KEN CLEZY, AM, OBE, IS A SURGEON WHOSE VOCATION HAS TAKEN HIM MANY PLACES, NOT ALL OF THEM SAFE.

WHEN THREE COLLEAGUES WERE SHOT DEAD AT A YEMEN MISSION HOSPITAL, HE ESCAPED ONLY BECAUSE HE HAD GONE HOME FOR BREAKFAST.

In Port Moresby, where he was the first professor of surgery at the University of Papua New Guinea, doctors and nurses still say, ‘Mr Clezy did it this way.’ He performed brain and spinal tumour surgery in that country for many years, was a pioneer of non-operative management of the ruptured spleen in adults, but his particular expertise was in the reconstructive surgery of leprosy deformities.

In *Now in Remission*, Ken Clezy shares the joys and sorrows of his family and professional life in the Third World, most recently in Yemen during the Second Gulf War. His story is rich in character and place, and tells of a remarkable life dedicated to those in need.
Ken Clezy is a general surgeon with a special interest in leprosy. He spent most of his working life in the Third World, in government and mission hospitals, and now lives in Adelaide. 
Photo: Ken and Gwen Clezy
Now in Remission
A Surgical Life
Ken Clezy
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Foreword

Ken Clezy’s career, and indeed his whole life, has been marked most of all by an overarching sense of duty; a duty to his family, his profession, his country, and indeed to many other countries less fortunate than this one, but perhaps, most of all, to his God. He has been an unpaid and unsung ambassador for this country in New Guinea, India, Africa and other parts of the developing world. Not for Ken the relatively comfortable affluent existence of an Adelaide surgeon. He forsook all of that to work in relatively primitive, at least by our standards, surroundings and for little income, but undoubtedly for immense personal satisfaction and a sense of great achievement.

Perhaps the person who knows Ken best professionally is Sankar Sinha, who first met him in Port Moresby in 1979. Sankar described Ken to me as a surgical hero; a man who in the same day would remove a pituitary tumour, a meningioma, a liver tumour and perform a tendon transfer and then in the evening go on to fix a fractured neck of femur. This is a man who was a founder of leprosy surgical services in Papua New Guinea and saved many limbs. He is a man who, as Sankar stated, craved nothing for himself and is always available to help others.

Always an inventive surgeon, Ken has been to some extent a man before his time. He was amongst the first to manage splenic trauma in adults non-operatively. They were managed this way, of course, by necessity, as splenectomy in a malarial country such as New Guinea will often mean death from overwhelming sepsis. His work was published in the *Australian and New Zealand Journal of Surgery* and, as is typical of the man, he gave himself no credit for this. He did not put his name as an author on the paper, giving the credit instead to the other surgeons involved throughout the country in the management of splenic trauma.

Ken’s leprosy work is famous and internationally acknowledged. More recently, since returning to Australia and working in Burnie, he has been one of the leading national and international advocates of mini-cholecystectomy. He and others who have followed have shown the importance and the safety of this technique. Perhaps most of all he
has shown the relevance of this technique, particularly in the developing world where laparoscopic surgery is never likely to be available for the majority of the population.

By his every action, word and deed, Ken has demonstrated that all human beings – regardless of race, creed, nationality, gender and age – deserve care and compassion. We all believe this but how many of us have had the faith, determination and courage to put our beliefs into practice? He has shown by his work in New Guinea and elsewhere that one human being can make a very big difference to people’s lives. His life is a testimony to Robert Burn’s belief that what unites humanity is far greater than what divides it. Ken has truly looked upon every human as his brother or sister.

He is a role model, not just a good surgeon, but an exemplary human being capable of compassion and humanity; someone who cares for and can communicate with staff, patients and their relatives. Ken has, in addition, a laconic sense of humour, perhaps typically bush Australian, and which from time to time transcends crises and defuses various situations. And he has an immense skill in teaching, as well as an ability and will to try and resolve conflict.

Ken Clezy is a man who has translated his Christian beliefs into practical action; a man worthy of any honour we can bestow upon him. Ken Clezy, a remarkable surgeon, a truly remarkable Australian.

Dr Alan Scott

*Edited from a speech given on the occasion of Ken’s RACS retirement dinner, 28 November 1998*
Most news is bad, and some say it can’t be news if CNN isn’t there, so when the cameras descended on our little hospital at Jibla, high in a remote Yemen valley, the news about to hit the airwaves and front pages around the world was very bad indeed.

