Health & Medicine

The Road to Kigutu

Deogratias Niyizonkiza barely escaped the genocidal war in Burundi in the 1990s. Years later, he returned to the small African nation with a big idea. Can he heal what remains?

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|
Summer 2014



Photograph by Kristy Carlson

“Welcome to the heart of darkness. I’m home.”

Deogratias Niyizonkiza has hardly slept in forty-eight hours. Yet after a night in his New York office and a long trip to Burundi, his arrival at Bujumbura International Airport seems to have energized him. He is heading to Kigutu, a mountain village about sixty miles south of Bujumbura, but it is too dangerous to travel outside the city at night.

He is met by a member of his staff, and his bags are loaded onto a white pickup truck with armed soldiers sitting in its bed. The security detail comes courtesy of the Burundi government. Niyizonkiza ’01GS speaks to his staffer in a combination of French and his native Kirundi, and switches to straight Kirundi when he talks to the driver. “We had French drilled into us in secondary school,” he explains in English. “Even after our Belgian colonial masters left, we continued their education, and were taught that our ‘primitive’ language was inferior. So we default to French with others who speak it. We’re a confused country.”

The center of Bujumbura, the country’s capital, is dark; except for a few illuminated billboards and lights twinkling on a distant hillside, one would never guess that this is a city of five hundred thousand. The truck passes a brightly lit building, the Primus Brewery. “Another gift from the Belgians,” Niyizonkiza says with disgust. “That brewery never closed once during thirteen years of war. So the militiamen could get drunk, and fuel themselves for more raping and killing.”

It is the first time since leaving New York that Niyizonkiza has referred to Burundi’s civil war. Stoked by ethnic tensions between the usually dominant Tutsi minority and the Hutu majority that had been simmering since independence in 1962, it became one of Africa’s most intractable conflicts, lasting from 1993 to 2006. When the spasms of killing finally subsided, more than three hundred thousand Burundians had died and eight hundred thousand had fled the country; rural villages were burned to the ground, the cities’ infrastructures nearly wiped out.

For Niyizonkiza, who is Tutsi, the war was life-altering. It uprooted him and carried him halfway around the world: from the bush in Burundi, where he ran for his life, to New York’s Central Park, where he slept, and, later, to Columbia’s School of General Studies, Harvard’s school of public health, and Dartmouth’s school of medicine. It was a journey so unimaginable that it moved author Tracy Kidder to chronicle Niyizonkiza’s experience in the best-selling book *Strength in What Remains*. Kidder’s book ends in 2006 with the birth of the idea for a nonprofit public clinic in the mountains of Burundi that would come to be called Village Health Works (VHW). Eight years later, VHW has five full-time physicians, fourteen nurses, and three lab technicians providing nonsurgical treatment to an average of 150 patients a day. People line up outside the gates hours before the clinic opens; some travel by foot from as far as Tanzania, or by canoe across Lake Tanganyika from the Democratic Republic of the Congo.

“I’m eager to get to Kigutu,” Niyizonkiza says as the truck stops at the guesthouse where he will spend the night. “Not so I can fix things, but so I can show others how to fix things.”

To drive in Bujumbura by day is to negotiate an obstacle course of potholes, pedestrians, bicycles, and herds of goats. People carry fifty-pound bags of cassava, mattresses, and barrels of palm oil, either balanced on their heads or strapped to the backs of groaning two-wheelers, which are then often pushed to their destination, sometimes a half or full day’s journey uphill.

Located in the Great Lakes region of East Africa and roughly the size of Maryland, Burundi, with ten million inhabitants, is Africa's second most densely populated country and the world’s second poorest, with an annual per-capita income of roughly $240. More than 90 percent of the population lives in rural villages, without electricity or running water. Although the country exports coffee and tea, the agricultural economy is mainly domestic. When Bujumbura’s central market burned down in January 2013, the government estimated the loss to be 40 percent of the country’s national income.

“The city is much crazier now because of the fire,” says Niyizonkiza, as the white pickup weaves past women with baskets of mangoes and bananas perched on their turbaned heads. “People lost their businesses, so they’re selling things by the side of the road. Many borrowed money and then couldn’t pay it back. Some were so desperate that they committed suicide.”

South of the city, traffic quickly disappears as the road curves around the eastern coast of Lake Tanganyika. The lake is more than four hundred miles long and forty-five miles across at its widest point. Neighboring Congo, to the west, is invisible beyond the horizon. The impression is that landlocked Burundi, with Rwanda to its north and Tanzania to its east and south, sits on the shores of an ocean. Palm and fruit trees grow in this tropical valley, as do fields of rice, maize, and cassava, staples of the nutrient-poor Burundian diet.

