

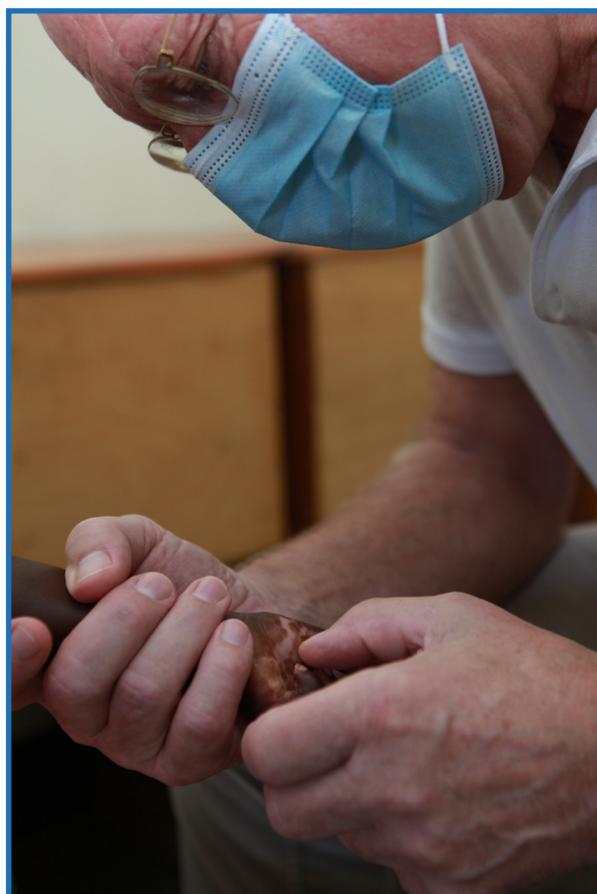
NEWSLETTER
KUMI HOSPITAL UGANDA
2 INTERVIEWS WITH
DR VAN NOREL

08-'24



INTERVIEW 1 WITH DR GERRITJAN VAN NOREL

Hey professional, I broke something again. Can you fix that? Can I come by right away? Greetings Daniël Willemsen” Doctor Gerrit Jan Van Norel lets us read a text message. His telephone number is known to many Dutch motor athletes, who know how to find the Nijmegen orthopedic surgeon with, for example, a broken collarbone, uncooperative knee, shoulder problems or back injury. Gerrit Jan van Norel (62) has just returned from the Dakar rally, where he and his friends Henk Knuiman senior and Teus Burggraaff followed the rally team of Knuiman’s two sons Henk Jr. and Sven: “Following the Dakar was a great adventure. There were three of us in the service team, otherwise it is almost impossible to follow the rally up close and get to the bivouac. Actually, we had no real task, but the blood is thick and fast, so I worked quite a lot for the Dutch participants, together with the French medical team. You notice that the injured Dutch people really appreciated that a Dutch doctor was also present when making diagnoses and initial treatment.” History seemed to repeat itself a bit, because in such a sideways way Dr. Van Norel also became involved in motorsport in 1993. “I have been riding motorcycles since I was 18 and before that I was always working on souped-up mopeds. I’m a real tinkerer. Like: what your eyes see, your hands make. That is actually exactly the case with my patients in my profession as an orthopedic surgeon.



Then I am also that technician, but not with an engine block or a motorcycle frame under my hands, but a human body. I am blessed with a good brain and would actually become a general practitioner. During that training I started working in a hospital and specialized as a surgeon. I have been a doctor since I was 26, in 1976. And since 1987, he has been an orthopedic surgeon at the Canisius Wilhelmina Hospital in Nijmegen. In 1993 I became involved in motorsport through the racing twins Jacky and Wiljam Janssen, who lived near me at the time. I had just gone on a skiing holiday when I received a call in the evening from Jacky, who had received my telephone number from our babysitter at home. He had broken his collarbone and was not allowed to ride by the doctor for six weeks, even though he was second in the World Championship.

Couldn't I do something about his broken collarbone, so that he could race faster again? The next day on skis I got an idea of how we could speed up his recovery. I then drove home as quickly as possible and, with our plaster master, made a plastic splint with which Jacky's shoulder was wrapped. That Saturday I went to Jacky and Wiljam's training on the cross track in Wijchen. After all, as a doctor you are responsible for your patient, so I just wanted to be there to see if he could drive again. My children also joined us to watch and we were all immediately sold. What a great sport, motocross. And especially the sidecar world. What appeals to me so much is that there is absolutely no money, but everything can be arranged with unbridled commitment and enthusiasm. What those sidecar crossers manage to achieve is truly incredible. While they have to travel halfway around the world to the GPs for an apple and an egg. That mentality really appealed to me!" In the spring of 2000, Dr. Van Norel was also involved in the serious training accident of Daniël and Marcel Willemsen, who had just become world champions for the first time and fell hard from their sidecar during winter training in Italy, causing Marcel to suffer an incomplete spinal cord injury.