Jibla is a picturesque tourist town crammed with superb examples of the stonemason’s art, the multi-storey houses that terrace the valley’s steep sides. Proud to the point of narcissism at having been the seat of Queen Arwa, the overdriven ruler of all Yemen a thousand years ago, it boasts the QA mosque, the QA museum, the crumbling remains of her palace, and much else. But for me it’s the place where my good friends Jibla Baptist Hospital administrator Bill Koehn, GP/obstetrician Martha Myers and medical store boss Kathy Gariety were shot dead on 30 December 2002 while I breakfasted with my wife, a stone’s throw away. Firecrackers, gunshots – whatever – were prosaic pedal points to the music of life around Jibla, and I heard nothing.

Told-you-so types wondered why we didn’t see it coming, because communal anti-American feeling soared during and after the First Gulf War, when Yemen was the lone and quixotic UN Security Council member touting an exclusively Arab response to Iraq’s invasion of Kuwait.

One of the World Bank’s basket cases, Yemen is the only dirt-poor Arabian state, with rampant population growth, a critical water shortage, and little oil. Notionally a parliamentary democracy but riven by tribalism with Sunni-Shiite overtones, and choking on world-class institutionalised corruption, cronyism and nepotism at many levels, it is a top-heavy conservative republic, where journalists learn, the hard way, to tread very carefully. Ruling for three decades and counting, Yemen’s hard-nosed autarch Ali Abdullah Saleh ruthlessly suppressed
the popular ferment of mid-2011, confidently ignoring how often
transfer of power in this corner of the Arabian Peninsula has been by
assassination.

Al-Qa’ida’s audacious 2002 bombing of the USS Cole in Aden
harbour brought the country to world attention, adding to the bad
press stemming from the 1998 shooting deaths of four kidnapped tour-
ists, including a Sydney man. Exasperated tribesmen had been kidnap-
ning foreigners for years, as their one and only road-tested method of
squeezing the government for improved infrastructure or other reason-
able services. Hostages were usually treated well, even cosseted, and
after parleying between their captors and the authorities they were
released unharmed. Some dined out on their adventures for years.

Instead of fractious villagers the 1998 kidnappers were ruthless
Aden-Abyan Islamic Army zealots determined to spring a bunch of
gaoled fellow travellers. When they threatened to kill the tourists the
government wouldn’t budge, and made a widely criticised military
response when negotiations stalled.

Many countries followed the US State Department in underscoring
the Yemen entry in their black books. The struggling tourist industry
collapsed but, like most expats, we felt safe enough. An already fragile
security situation deteriorated after 9/11, and our hospital’s protection
was beefed up, with a gun-truck parked outside the compound for
weeks. Soldiers accompanied us on trips out of town, but Gwen felt
faintly ridiculous entering a city supermarket with her escort toting an
AK-47, so did it infrequently.

Matters might have settled down but for America’s campaign in
Afghanistan. Despite the Pentagon’s protestations, the Islamic world
understandably saw this conflict as Christians waging war on Muslims,
given that Islam doesn’t recognise, and most Muslims cannot begin
to comprehend, the God/Caesar dichotomy that pertains elsewhere.
Muslim lands are theocracies, theoretically at least, and wars against
them are ipso facto wars against Islam. Add a dash of racism and any
such fracas is a highly flammable situation.

Our Yemeni co-workers, even those who longed in vain to be called
to a Palestinian jihad, kept telling us that everybody knew we weren’t
part of the problem, but we sensed mounting communal anti-Western
feeling. More boys were being named Osama, a social indicator more
resonant than official expressions of solidarity with the USA.
In late 2002 the British embassy asked UK citizens to leave, and every week or two the US embassy sent our warden another strident email. We had enough problems already, because our hospital was slated to close, the result of a drawn-out and hotly disputed decision by its proprietor, the International Mission Board of the Southern Baptist Church, headquartered in Richmond, Virginia. This represented the ascendancy of those IMB heavies who held that evangelism was one thing and medical work quite another.

Such opinions reflect differing conceptions of the Christian gospel. The Bible says that after calling His disciples, Jesus both taught and healed, but church history shows that all too often one of these activities is pursued at the other’s expense. The IMB seemed to believe that if effective verbal evangelism was impossible, social action was pointless and worthless.

There is another view. If Jesus is the light of the world, His followers should cast sharp shadows even if their mouths are shut, as is necessarily so in most Muslim countries. At Jibla these shadows were exemplified by three decades of good medical work and social action. Just as a shadow is inseparable from its cause, appropriate social involvement should be intrinsic to the Christian gospel, but the IMB was resistant, if not blind, to this concept.

JBH was its last hospital anywhere, and the IMB was prepared to walk away at close of business on 31 December 2002, which grieved and disgusted most of us working there. Maybe quality services were available elsewhere in north Yemen, but patients still flocked in from all over. Our fees were far lower than those in regular private clinics, and we provided the only good, affordable inpatient care available to millions. To the end we hoped for continuity, but a projected handover to a Yemeni charity seemed certain to fail.