Piles of bricks punctuate the road next to rows of tiny houses. “This land down to the lake is owned by the government,” Niyizonkiza says. “People can be kicked off at any time.” While some of the intrepid builders lost homes during the war and are reluctant to return to their villages, most are refugees returning from Tanzania,

which closed its last camp early last year, leading to a sudden influx of tens of thousands of exiled Burundians. “The UNHCR built so-called peace villages for repatriation,” says Niyizonkiza, referring to the Office of the United Nations High Commissioner for Refugees. “But many people don’t want to live there because it feels like being back in a refugee camp.”

About an hour into the trip, the truck pulls into Rumonge, a dusty, ramshackle town and Burundi’s third-largest city. Niyizonkiza wants to visit the local hospital, the closest to Kigutu. There is a subsidized public health-care system in Burundi, where the average life expectancy is about fifty-two; but with the government spending about fifty dollars per person annually, the quality of services is inadequate. “Look how unsanitary it is,” says Niyizonkiza as he walks through the dilapidated buildings, where paint is peeling off walls, glass doors are broken, and window screens are torn and covered with dirt and debris. While many of the hospital’s patients suffer from malaria, tuberculosis, cholera, and malnutrition, many others are women with at-risk pregnancies.

Niyizonkiza enters the maternity ward, a dark, claustrophobic space jammed with women on rusted cots with ripped mattresses, pushed tightly up against one another. “Women come here straight from childbirth, from C-sections, still bleeding. Even if they live through childbirth, they often die of infection. And the hospital detains you if you can’t pay,” he adds. “It’s beyond dehumanizing. Many people would rather stay at home, and die at home, than come here.”

A few minutes after leaving Rumonge, the truck begins its ascent up the mountain toward Kigutu. At the base of the last road leading to the village sits an army barracks, where the soldiers who accompanied Niyizonkiza are dropped off. Another, standing guard, nods as the truck turns onto the seven-mile-long road, which is steep, winding, and unpaved. “This is UN refugee housing,” he says as the truck passes a handful of small brick structures. “It’s a TB incubator. There are often ten people living in one room, with no ventilation, no sanitation, no dignity.”

Niyizonkiza’s spirits climb with the altitude. Seeing people he recognizes walking up the road, he opens the window and waves. Shouting children run alongside the vehicle; an old man in a tattered blazer puts his hands together and bows. The road levels off near the top of the mountain, about six thousand feet above sea level, and ends at a security gate. A short, cobblestoned drive leads to a roundabout, in the center of which stand two flags: one Burundian, the other American. Niyizonkiza gets

out of the truck, stretches, and smiles. “Now,” he says, “I can breathe.”

This is Village Health Works, the nonprofit public clinic that Niyizonkiza founded in 2007. Situated on ten acres overlooking Lake Tanganyika and the surrounding mountains, with grassy berms, hedge-lined paths, and landscaped gardens, it looks more like a European-style sanatorium than a public clinic in a poverty-stricken African country. Entering the campus, he enthusiastically points to one of the many buildings. “This is the very first one we built,” he says. “We didn’t even know what we were doing. I keep waiting for it to collapse!”

As he strolls down VHW’s main pathway, Niyizonkiza grows increasingly animated, greeting people and sharing stories. He identifies other buildings along the way, including a community center and a new residence to accommodate his growing staff, which now numbers 265. Flowers are everywhere: a mixture of multicolored tropical varieties common to the region, such as birds of paradise and poinsettia, planted next to imported marigolds and asters. “I smuggled in a lot of seeds from the US,” Niyizonkiza says. “I wanted to create a place of beauty and dignity. A place of healing.

“There are many mass graves here,” he adds somberly, “buried under the lawn. The community told me where we could build and where we couldn’t.”

Walking through the heart of the clinic, Niyizonkiza descends from the plateau toward the lake, where about a hundred villagers have gathered. Men, boys, and women, some with babies strapped to their backs, are working a section of the hillside, flattening the land with hoes, shovels, pickaxes, and machetes. They sing, call-and-response style, as they work, hitting the ground in time to the music. “It’s the site of the future women’s health pavilion,” Niyizonkiza says. “We don’t have the facilities to perform C-sections here, or deal with high-risk pregnancies. In one month, we lost three community-health workers in childbirth.”

The workers stop when he approaches. Forty-two years old, five feet nine, and bald, with a slender build and a light, lilting voice, Niyizonkiza is far from an imposing presence, but he commands respect. He speaks to the villagers, whose traditional brightly patterned skirts and headscarves contrast with his gray pleated corduroys, pale-blue oxford shirt, and navy Brooks Brothers sweater draped around his shoulders.

“So many women have died,” one woman says. “To be here and help to control that death is a blessing for us. We come from different areas, but we’re united in our work, united in the hospital.”

“These are people who fought each other before,” says Niyizonkiza. “Yet they’re coming together to change things. They don’t want to wait for engineers and watch more people die. They’d build the whole thing if I let them. They’re unstoppable.”

