Autumn 2025 - Tigray Newsletter

Who has heard of Tigray?

Tigray is a region of northern Ethiopia home to 6 million people. It is a forgotten conflict alongside Sudan, Burma & Yemen which the Western media rarely rapports on. As a brief recap 600,000 people died in the Ethiopian-Tigrayen civil war between 2020-2022. To put it in perspective the war in Ukraine has claimed between 250,000-300,000 lives.

During the autumn of 2022 I was in Addis Ababa serving at Tikur Anbessa hospital. There and then I operated on many young patients with vascular injuries. At the time I wondered who is taking care of these patients on the other side in Tigray?

The Tesfa team to Ethiopia in 2022

Although the war ended three years ago there are still 3000+ orthopedic patients, 1000+ plastic patients, 450+ general surgery patients and 300+ neurosurgery patients waiting for surgery in Tigray. They are men and women in their 20's that are maimed, lives put on hold, waiting for surgery to restore function and dignity to them. Organisations like the ICRC have contributed in taking care of patients but where is everyone else? Who will answer the call? It could be one of us in the hospital beds waiting for surgery.

One verse that came alive to me as a teenager is James 4:17 "Therefore, to him who knows to do good and does not do it, to him it is sin." If we know the good we can do, then we should do it! It's quite simple. I knew that there must be chronically wounded patients in Tigray in need of a vascular operation. I have hoped to go there since 2022. Why? Because I knew I could, therefore according to James 4 I should. In addition II Corinthians 5:14 says that the love of Christ compels us onwards!

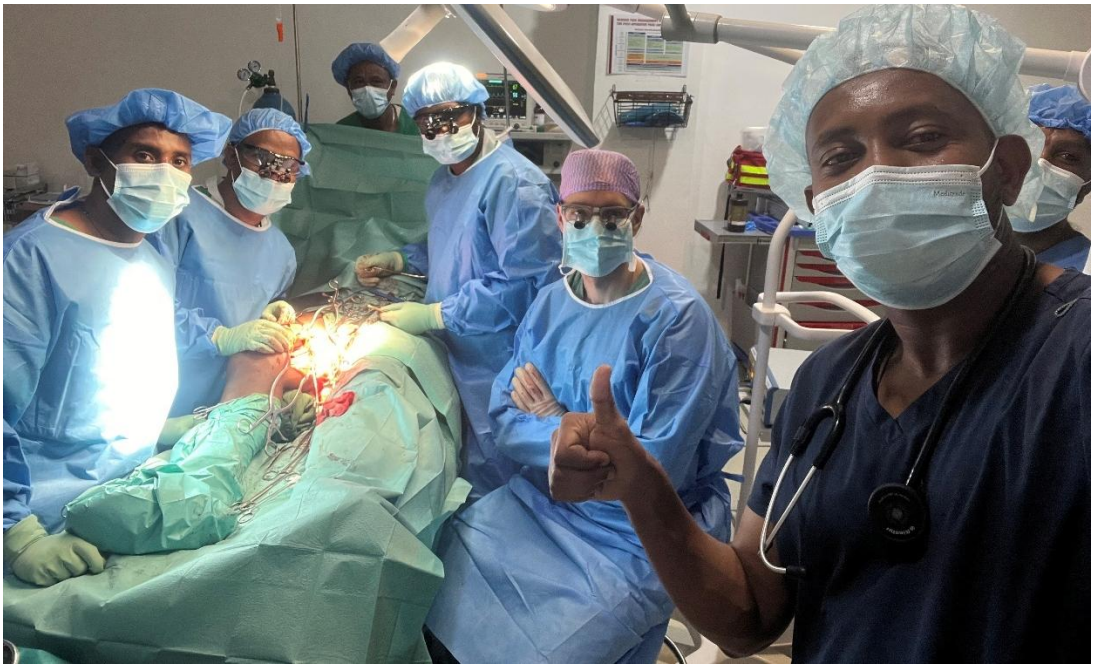
Bjarte, the founder of Tesfa, has been to Tigray twice on behalf of the International Committee of the Red Cross (ICRC). During his deployments he operated on complex war wounds involving the intestines and waterways. His contacts with the local doctors and hospitals enabled this mission trip.