Medical Team Goes NL and Medical Team Kumi Hospital

Van Norel: "I happened to be in Antwerp just before a medical conference when I got a call. It was very serious and feverish consultations took place from the Antwerp hotel with the Italian doctors, with an Italian colleague who was also at the conference acting as an interpreter. I thought it was one of the most difficult decisions of my life, but we decided remotely not to let Marcel operate in Italy. I spent 600 guilders in telephone costs that day, but in retrospect it was completely worth it. Back in the Netherlands, he recovered incredibly well from that spinal cord injury and still has it participated in GPs again for years. I have also built a unique bond with Daniël and Marcel over the years." Despite all these 'motorcycle customers' in his clinic, Van Norel also has 'normal' patients. "I think about 15% of my work as an orthopedic surgeon comes from motorsports. I deal with one or two every day. Especially many crossers and enduro riders, but also road racers and nowadays more and more motorsport guys find their way to the CWZ. Motorsports enthusiasts are welcome guests in my hospital. Other hospital staff also feel the same way.

Motorsports enthusiasts always have a good atmosphere. The bodies of those guys are usually fantastic, very strong and perfectly healthy. Cross athletes would also excel in almost all other physical sports. It is also a world of no squeaking and no whining. And above all, don't make double meanings or play games with your injury. An injured motor athlete only wants one thing: to ride again as quickly as possible. They are all extremely driven, which makes them a very special people. They can also suffer from pain and are hard on themselves. As a result, those healthy bodies can often recover in half the time. Of course, as a doctor I do not take any irresponsible risks, but a body can do a lot if it is in top condition and if it is in good shape. After any injury, a motor athlete wants to get back on the bike as quickly as possible and that drive carries over into recovery. As a doctor, I am happy to contribute to this. I feel his urge for recovery and his will to ride a motorcycle again. That is also a big difference with, for example, professional football players.



They often use an injury as an excuse, for example if they are not in shape. Their recovery is then worked very carefully. Double games are often played there with an injury, because big money rules in the background. There are often other interests involved. With motorsports it's just honest, straight forward. That's wonderful to work with! The contacts between me and the injured athletes are also nice and 'normal'. I like the fact that you can say anything to each other back and forth. Moreover, I understand the importance of the athlete and I empathize with his season. In the event of an injury, I make a plan together with the athlete that we will work towards. That's what I call 'tailor-made care.' So that he knows which race he can in principle start again. That motivates and brings peace to the recovery process."

Dr. Alinda Nicholas Owen, Dr Gerrit Jan Van Norel, Orthopaedic Officer Oliver Kiiza

As a surgeon, Gerrit Jan van Norel naturally sees many nasty injuries among motor athletes. Doesn't that prevent him from getting on his motorcycle? "No absolutely not. In fact, of my six children, five also ride motorcycles! I know that our hobby is often viewed with suspicion by outsiders, but it remains a fantastic sport. What little child doesn't look around when a motorcyclist rides through the village? That is exactly the fascination that motorcycling offers. With my own children I had no desire to hold back that fascination. This is almost inevitable if you drive quite fanatically, are always involved with motorcycles and once you have experienced that freedom. When the children were still small, they always sat behind during the holidays. But I have tried to give them all a good basis.

So they all started on a trials bike, and that experience will last you a lifetime. And also regularly participate in driving skills courses and even track days. Instead of holding back, I tried to prepare them as best as possible. In addition, I know better than anyone else the usefulness of good protective clothing. A helmet, a body protector, a neck brace, a back protector and knee braces, I recommend it all. No excuses, just always use it! Your body simply does not have a crumple zone, so use optimal protection. Although I also know very well how easily things can go wrong despite all the precautions. Of course, I have fallen at times myself in all these years. And therefore brought into my own hospital three times as a patient. With broken ribs, an uncooperative knee and a shoulder injury. Then my colleagues are waiting for me, grinning! But without kidding: I experienced the most intense moment of my life with one of my sons on the off-road terrain in Bilstain, Belgium. We had just arrived and I was still busy unloading all the motorcycles, when my son got on for a first lap and drove straight into a wire stretched across the path. From my profession I am used to something, but that looked really bad. I didn't panic, but I did experience personally what parents of seriously injured young motor athletes have to go through. Before I started working in Nijmegen, I worked in Sittard for several years and when I realized the seriousness of the situation with my son can do. Very recognizable questions for parents in that situation. It's something I won't forget for the rest of my life. Fortunately, everything turned out well, so that at home we still only talk about motorcycles during dinner. Sprinklers, compression damping, tire pressure, everything is discussed here. My sons do the auto-HTS. They are now actually doing what I always dreamed of. They both also ride enduros, so nowadays I often find myself waiting for my sons at a checkpoint on a cold Saturday morning in winter with a jerry can of gasoline.