Though it took more than twenty years for Niyizonkiza to realize his vision, he had been dreaming about establishing a clinic since he was a teenager. At fifteen, he tried to build his own clinic in the hills near his high school, convincing a handful of classmates and his father to help. “I lost many childhood friends, classmates, and neighbors growing up,” he says, “and it really affected me.” Unfortunately, after a relentless rainy season, the would-be clinic was washed out.

The facilities, while basic from a Western point of view, are shiny and clean. There’s new medical and lab equipment; solar electricity with generator backup and plans for a micro-hydroelectric system to take advantage of the nine-month rainy season; fresh, filtered water piped down from a mountain spring to the clinic and to spigots distributed throughout the community; even satellite Internet for electronic medical records.

But VHW’s approach to healing has moved beyond the medical. In the last couple of years, Niyizonkiza has transformed his clinic, and the surrounding village, into a grassroots utopia. In addition to a small demonstration garden with programs on nutrition, and a multi-acre production garden growing fruits and vegetables, there are seven life-skills co-ops that train villagers in vegetable and fish farming, animal husbandry, baking, sewing, weaving, and honey production, with a coffee co-op in development. For the village children, professional musicians lead an after-school music program: 150 students are learning to play drums and other African instruments.



Families gather at Village Health Works' annual community forum in December. Photo: Kristy Carlson

“It’s not just about medicine,” Niyizonkiza says. “It’s really about building a society, one that’s ready for hope, for change that matters.”

As Niyizonkiza’s vision grows, so does the budget needed to fulfill it. With nonprofit status in Burundi and the United States, VHW receives assistance from the two governments, from aid organizations such as UNICEF and the UNFPA (the United Nations Population Fund), and from American donors, whom Niyizonkiza attracts through regular talks and fundraising events in the US. “I make noise wherever I can,” he says. Though he has been honored with People to People International’s Eisenhower Medallion, as well as an Unsung Heroes of Compassion award, presented by the Dalai Lama this past February, such honors interest him only inasmuch as they generate interest in his clinic and the country. “There’s been an amazing lack of media attention,” he says. “Hardly anyone talks about Burundi, except when we

talk about ourselves and no one is around to listen to us. We're off the map."

In Kigutu for barely two hours, Niyizonkiza hits the road for the ninety-minute drive back to the capital for a meeting with the minister of health. The next morning, on his way back to Kigutu, he stops at Bujumbura University's Faculty of Medicine. The government pays students a stipend to attend the public institution, and, with no advanced training programs, sends the best out of the country for specialized training. Most do not come back.

Niyizonkiza traverses the campus with a slight swagger, a lifetime away from the self-consciousness of his student years, when he was a country bumpkin who patched and re-patched the pair of pants he wore daily. He shakes his head as he wanders the halls, pointing out the crumbling concrete, the daylight shining through holes where emergency-exit doors were ripped out of the structure. "It was beautiful when I was here," he laments, peering into a classroom with trash littering the floor. "Now look at it. And they're still using textbooks from the 1980s. For medical school!"

The early 1990s were a promising time. After twenty years of relative stability, Burundi held the first democratic presidential elections condoned by the Tutsi-led government, electing Melchior Ndadaye, a peace-preaching Hutu, in 1993. Within a few months of taking office, however, Ndadaye was assassinated by a small band of Tutsi soldiers. The retaliation was swift and severe, with twenty-five thousand Tutsis, mostly civilians, slaughtered by outraged Hutu radicals. It took almost ten years before the UN deemed the massacre a genocide.

Niyizonkiza was then in his third year of medical school, interning at a rural hospital in northern Burundi, happy to leave the chaos of the city behind. Unaware of the president's assassination the night before, he woke up one morning to an eerily quiet hospital, with no doctors to be found. While he was doing the rounds alone, a patient told him about the attack, and that Tutsis all over the country were being targeted.

Soon Niyizonkiza heard the sounds of trucks, and of whistles and drums outside the hospital. Inside, patients were wailing, running when able, locking the metal doors to their rooms and praying for their lives. He rushed to his room and crawled under his cot, clinging to the rusted springs of the frame. Hearing the sounds of shattering

glass and doors being kicked open around him, Niyizonkiza realized that he'd forgotten to lock his own. He saw it open, saw a man's legs and feet, and heard him say, "The cockroach is gone. He ran away." The legs and feet then disappeared.

The story of the hospital massacre and Niyizonkiza's subsequent months on the run are powerfully recounted in Kidder's book, the descriptions of what he witnessed — people beheaded and burned alive — so dreadful that they're almost unreadable. Niyizonkiza hasn't read the book, and won't discuss the experiences it chronicles. "It was excruciatingly painful," he says. "I was in tears, trying to talk about these things. I almost walked away."