Monday 30 December was to be the darkest day in 150 years of IMB history, but began ordinarily enough with our 6.30 am chapel service. I was rostered to lead it, and aimed to encourage my downcast colleagues. After our hymn I spoke from Hebrews 11:4. We know little about Abel, I said. He seems to have died unmarried (and, strangely, I thought of Martha and Kathy as I spoke) so we don’t honour him as a patriarch. We read that in faith he offered his best to God, which pleased Him. Abel is dead, but the Bible says ‘he still speaks today’.
‘So,’ I said, ‘if you’re downhearted because JBH is closing when there’s so much yet to be done, try looking at it this way: if, like Abel, we’ve been giving our best to God this has pleased Him, and He will continue using it long after we’ve all gone.’ An hour or so later three of us were dead.

I wondered if Bill had picked up clues overnight that could hint at a positive outcome to the last-ditch mission–government negotiations that were due onsite at 10 am, so after prayers I gave him the floor. He had no news, but simply and sombrely thanked us all for working at Jibla.

Admissions had ceased a fortnight earlier, but a few old cases needed review. Bill had two of mine waiting, so I followed him to the clinic before going home for breakfast. I left the house again at 8.30 to meet incoherent Yemeni staff shrieking, ‘Mr Bill, Mr Bill.’ I wondered if he’d had a heart attack.

I reached the theatre suite as the stretchers were wheeled in. Martha looked serene, dead from a bullet that left no more than a smudge like a caste mark in the middle of her forehead. A bullet through Bill’s right eye-socket exploded his brain. His wife Marty arrived in time to clasp his hand as he died. Kathy had a chest wound and no pulse, but her neck veins were bulging. Judy Williams, our American surgeon, correctly diagnosed cardiac tamponade and opened her chest in a flash, but she had a hopeless heart injury.

I phoned Gwen with a précis of the situation before we operated on the survivor, pharmacist Don Caswell, who had taken two bullets in the belly. We found no serious damage, and after dealing with him I rushed home to talk to Gwen and phone our family. Bad news travels fast, and both our daughter Meredith in Tasmania and our son John in Germany called first.

The train of events was this: months previously a man from a distant village known to be an extremists’ nursery brought his wife to Martha who, as always, took the necessary time with her. The lady felt she’d been given a proper hearing for the first time, and on the way home told her husband, perhaps taunting him, that no Muslim doctor had ever treated her so kindly. (She was unfortunate – we know many good, kind and considerate Muslim doctors.) The implicit unfavourable comparison of Islam with Christianity so needled him that he decided
to kill Martha. Later he thought he could do better – might as well be hung for a sheep as a lamb. In December they rented a house in Jibla and saw Martha again. She issued a return ticket for 26 December, which the husband changed to 30 December on the assumption that this was our last day, because he’d learnt that Yemeni workers were to be paid off that day. And he knew he’d find a worthwhile cluster of foreign staff in the office area shortly after 8 am.

The soldier on the gate frisked him routinely but missed the pistol strapped to the inner side of his arm. In the front office he asked for a phone card, but instead of producing the money for it he drew his weapon and felled Martha at the telephone two metres away. Within seconds he was in Bill’s office and killed Kathy. Bill, rising from his desk, was next. It was all over in less time than it takes to tell.

In the pharmacy next door he put two bullets into Caswell, but nothing happened when he pulled the trigger at radiographers Prince Rajan, an Indian, and Daniel Cajiuat, a Filipino–American. Our security squad appeared so he dropped his gun and invited arrest, proudly identifying himself as Abid Abdul Razzaz al Hamidi, and announcing that, having done some cleansing, he felt closer to God. (In court he said he’d killed Christians for evangelising, and for sterilising Yemeni women. The Qur’an says nothing that most Muslims construe as specifically interdicting sterilisation, but many conservatives oppose it.)

Yemenis were aghast nationwide. Bill had 28 years’ service, and was well known as a straight, fair and even-tempered manager with a big heart for prisoners, orphans and the destitute. We all respected him as an outstandingly gracious, generous and godly man who used his authority with discrimination, and who was the ideal leader for JBH in good times and bad. As a faithful Southern Baptist he was bound to obey his superiors, despite his conviction that the hospital’s closure was a serious mistake. Being the boss, he couldn’t share this personal conflict with us in any detail.