Enter Dr Haymnot and Dr Aregawi. They are both general surgeons and they are the ones who have been taking care of the majority of vascular injuries in the region. To give some perspective during the war they performed 251 vascular operations. That's a staggering number compared to the handful of vascular trauma patients I see each year at my regional hospital. They had prepared a list of patients requiring surgery.

Dr Aregawi (left) & Dr Haymnot (right). Below: Outside the hospital.

The first patient they set up was also the most complex. Miss A is a 21 year old woman who was injured by a mortar round four years ago. The bomb fragment went into a blood vessel just below her right knee. It had torn into the vein next to it causing a traumatic arteriovenous fistula (arterial blood going directly into a vein) and also created a pseudoanerysm. That is bleeding contained by structures around a damaged blood vessel. Looking at the distorted CT scans I wasn't sure if I would be able to complete the operation successfully. It would be the hardest operation of my career. I thought about other options. I thought about how I could operate in the safest way possible and came up with a plan A and B. I didn't have a plan C.

The next day we started the operation below her knee. The injured area was full of scar tissue with no detectable dissection plane. All the small veins were pressurised due to the fistula which bled and obscured the operating field. The big veins were also pressurised and we regularly encountered profuse bleeding. Trying to control profuse bleeding in an OR not familiar to me, with completely new operating staff, different equipment and not being able to speak the language was very challenging for me. I was very aware that there was no back up. No vascular surgery colleagues I could call to help me out, no interventional radiology and no advanced imaging. About 5 hours in I wasn't sure if I could complete the operation. I prayed. I prayed why is this so hard!? Why am I here!? Help me! God's reply wasn't what I expected: "I have given you everything you need. I know it's hard. Being called is not easy. You have everything you need." Okay, I already have everything I need. I took confidence in these words. We all rotated out of the operation and took a break. We ate some bread rolls and drank some sweet tea. Then with new vigour, we pushed on slowly but confidently with the operation.



The operating team. Haymnot and Aregawi are using their donated operating glasses! Alex the theatre nurse and Million the anaesthetist.

Eventually we managed to ligate the fistula but then we needed to sew a bypass to optimalise blood flow to her foot. We harvested her greater saphenous vein, reversed it and anastomosed it above and below the fistula. For the health care professionals reading it was from the distal popliteal artery to the posterior tibial artery. We managed to spare her anterior tibial artery so that she has two vessels run off to the foot. Job done.

The operation took 9.5 hours. The whole operating team was shattered. I prayed that God would bless our efforts and that she would have a full recovery.

Miss A doing well post op.

I came back to the hotel. Then reality hit me. This was just the start. Every day we have patients set up with complex vascular injuries. Many had been operated on initially in the field to stop the bleeding. Then again at a later date. Subsequent operations leads to more scar tissue. This was going to be a hard mission.

I opened my email and saw a digital letter from the Norwegian Ministry of Health. My board certification as a qualified vascular surgeon had come through! The ministry of health finished the letter with “Good luck with your future career as a vascular surgeon”. I received the call to be a missionary surgeon as a 16 year old teenager. It’s quite fitting that 18 years later in the mission field of Tigray God completed what He started in me. He is faithful.

We operated on 9 other patients during my stay in Tigray. Many times Dr Aregawi and Dr Haymnot operated and I assisted giving tips here and there on exposure, anastomosis technique etc. They are both excellent surgeons and it was a joy to see how they operated together. Miss A is recovering well, with physiotherapy she should make a full recovery. On rounds we prayed for patients, although I felt very limited not speaking Tigrinya. I hope that some non-verbal guestures conveyed some of the compassion i felt. A hand on a shoulder. Carefully looking at the operating wound. A warm smile.

