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## Chapter 5. The Mission Pilot Flying Between the Gaps: The Flying Medical Service

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## Chapter 5

# **The Mission Pilot Flying Between the Gaps: The Flying Medical Service**

Much of the spectacular beauty of the East African country of Tanzania is matched only by its extreme remoteness. There are still vast areas with few or poor roads or no roads at all.

Tanzania, with almost sixty-two million people, is also one of the poorest countries on earth. Medically, it is at the very bottom of the list of nations, with only one doctor for every 71,000 people! This is in shocking contrast to the Netherlands with one doctor for every 294, the United States with one for 335, Japan with one for 485, and Paraguay with one for 854. Yet even at this ratio of 1:71,000, most doctors reside in the urban areas. This is why Flying Medical Service exists.

In 1977 Tanzania closed its borders with Kenya over political and economic disputes. Till that time, the Flying Doctors, based in neighboring Kenya, provided significant medical help in rural areas throughout Eastern Africa. This changed with the border closure.

The founder of Flying Medical Service (FMS), Pat Patten, CSSp, of the US Province, was at that time living in Loliondo, one of Tanzania's most remote areas. He was a pilot before becoming a Spiritan priest. After several frustrating years with the border closure continuing, he secured assistance to start a basic bush air medical service in Tanzania. Though the border re-opened in 1983, the need for basic rural medical care remained, and FMS has been in continuous operation ever since.

Flying Medical Service is a non-profit, strictly volunteer organization which provides regular preventive and curative health care as well as health education services. We also provide air transport for medical emergencies. Based at Arusha airport in Tanzania since 1983, we operate two specially equipped Cessna 206 aircraft. FMS provides medical transport for people throughout Tanzania regardless of religious affiliation, ethnic background, or ability to pay. We work in remote areas that are far from regular health care facilities. Our focus is on the poor and the marginalized. Our commitment is primarily to them.



FMS has five full-time volunteer staff: four are pilots and paramedics, one is our administrator/accountant. We have volunteer doctors and nurses on stand-by. The government of Tanzania has granted us important exemptions. This helps us to provide our services as affordably as possible for the average Tanzanian citizen.

FMS depends on donations and on close cooperation with the local communities. We fly a regular, two-weekly schedule to twenty-eight airstrips to vaccinate and treat people as closely as possible to their own homes. We evacuate very sick patients to the nearest hospital. Communities maintain their own airstrips and contribute to the cost of medicines. But no one is turned away.

We have regular telephone and radio contact with our pilots and with hospitals. We advise on the most appropriate facility for the problem of the patient. Volunteer doctors accompany us when patients suffer from a life-threatening condition. We do not request or require payment guarantees, but we do encourage users to contribute to the running of the service.

We provide hospitals the possibility of receiving visiting specialists. The aim of this outreach is to assist medical professionals with on-the-job exchange of views and updates on medical practice. Before cell phones became an ever-present reality, FMS played an active role in the maintenance of the medical radio network in Tanzania and was the originator and co-developer of the first radio email service here called Bushlink.

We have also provided medical logistical support in the refugee camps and to hospitals throughout the country. We were the first civilian aircraft to land in Rwanda after the genocide in 1994. We provided logistical support to the Memisa medical team which served the Chabilisa refugee camps in northwest Tanzania, caring for more than 220,000 Rwandan refugees.

From 1983 to 2020 our two aircraft have flown over 29,000 hours, helping over 733,000 patients by providing the following:

- treatment to 172,856 sick persons, and vaccines to 409,900 children;
- prenatal care to 132,700 mothers, and medicines to 11,300 TB patients;
- evacuations for 6,700 emergency cases.
- In 2020, we saw 36,410 patients and flew 703 hours.

## **One Short Story Among Many Hundreds**

On 22 September 1994, I flew the first civilian aircraft into Rwanda after the genocide. It was our Flying Medical Service Cessna 206 with registration N30MS. On that day, we were designated UN flight number three, just after two Belgian military transports. The Dutch Memisa doctor and pilot, Marian Zuure, was onboard with me. We had just dropped off a patient who was released from Nairobi Hospital in Kenya. We were returning him to his home in Shinyanga, central Tanzania. In Nairobi we were unexpectedly asked if we could fly to Kigali. No one else would do it because of an inability to get insurance in an active war zone. As we don't fly with insurance coverage on our aircraft, we were free to



Fr. Patten with curious Maasai children

go. We went to collect four members of the Memisa medical team stranded in the Rwandan capital of Kigali. They had been asked to start a refugee camp at Chabilisa in Tanzania's northwest corner near the Rwandan border. The camp eventually grew to 220,000 refugees. We provided air support to the medical teams there till the camps were closed on Christmas Day, 1996.

Another very short story that expresses what I feel as both a Spiritan and a bush pilot. Because people have appreciated what they did over the years, all of my pilots, after not too long

a time here, would find children named in their honor in the different villages where we served. Over the entire thirty-seven years that I've been working with the Flying Medical Service, however, no one in any of the villages was ever named Pat.

One day I landed at a remote airstrip on a scheduled medical flight. A woman came running out to the plane with a big smile on her face. She said, "Do you remember me?" Now, we see nearly a hundred patients a day, 365 days a year, and I really didn't remember her. But she said, "*I* remember *you*. You saved my life. And you saved the life of my child. I had obstructed labor. You flew me to the hospital. Because of you, I lived and my child lived. And I'm so happy that I named him after you." She turned to her little son and said "Hey Peter, come here."

I think the important thing is not that a child gets named Pat or that someone by the name of Pat receives any recognition. The important thing is that the woman lives, and the child lives. And that makes all the difference.

We continue to fill in the gaps in medical coverage whenever we can.

For more stories of Flying Medical Service, see our website at [www.flyingmedicals.org](http://www.flyingmedicals.org)

*Pat Patten, CSSp  
Arusha, Tanzania*

Jesus sends us forth for the same purpose for which he was sent. Our mission is his

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