Martha had spent 25 years at Jibla, was known all over the country, and took her elderly Land Cruiser on mountain tracks where even Yemeni drivers feared to go. Clerics excoriated her as the mother of all prostitutes, but when the chips were down they usually brought their wives to her. If it be proper to call anyone generous to a fault, this was Martha, who gave to the needy with rare liberality. She worked late, and often called at our house around 10 pm to unwind and regale us
Now in Remission

with the day’s highlights or stories from the past, before driving home a few kilometres to Ibb, the capital of our governorate. With an ear close to the ground and many Yemeni friends, she was the first of us to detect community undercurrents.

Kathy, 53, was a mover and shaker with an acute business sense, a detailed mental inventory of the store, and a vivacity that made her valuable far beyond her official position. With a rare ability to entertain and amuse all ages, she was the tireless organiser of compound dinners and celebrations that were invaluable social cement.

All three revelled in their faithful service to their God and to the Yemeni people, and were saddened beyond words by the IMB’s determination to unload JBH for what most of us saw as unworthy reasons.

The authorities took charge immediately, and carloads of Ibb police, US embassy and FBI personnel poured onto the compound. The IMB ordered evacuation to Sana’a, the capital. All but a skeleton staff were to pack for two weeks and leave at 1 pm next day.

Numbed male Yemeni staff hung around the boundary all day, and it seemed essential that someone senior meet them. Judy was busy with the FBI crowd, so I went out and assured them that they retained our confidence. Many were deeply affected, and I told them, ‘They weren’t killed because they loved Yemen or because they loved Yemenis, which you know they did; they were killed because they loved Jesus. Think about that.’

After a simple, tearful service next morning, Bill and Martha were buried in the lonely little missionary graveyard among the eucalypts at the top of the compound. (Kathy’s body was sent to the USA.) The site wasn’t ready on time because the ground was rocky and the grave diggers were slow, so we went back to drink tea, commiserate and continue packing. Even the smallest child was unnaturally quiet. The interment took place after lunch, and our police convoy crawled out at 2.30, watched by hundreds of sad and silent Jibla residents lining the road well out into open country. Five hours later we pulled in at the Sana’a Sheraton, to spend two days being debriefed by a team including, ironically, IMB personnel who had long advocated JBH’s closure.

Others could have died. Yemen Baptist Mission chief Al Lindholm and our Sana’a office manager Abraham Chacko were due for a ‘pre-meeting’ session in Bill’s office at 8 am. They left Sana’a before daylight
and clipped a roundabout, which broke a front wheel. They’d have been more sitting ducks, so the time they lost finding another vehicle probably saved their lives.

Bill usually breakfasted from 8 to 8.30, but with Lindholm due and Yemeni staff to pay off, he worked on. Otherwise Lee Hixon, an American with young children, would have occupied that fatal chair.

Soon we saw Jibla on TV, and Dr Jerry Rankin, the IMB president, proclaiming to the world that JBH would go on; the poor man didn’t seem to know the Ministry of Health had taken it over. IMB talking heads spouted frothy assurances for days, which suggested that people in high places were drowning in guilt. Some had wanted to be shot of JBH for years, but closure by pistol-shot was too much.

Hyper-Calvinists interpret such tragedies effortlessly, but others will at least wonder why a sovereign God allowed it. We won’t know everything this side of glory, and it is presumptuous to second-guess God, but some will do it anyway, so what can be said? JBH’s impending closure greatly distressed all three martyrs. I think Bill saw it as the IMB gutting Baptist work in Yemen, and on his watch, so close to his retirement, that hurt.

Martha intended staying on regardless, continuing her village health work, but without a hospital base she’d have been unable to offer inpatient treatment to women in need. She knew Third World villagers have scant interest in health education and immunisations if their perceived acute needs are ignored. Our recently expanded Community Health Service, offering preventive measures but not treatment, had suffered disheartening responses, and Martha saw endless frustration ahead.

Kathy saw the situation as Martha did. She handled her job superbly, and loved Yemenis and the service we provided. Her home church had caught her enthusiasm, and sent us container loads of useful donations every year. The most vocal protester against the hospital’s expected transfer to a non-Christian organisation, Kathy was prepared to stay on, but would have been unable to tolerate the accounting sleight of hand that was to creep in under new management.

Writing on 5 January 2003: I see a gracious God sparing these three servants the distress of seeing what is yet to happen to Jibla hospital. They died as they lived, working faithfully for almost 70 years
between them. Dying in happy harness has much to be said for it, by comparison with a tedious, often problematic, descent into old age.

Perhaps these deaths will reinvigorate Southern Baptist missionary vision. Long ago Tertullian said, ‘The blood of the martyrs is the seed of the church.’ Maybe changes are ahead here, and across the region, that will enable local Christians to identify themselves to each other in safety, and form the churches that are essential if believers are to mature and Christian communities to grow. Perhaps JBH will be necessary no longer, with another entity assuming its functions.