Back on the rural roads leading to Kigutu, Niyizonkiza is in a more relaxed mood. He points out sights along the way: a rock commemorating the two nights Stanley and Livingstone spent there, in 1871; the spot where the pope's envoy to the 2003 peace negotiations was assassinated; a hippo swimming in Lake Tanganyika. Seeing more refugees building shelters by the road, his mood changes. "If, God forbid, I was ever in politics," he says, "I would do this differently. But," he adds with conviction, "I'm not interested in that; I'm a US citizen."

While Niyizonkiza may have no political aspirations in Burundi, he remains one of its most influential diplomats. "The minister of health calls me the ambassador for Burundi," he says, "because there's no one to speak for us. But I'm only one man; it's very isolating and exhausting."

With scant media attention paid to Burundi, both during the war and after, most Westerners haven't even heard of the country, much less its conflict. The Tutsi genocide in Burundi occurred one year before Rwanda's, but the sheer scale and speed of the latter atrocity, and the subsequent international guilt over failing to prevent it, pushed Burundi into Rwanda's shadow. Even now, with gleaming modern hospitals and mirrored skyscrapers in its capital, Rwanda continues to receive considerably more international development assistance and humanitarian aid than Burundi. Even an emergency appeal by the International Red Cross in 2012 failed to raise enough money for the basic needs of Burundi's returning refugees.

Helping Burundi has its own set of challenges. Although the war officially ended in 2006, armed militias could be found in the bush until 2009; they continue to be active in nearby eastern Congo, an area from which many crossed the lake to join in Burundi's bloodshed. (Because it is so easy to reach, the area around Kigutu was

especially hard hit.) Travel advisories remain in effect from governments around the globe. Hutu president Pierre Nkurunziza won a contested election in 2010 and in 2013 passed a law banning media criticism of the government and another amending the power-sharing provision in the country's peace accord. In spite of the constitution's term limits, Nkurunziza still plans to run again next year, heightening concerns about Burundi's continued stability.

For Niyizonkiza, who maintains a good working relationship with the government and eschews politics, these are abstract issues. "It's not about the government," he says. "It's about the people, about social investment in a post-conflict country. The people here feel so abandoned, so betrayed; by giving hope to them, we're restoring our greatest resource."

When Niyizonkiza first came to New York, he squatted in an abandoned building in Harlem with other African immigrants. With the help of one of them, he got a job delivering groceries. But the building's conditions were so awful that the once-promising med student moved out, preferring to sleep in Central Park, which at least reminded him of Burundi's bush.

One day Niyizonkiza made a grocery delivery to a church rectory. He was greeted warmly by a former nun, Sharon McKenna, who, after his poor attempt to speak a couple of words in English, asked the skinny twenty-two-year-old if he spoke French. Excited by the human connection, he chatted briefly with McKenna; as he left, she gave him a substantial tip, and, more importantly, a hug. It was the first act of genuine warmth that he had experienced since escaping the war.

A second delivery followed, and Niyizonkiza soon found himself telling his story. Having heard about the ordeal of this homeless refugee, McKenna worked to help him. After an extensive search she found a couple, Charlie and Nancy Wolfe, who were willing to take him in. With the support of McKenna and his "American parents," coupled with his intellect and determination, he thrived. In less than two years after arriving in America, Niyizonkiza had learned English and was attending Columbia's School of General Studies.

"None of this could have happened without her," he says, pointing to a banner on the side of the clinic's original building that reads Sharon McKenna Health Center.

As he walks away from the clinic, he spots VHW's education director and suggests a tour of the site for the planned early-childhood development facility. Even though it will be many years before his ideas can be fully implemented — Niyizonkiza has raised only a fraction of the $3 million required to build the women's health pavilion, which is his current priority — he has a rendering of the proposed campus to show anyone who's interested. In true Niyizonkiza fashion, it's an elaborate, multifaceted design: classrooms configured in an arc ("It's like arms stretched out in an embrace," he says, "hugging the children"), an outdoor performance pavilion, an arts pavilion, and a children's instruction garden, where even the youngest villagers can learn about nutrition.

So far, though, the site doesn't do much to inspire. Dirt and scruffy grass surround three large, white UNICEF tents usually used for refugee housing, equipped only with floor mats, each of which holds thirty children. "How can they learn in that kind of environment?" he says. "UNICEF spent all this money on latrines for the primary classrooms that don't even have running water. It's unsanitary and dehumanizing. I had to add a spigot outside so the children could wash their hands.



Early in the morning, people wait outside Village Health Works for the gates to open. Patients come from as far as one hundred miles away. Photo: Kristy Carlson

"We want to do things our own way," says Niyizonkiza, who takes no salary from VHW. "I want to build something with dignity."

It's not that Niyizonkiza is ungrateful for the support, but his desire to make every aspect of his clinic the best it can be, to heal the people of Kigutu and give them

hope, is so powerful that no one can ever do enough to satisfy him, including himself.