SOMEONE SAID TO HIM: 'VAN NOREL MAY HAVE A SOLUTION'

That's great, man!" That the engine plays a leading role in the life of 'Doctor Van Norel' becomes apparent when we enter the garage at the end of the interview, which contains nine very diverse engines, a number of which are in a more or less dismantled state. "Well, there were more, but four were recently stolen after one of my children wanted to sell the motorcycle via internet. Fortunately, two more have been found. But this is our sanctuary. We work here together every Thursday evening. The old Yamaha XT500 and the Honda XL500 from 1980 have stolen my heart, but for daily use I usually ride my Ducati Multistrada. And nowadays I also like to travel with the 1942 Harley-Davidson Liberator. That really is a mechanical tool, a beautiful device. Not perfect, but just as honest and straightforward as all those motorsport athletes I work on in the clinic!" [streamers] I know better than anyone the usefulness of good protective clothing. An injured motor athlete only wants one thing: to ride again as quickly as possible. Five of my six children also ride motorcycles, I didn't want to stop that fascination, but I did give them a good foundation. [captions] "I am a real tinkerer and that is exactly the same in my profession as an orthopedic surgeon." "So this is our sanctuary; we work here together every Thursday evening." Van Norel's sons participate in the ONK enduros. Jaap recently finished second in the N2 class in the winter competition. (MotoPlus magazine 2013)

INTERVIEW 2 WITH
DR GERRITJAN VAN NOREL

'Doc' Van Norel



MAKE LIFE A RIDE

TEXT FRANK ANDRINGA - PHOTO WILLEM DE KAM, GERRIT JAN VAN NOREL



He has an almost mythical name in the Dutch motorcycle world: orthopaedic Gerrit Jan van Norel. Hundreds of motorcycle racers and other athletes, including the world's top cross-country athletes, had themselves patched up by this surgeon in record time. Since his mandatory retirement in 2015, operating in Dutch hospitals is no longer an option. But Van Norel is not a man to sit still. He has found two hospitals in Uganda and Suriname where he helps the local population on a voluntary basis sixteen weeks a year.

The regional hospital in Kumi Ongino, a region in the heart of Uganda, cannot be compared to a Dutch hospital. A small complex with buildings of only one floor high, 350 kilometers from Entebbe international airport. The journey takes a day. The operating room is equipped with blunt drills, chisels with parts missing and saws with visible rust. We are working with technical equipment as we knew it forty to fifty years ago. Moreover, there is a shortage of almost everything. It requires a lot of the creativity of 'Doc' Van Norel, but after four years the orthopedist feels like a fish in water. "We have to make do with the resources we have.

This means that if a screw has to be placed in a bone, we sometimes only have specimens that are too large. What do you do then? You cut it with large pliers." take off a piece, you make a sharp point again on and you use it."



Kumi Hospital Orthopaedic Team and Dr Gerrit Jan Van Norel

It is the doctor Van Norel in detail. As an orthopaedic surgeon, he was known for his ingenuity in the Dutch hospital world, but certainly also in the motor sports world. "I was on a winter sports holiday with my family in the winter of 1994. When we returned from the slopes, there was a phone call for me from the Netherlands. It turned out to be sidecarcrosser Jackie Jansen, an up- and-coming talent. For the first time he had everything well organised in the preseason, until he broke his collarbone. According to his doctor, it would take three months before he could drive again. That was of course not possible, because then his season would be ruined. Via someone said to him: 'Van Norel may have a solution.' How I got that reputation, I have no idea. But I remember being in a drag lift with my wife and suddenly thinking: this is the solution! That following Monday he occurred to me at the consultation hours. There I saw the fracture and together with the plaster master we made something that kept the fracture together. That deviated from usual. Three weeks later, Jansen was pain-free and I allowed him to train again, but I wanted to be there on the cross track just to be sure. Ultimately I was responsible. But it felt good. His season was saved."