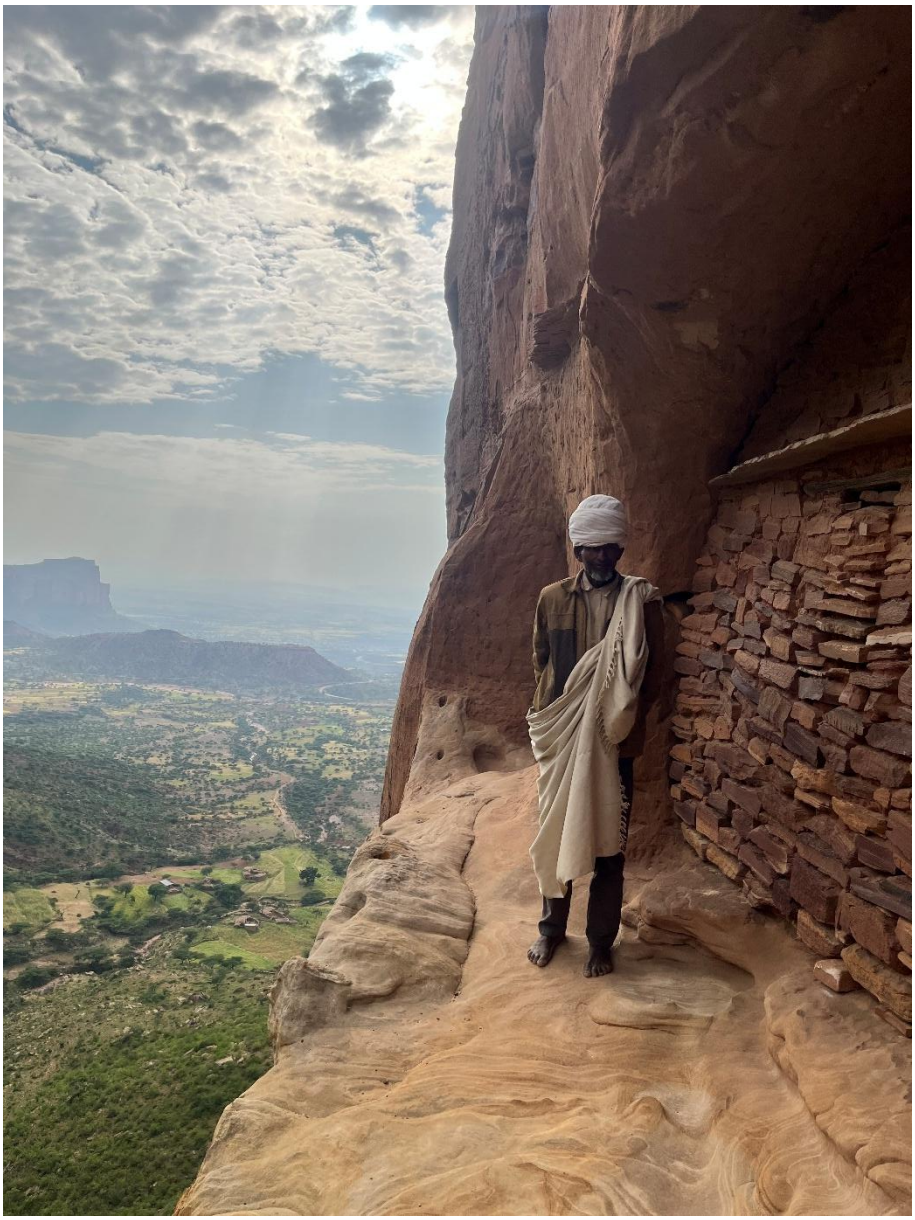
Whilst being at the hospital I was shocked by the number of amputees, paretic and paralysed patients hanging around. There are hundreds of young men and women living at the hospital because outside of the hospital gates no one will take care of them. They would be on the street. At least here they get a bed and food. If anyone reading is a physiotherapist or physical rehab specialist and is moved to help these patients then please get in touch! There is a huge need for prosthetics, crutches and other mobility aids.

A weekend away to Abuna Yemata

During the trip I planned a weekend away hiking with the guys in the Gheralta mountain range. I had heard of an Orthodox mountain church called Abuna Yemata which was carved out of a wall of sandstone rock in 400AD. It stands at 2,580 meters (8,460 feet) above sea level and has been described as “The world's most inaccessible place to worship”.