Niyizonkiza's suitcase is waiting for him at the new staff residence. With all his travel, Niyizonkiza lives like a nomad, staying in his old room at the Wolfes' when in New York and any available bed when in Kigutu. It's a frenetic existence that comes at considerable cost to Niyizonkiza, who has little time for a private life. "But what's the cost of doing nothing?" he says, pulling out his pajamas. "And what kind of life would I have anyway, knowing others are suffering and not being able to lift them out of their misery? Just because I had the good fortune to have gotten out."

Once unpacked, he steps out onto the covered balcony, sits down at a bistro table, and gazes at the spectacular views of the lake and Congo. But within a few minutes, he loses interest in the scenery and starts complaining about problems with the building's design. Growing restless, he decides to take a short hike to the top of the mountain to watch the sun set over the lake.

Partway up the hillside, he stops. To the left of the path is a raised white-tiled grave, typical of this rain-soaked region. Below the simple wooden cross is a cracked glass display window with a faded photo of a man smiling under a fedora: Niyizonkiza's father. "Every time he needed to go somewhere to think," says Niyizonkiza, "he sat in this spot." Niyizonkiza isn't sure of the cause of his father's death in 2009, but he attributes it to complications from years of alcohol abuse, an all-too-common problem during the war. "People lost everything," he says. "There was so much shame for the men, not being able to take care of their families."

This land at the top of the mountain once belonged to Niyizonkiza's parents, who gave it for the clinic. As a boy, Niyizonkiza grazed cattle here; at night, under the stars, he listened to his grandfather's stories. "I used to write poetry about the beauty of this place," he recalls. "My mother told me I was too romantic."

As the sun sets over Congo, Niyizonkiza sits down on a rotting wooden bench, one of three he built after he returned. So many years later, it remains his special spot, the place where he allows himself moments of contemplation. He says he hopes someday to build a house there with 360-degree views of the countryside. Stars fill the equatorial sky, and hundreds of lights illuminate the lake, as fishermen set out in small, lantern-lit boats for the night, hoping for a catch to sell the next morning.

“Life is beautiful,” he says, staring straight ahead. “But it’s been very hard.”

Sundays are quiet at the clinic, a time for families to visit and gather at the pavilion constructed for them, with its open-air cooking space. Beyond the clinic gates, however, Kigutu is alive with activity and song, as villagers return from services at the local Catholic and Pentecostal churches — the former left over from Belgian rule, the latter brought by post-independence missionaries.

Like most Burundians, Niyizonkiza used to attend church, but was put off by the religious hypocrisy he witnessed during the war. “These pastors talk about loving one another and don’t practice what they preach. Many of them were complicit in the killing: they’d tell people to gather in the churches, that they’d be safe there, and then signal the militia, who would burn the church down.”

Passing through the clinic’s security gate, Niyizonkiza gives the guard a big hug, says something to him in Kirundi, and laughs. “I built that guardhouse for him a little over a year ago,” he says, pointing to a turret-shaped building between the entrance and exit gates. “He was always standing out there in the rain!” Walking away, he adds, almost in passing, “He was one of my killers. He’s a Hutu, and is known for killing a lot of Tutsis.”

To the unaccustomed eye, it’s nearly impossible to distinguish between the two ethnic groups. They speak the same language, practice the same religions, and, with the exception of a difference in height — Tutsis, on average, are taller than Hutus — there are few obvious physical differences. Tutsis, however, tend to have greater wealth and social status than Hutus. Burundi’s past kings were Tutsi, and, under Belgian rule, Tutsis were kept in control of the government. Tutsis also prefer cattle ranching to farming, which is the typical livelihood of Hutus and considered a lower-class occupation.

But in a country as destitute as Burundi, even slight economic differences can feel significant. By local standards, Niyizonkiza’s parents were well-off, owning three pieces of land in different parts of Burundi and able to pay the roughly one-dollar annual tuition to send their son to boarding school. Yet theirs was still a hand-to-mouth existence: Niyizonkiza’s father was usually traveling, buying goods in Tanzania that he resold in Burundi, leaving his eldest sons to tend cattle. “We were all poor,” Niyizonkiza says. “And we all used to get along. The war was about an

overall scarcity of resources. Poor villagers were taken advantage of — by politicians, by church leaders — and told whom to blame for their suffering."

Walking down the road, Niyizonkiza is greeted by villagers, who wait in line to grasp his hand and say *amahoro*, a greeting that means "peace." In a rumpled white T-shirt and cargo khakis, with a personal security guard on his heels and a golf umbrella at the ready, he can seem like a pop star. But Niyizonkiza never puts on airs: he is of the community, known by young and old simply as Deo.