For Van Norel it means an introduction to the cross world. A world he will love with all his heart. "I started attending more and more competitions, often with my children. That's how you gradually get involved," he says, beaming. "Then you will understand what those guys have to do to achieve results. They are all enthusiasts. Just like the organisations around them. Teams that sometimes consist of up to eight people, people who do all this in addition to their regular work. I have seen how little resources they can get something done. Beautiful." Many world top players follow after Jacky Janssen. "I once looked at the results after the Lommel GP. I knew eight of the ten drivers who finished in the top ten as patients."



Sunday arriving, Monday morning the first intake with patients

Doc Van Norel Orthopaedic Surgeon

The surgeon is like a mechanic of the human body. 'If it can't be done as it should be, then it should be done as it should be if it is possible', is Van Norel's motto. This attitude serves him very well when treating his athletes, who always want to get back on the bike faster than is possible according to normal theories. Perhaps even better in his current work in Uganda and Suriname. Children with crooked legs, fractures that have not been treated and have therefore grown crooked or infections that are life-threatening and must be treated immediately. Patients travel hundreds of kilometers when they hear on the radio that the Dutch doctor has landed. With the limited resources he has, Van Norel finds solutions. He doesn't just take the severe pain and the discomfort goes away, above all he gives his patients a future again.

The largest group of people the doctor treats are children with ailments due to malnutrition in Uganda and victims of traffic accidents in Suriname. "If you look at Suriname, the roads there are simply bad. Moreover, alcohol is regularly involved and the driving behaviour of the population is downright reckless. As a result, there are many and often very serious accidents." The victims who end up on the doctor's operating table are often in poor condition. "Recently there was a man whose hip was broken in so many places that I first started looking for a solution on the internet. As doctors, we work with gradations, which indicate how serious a fracture is. The severity of this man's fractures, that gradation simply did not exist. There was no online help. I had to solve it myself. And it worked, he can walk again."



Sharing knowledge makes the work interesting

With a big smile, the orthopedist talks about his successes in the small regional hospitals. The secret behind this is the passion for his profession. "I don't know where that comes from, but I really love my job. Just as people are all different on the outside, they are also different on the inside. That makes every operation a challenge. And every patient learns something new. I want to improve myself and work even better than during a previous operation. Think of it like a musician. He will never be completely satisfied after a performance. He must have heard a false note somewhere, even if the audience thought it's fantastic. That also applies to me as a surgeon. I always see things that could have been improved during a successful operation and I take that with me to subsequent operations."

"You know, I am a privileged person. I realise that every day. I was born in a country where we are incredibly well off, I am blessed with an excellent brain and have a lot of energy. I didn't want to quit my job when I had to retire. That doesn't mean that I don't understand why I had to make way for a younger orthopaedic surgeon. There has to be promotion." The fact that he was able to work in Uganda and Suriname through a colleague is a godsend for Van Norel. "In the Netherlands it feels like I have been written off. But I can still do my work at the highest level in these countries and help people who need it. That gives me enormous satisfaction."

Van Norel will leave this year again several times to Uganda and Suriname on an orthopaedic mission. Entirely on a voluntary basis. "In Uganda I don't get anything for my work. I pay for my own flight, my accommodation and my life there. In Suriname I only get a small contribution to live and eat. Am I a world improver? No, I don't. I don't see that. I love my work and I enjoy working in a team with local people and other international people who contribute. Together we try to transfer our knowledge to the people there, so that they can do this work can continue on their own." (Motorrijders magazine 2020)

IF IT CAN'T BE DONE AS IT SHOULD,
THEN IT SHOULD BE DONE AS IT CAN



As a medical team they can examine many patients



The patients are very happy to have the mzungu doctor at the hospital



The Kumi Hospital logo is a leaf branch and fruit of the *Hydnocarpus Wightianus* or chaulmoogra tree. Chaulmoogra Marotti seed oil has been widely used in traditional Indian medicine (Ayurveda) and Chinese medicine. It entered early Western medicine in the nineteenth century before the era of sulfonamides and other antibiotics for the treatment of several skin diseases and leprosy. Chaulmoogra is given intravenously and might have calming- and fever-reducing properties and activity against skin disorders.

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Read also newsletter 1, 2 and 3 (about the history of Kumi Hospital).
If you no longer wish to receive this newsletter, please let us know and send us an email.