This interpretation doesn’t belittle the grief of families and friends. Marty Koehn, Bill’s widow, has great spiritual strength, and her grace was a challenge to Yemenis, to supporters in the US, and to us. Days after the shootings she led the remaining foreign staff through Jibla in a well-received demonstration that nobody held Yemenis, as a people, responsible, and many townsfolk asked them in to sit on the floor and drink tea. Marty knew that many Muslims (and Christians, let it be said) are long on vengeance, but short on sacrificial love. After home leave she returned in April 2003 and worked in the medical store until her 2007 retirement.

The apostle Paul told the Philippian church he wanted to ‘depart to be with Christ, which is far better, but it is expedient that I remain with you for a time.’ When he died many must have wondered why, because world evangelisation was far from over, but they accepted that in God’s economy Paul’s work was done. Likewise, it is no longer expedient that these our friends and co-workers remain with us, so God has taken them to be with Himself. We grieve that they have left us, but must rejoice that they have gone to their reward.

‘Unfinished business’ may be a threadbare cliché, but it’s no figment. Days after the funerals the three-year-old son of Dutch friends in Ibb dug a hole in their garden. When his mother questioned him about it he said it was for Auntie Kathy. ‘We buried Uncle Bill and Dr Martha,’ he said, ‘but not her,’ as he carefully laid a few stones in the grave and covered them with gravel. Business completed.

Many have asked how we coped. My standard reply has been that having a child die in adult life must be preparation for almost anything. (Our second daughter Robyn died at 41, after a long, extremely distressing illness.) I know of nothing to suggest that the faith of any of
our fellow missionaries was shaken, but the emotional trauma ended some careers.

At a political rally two days before the Jibla murders a Yemen Socialist Party leader was assassinated for calling for more democracy, anathema to Muslims on the far right. So extremism was biting as never before.

On 6 January 2003 a *Yemen Times* columnist wrote: ‘As for the Americans who worked at the Jibla Baptist Hospital, the fact of the matter is that the overwhelming majority of Yemenis find no religious doctrine in Islam that supports their murder. Surely, it is dishonorable for a Moslem to kill anyone who is a guest and who is providing assistance, *as long as that guest does not seek to disrupt the religious convictions of the people of Yemen*. Thus, most Yemenis clearly condemned the killing. Even those opposed to any religious missionaries echoed their displeasure at the killing of unarmed innocent people, who were motivated by philanthropic ideals, albeit under a different religious persuasion. Humanitarianism is a common trait of all God-fearing people everywhere.’ (Italics mine.)

He was having it both ways, as he was obliged to do. In Islamic law apostasy is a capital offence, as it is for anyone seen as responsible for the conversion. Every Christian in the Muslim world knows this.

Gwen and I left Jibla convinced that the hospital was finished. We were wrong. But how did an Australian couple in their seventies come to be so far from home in the first place? That, as they say, is a very long story.
Many families have traditions, affectations even, when naming their children. Some use a maddening alliteration of initials, or stock names, as in the Alice Duer Miller poem, *The White Cliffs*, in which the first son was always called Percy. We call him John.

Should he ape American usage, my son’s eldest boy could style himself John Clezy VII, or even better if he trumps us with incontrovertible details of earlier ancestors than our family tree’s taproot, my great-great-grandfather John Clezy, rector of Selkirk Grammar School in Scotland from 1825 to 1837. Old John was an austere and pernickety dominie, judging from the diary that describes the petty irritations that peppered the Clezys’ voyage from Liverpool to Adelaide in 1849. But he was a good headmaster, and when he left Selkirk his was amongst the best academies outside Edinburgh, judged by the quality of student it sent up to university.

We know little about him. One tradition has him born around 1790 at Berwick-upon-Tweed, a walled and moated seaport long past its glory now, but notable for having the first purpose-built infantry barracks in the UK. Clezys lived in nearby villages, and records suggest that Old John’s father, another John, was born to George and Agnes Claise/Claizy in 1755, at Coldstream. He became an officer in the Royal Artillery, and perhaps was at Woolwich Barracks when Old John was born. We have no birth certificate, but other documents describe him as born in Kent, which then included Woolwich. He said he learnt English there, but Greek and Latin in Berwick. His English accent was described as refined, which suggests that he was at least a teenager before the family returned to Berwick. Perhaps transfers between it and Woolwich meant that his father spent time in both barracks.

A distant Canadian relative has another angle, with Old John born at Longformacus, a tiny village at the sharp end of a gloomy