As he takes the hand of one middle-aged woman he knows well, Niyizonkiza becomes transfixed by her palm, which is rough and calloused, scored with deep lines. He asks if he can photograph it, and quickly snaps a shot with his iPhone. She, in turn, looks at his palm, which has grown soft and smooth during his twenty years in America. "She's asking me, What happened?" he translates with a chuckle. "So I told her that if we worked side by side for one day, my hands would look like hers." As they part, he pats her on the shoulder and says with a big smile, "I'm laughing, crying on the inside."

Niyizonkiza crosses the soccer field and heads down a dirt path, away from the village, into the bush. In Kigutu, as in America, it is hard for him to find time for himself, though his roles in each country couldn't be more different. Here, he is in charge, presiding over a large staff, making things happen, listening to the villagers' stories and requests. In America, he is the one telling the stories, the one who needs to ask for help.

"People ask me to speak, and want me to talk about the genocide, but then not to show any photos of dead bodies. It's 'too traumatizing' for the audience. Even when I talked about helping my mother deliver her baby when I was five, a woman came up to me afterward and said that I shouldn't mention that anymore, because she found it too upsetting."

A couple of goats bound across the path, followed by a young boy with a herding stick. "That was me a hundred years ago," Niyizonkiza says. "Tending animals in the fog and rain, alone." He greets the boy, then kneels to examine his heavily calloused feet. The heels are badly infected. "He needs a pathology lab to figure out which antibiotic would be right to treat him. But we don't have that yet." Niyizonkiza asks the boy some personal questions, which he answers shyly, eyes averted. "He's in the second grade, the top of his class. His father died two months ago." Niyizonkiza

shakes his head slowly, and walks on. “I told him that I know it’s hard, that we all grew up in the same conditions, and that he shouldn’t give up hope, shouldn’t despair.”

Despair was everywhere when Niyizonkiza first returned to Burundi in December 2001. With the war, which he sometimes calls “the horror,” raging, he took a brief and dangerous trip to Bujumbura to see his father, who was in the hospital. “I saw the horrible conditions,” he recalls, sitting down on a large boulder overlooking other mountain villages, small brick houses snaking their way up the hillside. “Patients were detained, with no hope. It was killing me after I came back.” Niyizonkiza continued his studies at the Harvard School of Public Health, and worked with the physician and anthropologist Paul Farmer and his aid organization Partners in Health, traveling to Haiti and Rwanda. “I remember asking myself, ‘Why am I doing all of this work for Rwanda and Haiti, when I know a place where no one is coming and people are suffering?’”

Niyizonkiza was in his second year at Dartmouth medical school when he decided that he needed to return to Burundi. He traveled to Kigutu in December 2005, stopping on the way at Rumonge Hospital to observe the conditions. “There were Hutus and Tutsis,” he says, “locked in together each night. And they were friends. I said, ‘You spent all those years hunting each other, killing each other’s family members, and now you have no one left but yourselves. Is that normal? Can you remain friends if you get out of here, and do something for yourself and your community?’ They all looked at each other and said, ‘Well, now we know.’

“It took me so much time to understand,” adds Niyizonkiza, who studied not only biochemistry but also ethics and moral philosophy at Columbia, hoping it would help explain what his country went through. “But when I was at Rumonge, I realized that these people don’t hate each other. It’s the conditions that they grew up in that helped to dehumanize them. What we really need to do to help this country is to confront these conditions.”

Despite what he’d witnessed years earlier in Bujumbura, Niyizonkiza was unprepared for the devastation that awaited him in Kigutu. “Most of the houses were destroyed. People were living in the bush. There was almost nothing left. I knew that the country had suffered, but I had no idea how much.” On Christmas Day, he was talking with the owner of one of the remaining compounds when other people started coming, including the chief of the district. “Soon there were nine chairs

outside," Niyizonkiza remembers. "We talked about lots of painful things, about death, from both genocide and disease. The committee was formed right there."

While Niyizonkiza wasn't met with hostility, there was a fair amount of suspicion. "People were asking, 'Is this guy really going to do something for us? Is he normal, talking to all those people who killed us?' They were afraid to trust, afraid of authority after what happened. So I kept preaching, using loudspeakers to mobilize people, telling them that they're not who someone else had been telling them that they are. They're all neighbors, and they're suffering together."

Inspired, a group of community members got together to choose a site, and offered to donate their land. The land was transferred in 2006; the villagers, however, were at work well before then, digging up rocks and grading the site. Niyizonkiza took a leave of absence from Dartmouth and spent fifteen months living in a tent in Kigutu, overseeing the project. "I went from being a medical student to a construction manager," he says with a laugh.

Niyizonkiza's father was excited about the prospect of a clinic, and proved instrumental in rallying the men, many of whom had turned to alcohol during the war. "By seven a.m., many of them were already drinking banana beer, and by ten a.m. they were drunk. My father was drinking, too. But he woke men up in the middle of the night to cut down trees and get things done."

