mission really opened my eyes. I know that I will return to Singapore rich with experience. In some ways, I know the experience will help me to be a better psychiatrist, a better husband and a better father.

**Q: Can you share some light-hearted moments?**

**HY:** Each of us has a FLO – mine is Lieutenant Colonel (DR) Chua Wei Chong, a trauma surgeon. The FLOs are responsible for collecting welfare parcels

from our families and sending them to us. As I wanted to keep the SAF nurses and medics abreast of the current affairs in SAF and Singapore, I requested for some official magazines (Pioneer and Army News) to be sent over. When I opened the welfare parcel, I was surprised, not unpleasantly, to see also a brand new copy of the latest issue of FHM. I think the magazine was the most circulated publication amongst our guys.

**JN:** Each one of us has a different way of counting down to our going home. Some would use their calendar, scratching out the dates with each passing day. Some would count the number of malarial prophylaxis tablets they had left. Some would count the number of packets of instant noodles they had left. It was interesting to see how everyone had their own little ways. Also, even though each of us only had a bed with little space, it was nice to see how everyone made the space their own. Some put up multiple pictures of their families. Some had pictures of their sporting heroes. Some had pictures of beautiful women. It was like going back to the days of living in hostels!

**Q: Did any particular patient leave an impression on you?**

**JN:** I attended to a female patient at the emergency room who was involved in an IED incident. She suffered an open fracture of her femur and multiple abrasions and lacerations as a result of the blast. The first thing she said upon arrival at the emergency room was to tell me she had a five-month-old child in her village. After her surgery, she continued to ask about her child. Her mood was depressed, and her appetite decreased over the next few days. The hospital sent a request for a family member to fetch the child from the village but many of us, including myself lost hope when he did not show up

after five days. Finally, he arrived with the baby. Nothing could describe the joyful look in the patient's face when she saw the baby. You could literally see the sparkle return to her eyes. It was a touching moment.

**HY:** We were desperately trying to treat a patient with fatal head and torso injuries. Despite our best attempts, he breathed his last after some agonizing hours and laid still. The helplessness was a little overwhelming, but one had to move on to treat the other casualties. The psychiatrist didn't think I would get Post Traumatic Stress Disorder (PTSD), but to witness a soldier killed in action is a lot more visceral than reading it as a statistics in the press.

**Q: What do you have to say about your roommate?**

**HY:** My roommate has seen more than his fair share of gunshot wounds (GSW) and blast injuries, even for a psychiatrist. It is no mean feat for a psychiatrist to brush up on his Advanced Trauma Life Support (ATLS) and go way out of his comfort zone to be deployed in Afghanistan. I cannot imagine myself doing minimal states or taking a psychiatric history from schizophrenic patients. In addition, the entire team benefited greatly from having a psychiatrist on board – even a surgeon can recognize the obvious “mental” patient, but it takes an astute psychiatrist to pick up the early symptoms of deployment fatigue and many a time, we were able to intervene early to maintain the morale and spirit of the entire team. I think Jared is a well-rounded person, very competent clinically, still with plenty of zest for the finer things in life. Jared is also well-read, sincere and very approachable. Indeed, a man of letters, a good listening ear, an insightful clinician, and a gentleman in

every sense of the word (He promised me a beer for writing these).

**JN:** I think Hong Yee helped me out a great deal during the mission. He was very patient even when I asked him simple questions about surgical issues. He did not behave like a typical surgeon (hey... all of us form stereotypes about other people. I am sure people have things to say about psychiatrists too). We have become good friends during this trip. It's amazing, because I think we hardly spoke when we were in medical school together. Well, one big compliment I have for him is that he is rather “psychologically-minded” – for a surgeon of course. Oh yeah, he loves his *Canto-pop* Beyond music and would constantly profess his love for the band. In some ways, I would draw a parallel between him and the band – humility for all his successes. He is excellent as a surgeon, happily married, a leader of men, but yet he remains true to his roots. Hong Yee has earned the respect of his men and colleagues everywhere he goes. I will let him take out my appendix should I ever need an appendectomy. Remember to make the incision smaller, ok? (He promised he won't drink before my operation)

**Q: What would you miss most about Afghanistan?**

**HY:** The people. I have grown very close to the men of the Medical Contingent. Touching down at Changi Airport will mean a close to a chapter in our lives. We will go our separate ways, back to the hustle and bustle of life in Singapore. I will also miss the new friends we have made – the Dutch and Australian colleagues we have worked with at the hospital. Also missed are the Afghan people with their characteristic handshakes and admirable resilience.