We started hiking through the barren landscape and slowly followed an inclining path up towards a sheer rock face. Soon we were on sandstone rock and the path was so well worn that foot holds and hand holds were visible for us to use. This jogged my memory. My friend Joseph Carlsen once gave a preach at North Coast Calvary Church titled “Well worn paths to God”. Spotify link below. This ancient path has been faithfully followed for over 1500 years by those who have walked it to pray, worship and have fellowship. It was quite an experience! At one point we had to free climb with about 30m of exposure. Then up on a ledge the path wound around a rock spire to the entrance of the church. The ledge was about two to three feet wide and has a 400m drop into the canyon below. It was awe inspiring and slightly terrifying.

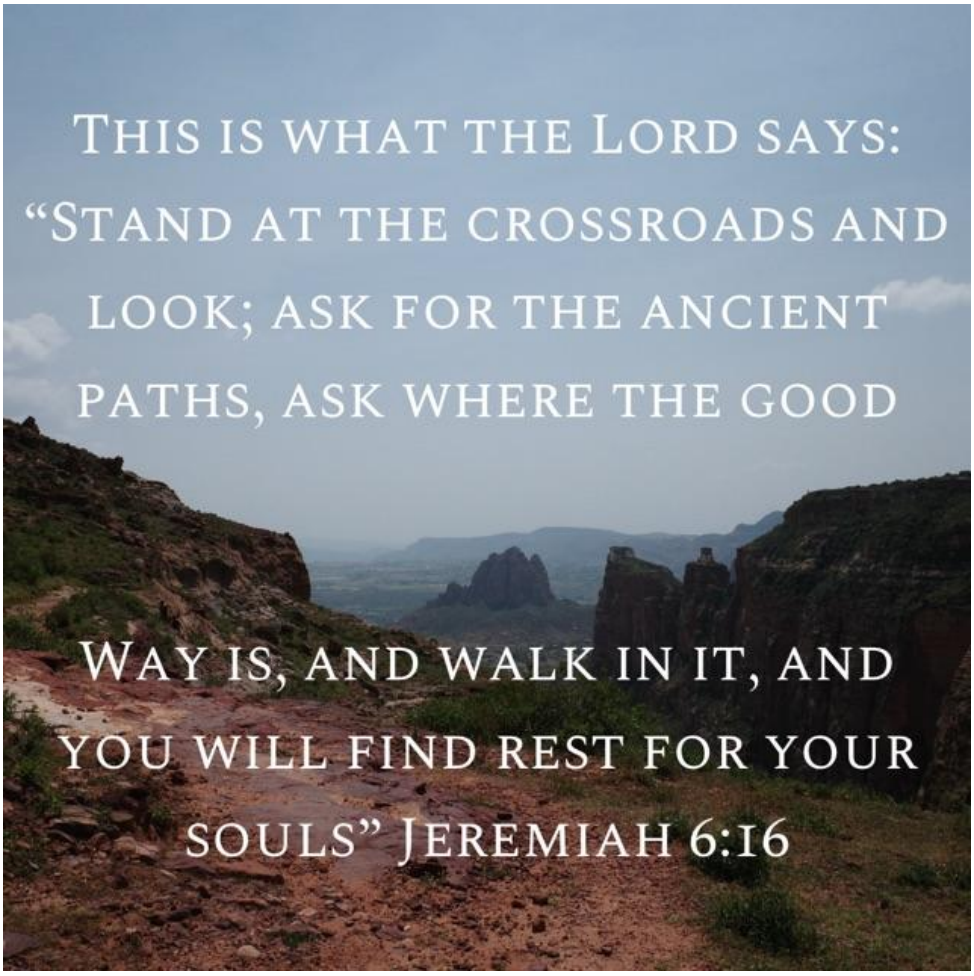
Haymnot climbing up the rock face using well worn foot holds.



The Orthodox priest at Abuna Yemata church. The entrance is in to the right.

I was very happy to have some quality time with Dr Aregawi and Dr Haymnot. We had longer and deeper conversations the further we hiked. Sometimes I saw them looking solemnly out in the distance to the lowlands below the Gheralta mountains. Without warning memories from the war came back. I heard amazing testimonies of survival and

sorrowful ones of grief. Up in the church we gave thanks for the peace that came in 2022. On our descent on the path from Abuna Yemata I was reminded of Jeremiah 6:16.



Jesus says that He is the way, and the truth and the life. I pray that we all discover these well worn paths to God.

Link to North Coast Calvary preach on Spotify

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