One of the biggest obstacles Niyizonkiza faced was the area's relative inaccessibility. While steep mountain paths existed, there were no roads for ambulances or other vehicles. He spoke with an engineering firm and was given a quote of $50,000 to build a road. When he broke the news to the committee, one woman, Cécille, spoke up. "She had a crying baby on her back," Niyizonkiza recalls, "and she said, 'If you have only one franc, don't spend it on the road. We are not poor because we're lazy.'" The next day, hundreds of people started at the bottom of the hillside, cutting down brush with machetes to clear the way for the seven-mile road to the clinic.

"It was during the time working on the road that people who spent years running away from each other, killing each other, really came together," Niyizonkiza says. "It was the beginning of reconciliation."

The road was eventually re-graded by the government, after the president made his first visit to VHW in 2011. "The government was slow to get onboard," Niyizonkiza says. "We started talking to the government before building the first structure, and

submitted the proper documents, but got no response. So we decided we had to do it without permission. By the time the minister of health arrived for a site visit, unknown to him, he was coming to the opening."

Niyizonkiza asked his friend Dziwe Ntaba, whom he'd met at Harvard, to join him as a cofounder and head up the clinic's medical staff. The government sent two salaried nurses in 2009; a doctor followed in 2011. "The more visits government officials pay here," Niyizonkiza says, "the more help I get. Because they can really see what it is." The government is now so impressed by his accomplishments that they've asked him to bring the VHW model to other parts of the country.

A dense fog rolls in, and Niyizonkiza hustles back toward the road, hoping to dodge the impending rainstorm. He meets his younger brother Peter, who handles procurement for the clinic. The deluge hits, and they dash into a nearby store: a wooden counter and two shelves displaying a meager collection of tea, batteries, and a handful of fruit. "It's downtown Kigutu!" shouts Niyizonkiza to his brother, trying to be heard over the roar of rain on the corrugated metal roof. Over the last couple of years, a row of tiny shops and restaurants has popped up outside the clinic, catering to patients and visiting families.

After the rain subsides, Niyizonkiza walks into the heart of the village. He stops in at a yellow house with a thatch fence. "This is the compound where it all started. And this," he says with excitement, as a woman with heavy-lidded almond eyes appears in the doorway, "is Cécille, who said that incredible thing about the road." He gives her a big hug, then fills her in on the earlier discussion, as curious children quickly appear around them. "That Christmas was the best day of my life," she says, "and at the right time. Things had been so hard."

Near the end of *Strength in What Remains*, Tracy Kidder acknowledges that, despite having spent many months in Niyizonkiza's company, there remained a side of the man that he would never know. Niyizonkiza may share the facts of his story for the sake of Kigutu and his clinic, but much of his emotional suffering stays hidden, an enduring darkness.

Heading back through the security gate, Niyizonkiza is stopped by an elderly woman, who hugs him and then blesses him. "Every time I see you, I feel that God is here," she says. "I remember how horrible it was here before. I just wish you had somebody," she adds. "You always come alone."

All of Niyizonkiza's trips to Burundi are busy, and the time around the annual community forum is especially chaotic. Board members and other guests from America are invited, as are dignitaries and government officials from Burundi. While preparations are underway, Niyizonkiza makes several more trips to Bujumbura, trying to wrangle a last-minute meeting with Burundi’s minister of health to discuss changes to the clinic’s drug-purchasing protocol. “It’s why I like the Rwandan government so much, despite its issues,” he says, after a promised meeting fails to happen. “They’re organized and get things done.”

Only after returning to Kigutu midweek does Niyizonkiza find the time to visit his mother, who lives near the clinic. After escaping to America, it took him several years to locate his parents. With houses burned down and people living in the bush, finding loved ones, especially from abroad, was next to impossible.

Niyizonkiza’s family was extremely fortunate, with both parents and all seven children surviving the war. When he returned to Kigutu in 2005, Niyizonkiza had a new three-bedroom brick home constructed for his parents in the compound where their two previous houses — both burned to the ground — once stood. Lush landscaping decorates the front; inside, the rooms are spare, with concrete floors and minimal furniture. High on the walls of the receiving room hang family mementos: a portrait of Niyizonkiza’s late father, with images of a medieval Madonna and a tropical beach tacked around it in the shape of a squat cross; snapshots of grown children and small grandchildren; a souvenir plate of the Statue of Liberty; a photo of Niyizonkiza in blue cap and gown, arms folded, a proud and smiling Columbia graduate.

Niyizonkiza gives his mother a gentle kiss. Small and pear-shaped, with a high, sloped forehead, receded hairline, and glasses, Clémence is in her sixties, he guesses, but looks older. She speaks softly, and with consideration; a benign brain tumor has made her prone to debilitating headaches.