# personally speaking

**JN:** I believe all of us look forward to returning to Singapore. But as the dates to returning home draw nearer, I feel that I will miss the “lifestyle” that I have in Afghanistan. The mission is focused and there are no distractions. We are here to be doctors, and that is what we have been doing; no handphones and minimal emails. Of course, I will miss walking to work. The hospital is just a road away from our accommodations. Each day I reach the hospital in less than five minutes. I don't look forward to the CTE jam in the morning.

Finally, I will miss working with the guys. Twenty of us have been training together for months prior to the mission. In Afghanistan, we work, play and sleep together. When we return to Singapore, each of us will resume the lives we had. In a way, I will miss the camaraderie. We are truly a band of brothers in Afghanistan – people from different races, units, and backgrounds but all Singaporeans!

## **Q: Any words of encouragement for junior doctors?**

**HY:** Join the Army! Well, for young Singaporean men at least, it is not a choice. There is a lot of good that a doctor can do, regardless of the workplace. Whether it is in Afghanistan, Tan Tock Seng Hospital (TTSH), or Selarang Camp, remember we are here for our patients. It is not for us to judge if a person is good or bad; leave that to God. It is easy to forget this when you are a flustered Medical Officer (MO) at the Accident and Emergency (A&E) trying to extract a history from a drunkard, or a MO talking to a clueless recruit at Pulau Tekong. As fellow human beings, albeit a little more privileged, we can only try to empathise, and do our best to cure sometimes, relieve often and comfort always.

**JN:** I think if you ever have a chance to use the training and the skills you possess to help others in foreign countries, then you should jump on it. Of course there are many things to consider but the experiences that you will garner, the new friendships that will be forged, and the relationships among your teammates that will be strengthened – these are things that do not come by easily at all. Before this mission, Hong Yee was in Aceh helping out with the tsunami victims and I was in Yogyakarta with the earthquake victims. We had volunteers from the public hospitals working alongside us. So, you do not need to be a regular military doctor to be able to participate in humanitarian missions and relief work. However, being in the army certainly gives us more opportunities to be of service, and we appreciate that we could make use of our skills and abilities to help others in need.

## **Q: Would you do it again?**

**HY:** YES!

**JN:** YES!

*...the same body armour and rifles somehow felt lighter as they walked towards the ramp door of the C130. It was with mixed feelings that they departed the place they called home for the past three months. Taking one last glance, they saw in the distance; the majestic mountain ranges which will continue to witness the destiny of this war-torn country. They could not help but remember the pain and suffering that this conflict has wrought. Yet they remained hopeful because they had seen the resilience and strength of the Afghan people. As the plane took off, the two soldiers sitting at the back of fuselage shared an unsaid thought – the hope that they have touched lives as much as theirs have been touched... SMA*



MAJ(DR) Jared Ng attending to a 4 month old child in the emergency room.

## **References:**

- 1 *Tau suan* is a popular Chinese dessert, which is essentially green beans cooked in a soup thickened with corn starch and sugar. People usually add pieces of savory fried dough to it, but the authors were unable to get such comfort food in Afghanistan. It's amazing enough we got *tau suan*.
- 2 A *pau* is a steamed bun filled with items like roasted pork, steamed chicken or red bean paste. This food is usually avoided by doctors-on-call because the urban legend that the doctor who eats a *pau* will get an unusually high number of cases while on call. Please note that doctors are usually a superstitious bunch.

Ever since returning from Afghanistan, **Jared** has been occupying himself with his one-year old son who's the joy and pride of his life. He is looking forward to the birth of his second child early next year. His hobbies include running, photography and Guinness Stout, though not necessarily at the same time.

**Hong Yee** aspires to be a good doctor. His other dreams include - to be a connoisseur, a musician, a writer, an orator, a teacher and a philanthropist. When not pursuing his lofty aspirations, he enjoys an invigorating jog in the parks or sipping freshly brewed beer at the pub.