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Report Orthopaedic Camp in Kumi September 4th-22, 2023

The run-up was difficult. The visiting medical specialist had to register in Uganda. We did not get a good insight into why, especially now. I paid \$400 and then we were able to we make agreements, the hospital received permission from the government. But it was gone such a short notice that none of the others could free themselves. So I went alone, but with a knot in my stomach.

As is known, the outward journey takes two days.

The next day, Wednesday, full swing.

We soon got into a flow. Every patient was spot on, sometimes with a double problem you had to think very deeply about what to do first. I miss my colleagues for consultation and out loud think it over. Fortunately, it is possible via WhatsApp, which was gratefully used.

I needed the first Saturday to recover, like I used to after a tough one sports effort. On Sunday to the radio, an interview with cal-liners, for an hour and a half. In the next few days there was even a phone call from London, a grandchild asking about the possibilities her grandmother, but also from Congo and Kenya. From Kampala and Entebbe. The far north, true an interpreter was needed. Sister Groenendijk who had often asked me in the Netherlands to come to the to keep informed of the next Camp also came with many young patients for which they had funding from an organisation in Austria. The entire orthopaedics textbook came over, usually in an advanced stage. Some were too sick to operate safely.

But also interfaces with neurology and internal medicine. A young woman with pain in both sides ankles. She pointed out how to push away the pitting oedema. That wasn't necessary have an orthopaedic cause. Advised to see a doctor for internal diseases. However, I came back the next day with blood test results.

Way too high creatinine.

So probably a kidney problem. Lots of neglected trauma. Deformed elbows in children. At one 18 year old woman has a kyphosis in the lumbar spine due to collapsed L3. She denied one accident or other ailment. Her father later said that she had taken tuberculosis medication. So a real Pott's kyphosis. I remember seeing that for the first time on a referendum evening in Leiden in 1979 and never again.

This is going to cause problems for her because it is not balanced.

She agreed with Dr Malinga one of the next times to operate together.

The collaboration with colleagues and staff was excellent. We have worked very hard. The atmosphere was excellent. The previous times in the third week everyone was tired, but not now. It process went better. It was so busy that sometimes we started as early as 7 am. At 6 o'clock in the evening we wanted to stop, but a tropical rain shower was so heavy that the anaesthetist suggested operating on another patient, because we couldn't go home yet. Done!

All in all, we saw just over 300 outpatients and operated on 80 of them.

After a few days the hospital director told me that he saw the nurses smiling again. They had since no salary in June. In addition to medical help, we can now also

provide economic assistance. Every time you see progress. This time in the organisation. But there has also been painting. Two operating rooms now have good air treatment. As the late Bas van Fraassen already said you need a medical physicist for ongoing innovation. You don't want to be surprised by for example, veteran's disease. We should start thinking about it.

The new technology offers opportunities for modern orthopaedics.

Dr. Malinga would like to come along to start. The indications are there and he can do it well. He deserves our help. Have some of it the budget used to cover half of the operation on a young woman with very bad hips to pay. Next time from our warehouse in Nijmegen the total hip system take. Will be logistically challenging.

The hospital is owned by the church. Meets the bishop. People want us to our help continue. It is good for them, but also educational for us. The 8 interns we couldn't stop talking about it locally. You must be able to tolerate working without protocols, because nothing is as organised as we are used to. Trauma must be resolved with the goal in mind the visor. If the screw in the ankle is too long because there is no suitable plate, remove it plaster is off. Did several Girdlestone's. Impressed every time that the patient can recover from it.

Numbers of patients:

BGF **19**. Osteotomy **18**. Osteomyelitis **14**. Trauma **12**. Clubfoot **7**. Etc.

Age: up to 10 years **24**. From 10 to 20 years **28**. From 20 to 30 years **7**.

From 30 to 40 years **7**. Up to 5 year **4**.

The rest older, where the age was not always certain.

More than half younger than 20 years.

The hospital management would like us 4 times a year.

Preferably during the school holidays.

The medical group from Zeeland (NL) will go in early January 2024.

The Camp after that is in the making.

Plastic surgery is next week. Had intensive contact with it.

Providing medical assistance, as it now becomes clear, is also economical.

With resources from the Netherlands and Austria, via NL connection and several foundations. A functioning network without overhead. The renovated operating room is already paying off. And there is even more to it.

On October 3, I had contact with a colleague and orthopaedic officer from Kumi. So far it goes everything went well without any complications.

October 3, 2023

Gerrit Jan van Norel, orthopaedic surgeon.

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