While her first name is French, Clémence’s second name, Mkikiri, is Kirundi. There are no surnames in Burundian culture that link a family; children are given two names when born, at least one in Kirundi, and often tied to the circumstances of the birth. Nearly dying in labor, Clémence named her second son Deogratias Niyizonkiza, the former Latin for “thanks be to God” — the one phrase she

remembered from attending a Latin mass — the latter meaning “God, you are my savior” in Kirundi. His father, born during a calf boom, was named Buhembe, or “Little Horns.” “We don’t have to tell our stories,” says Niyizonkiza, “our names tell so much.”



Deogratias Niyizonkiza examines an expectant mother at Village Health Works. Photo: Kristy Carlson

After the war, Clémence added a third name to her others: Mpozenzi, which means, “I am quiet, but I know.” When his mother was ready to tell her story to her sons, Niyizonkiza, sobbing, turned and walked away, unable out of filial love to hear his mother recount her suffering. He still doesn’t know what his parents endured during the war; his mother, in turn, doesn’t know what happened over the dozen years her son was absent from her life. While Western psychology promotes sharing traumatic experiences as a means of catharsis, Burundians don’t ask even those closest to them to relive the pain and shame of the past through retelling. The belief is so strongly ingrained in the culture that there’s a term in Kirundi for this sort of emotional coercion: *gusimbura*.

Promising to visit again, Niyizonkiza leaves his mother and arrives back at the clinic just in time to catch a dress rehearsal for the forum’s musical performance. Men and boys in traditional Burundian drumming uniforms of red, white, and green beat on giant barrel drums while young girls sing beside them. The idea for VHW’s afterschool music program arose from necessity: with parents working on the clinic, children were usually left to fend for themselves. “It was a way to bring children together and keep them out of trouble,” says Niyizonkiza, “and then hopefully get them to school.”

As a group of boys begin to dance, their arms moving as if rowing a boat, Niyizonkiza translates the words of their song: “We’re going to make the hospital shine, and be an example to the rest of the world. And we can only do this if we join hands and link arms, and work together.”

The boys sing, arm in arm, as their bare feet dance on the grass covering one of Kigutu’s many mass graves.

A couple of days later, hundreds of people arrive for the forum, packing the three-hundred-seat community center and spilling onto the adjacent covered patio, which is outfitted with a flat-screen and loudspeakers. This year’s gathering is focused on early-childhood education and mental health. Concerned about the stigma of mental health, Niyizonkiza didn’t advertise the topic, yet once the subject is announced and microphones are passed around, the stories don’t stop: a woman struggling to care

for her sister’s family after the mother died in childbirth; a mother tired of seeing girls thrown out of their homes; a widower whose second wife burned his children alive because she didn’t like them.

But along with the tragic tales come words of deep thanks. Abandoned for so long, the people of Kigutu are grateful for anyone willing to listen and help. They have tasted hope and dignity, and are eager for more. By the forum’s close, there are already plans to form both women’s and men’s mental-health groups.

The ceremonial drumming is in full swing as people exit the forum. “They’re singing ‘Come to Kigutu, and see what we are!’” exclaims Niyizonkiza to his American guests. After a series of highly acrobatic solos, two men emerge from the arc of drummers and dance together, embracing and shaking hands. “One’s Hutu, the other Tutsi,” says Niyizonkiza, grinning. “It’s amazing.”

The afternoon is filled with more tours and stories. Niyizonkiza, ever the pitchman, works to win additional support. Satisfied with the day’s work, he takes a late-afternoon walk to his favorite spot at the top of the mountain. Considering the location where he has imagined building a home, he suddenly dismisses the idea. “It’s a pipe dream,” he says. “How can I have that for myself when the villagers still have so little?”

But he does have at least one plan for himself: a long-postponed return to med school next year, with the hope of entering academia, and, down the road, transforming VHW into a teaching hospital.

Given the scope of his vision, it’s difficult to imagine Niyizonkiza taking a step back from Village Health Works, even for something that would ultimately benefit the clinic and community. “I love this clinic like I love my own heart,” he says, “but it can’t just be about Deo. I want to train people so there can be more and more Deos, doing this in different places.”

Niyizonkiza grows quiet. Sitting down on one of his benches, he stares fixedly at a point in the center of the glistening lake, lost in thought. “You know,” he says, “after I built that house for the security guard, he came to me and said that he needed to talk. He brought me right here. We sat on this bench, and he started crying. He said, ‘I love you, but I also hate you. You’re the only person in my life to really love me, and I could have burned you, killed you slowly. Every time I see you, I am reminded of what I did, and I realize that everything I was taught was wrong. And it makes me

want to kill myself, thinking about how many more Deos there could have been.’”

He pauses, running his hand over his scalp as if caressing the memory. “When the guard was done,” Niyizonkiza continues, “he stood up and hugged me, and said, ‘Thank you. Now I’m healed.’”

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