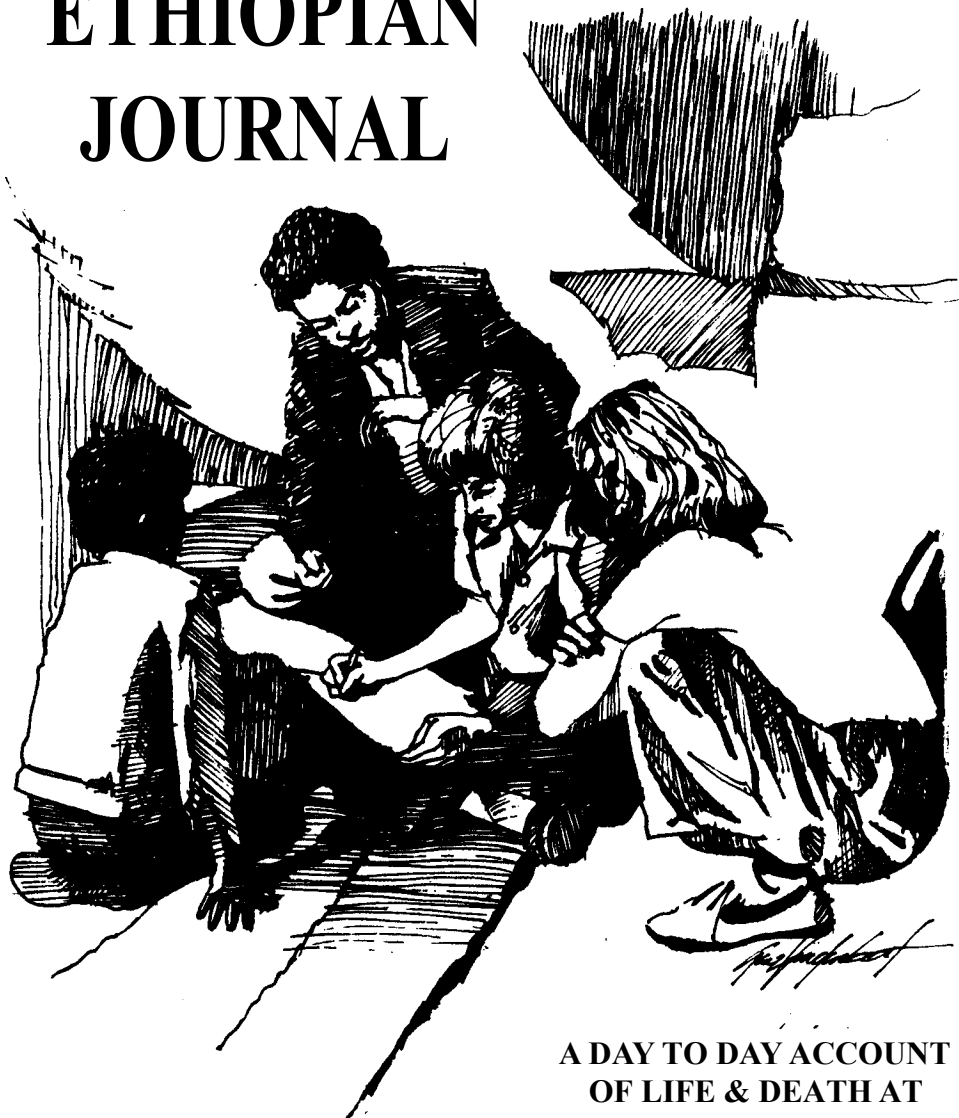


# ETHIOPIAN JOURNAL



A DAY TO DAY ACCOUNT  
OF LIFE & DEATH AT  
AN AFRICAN FEEDING  
CENTER

by  
**Pamela M. Sutton M.D.**

Illustrations: Gene Vandervoort  
Graphic Design and layout: Teresa Simpkins  
Photography: Pam Sutton, Betty Normandin  
Peter Mehegan, Jay Anania

# ETHIOPIAN JOURNAL



by  
Pamela M. Sutton M.D.



# ETHIOPIAN JOURNAL

---

Copyright © 1985 by Pamela M. Sutton M.D.  
Epilogue Added, January 1986

1st Printing, July, 1986  
2nd Printing, August, 1986  
3rd Printing, March, 2011

eBook ISBN: 978-0-940361-71-3  
Paperback ISBN: 978-0-940361-70-6

Sherwood-Spencer Publishing  
PO Box 517, La Jolla, CA. 92038-0517, USA

tel: 858-456-0098, [Sutton@Soulsite.com](mailto:Sutton@Soulsite.com)  
[www.PamelaSuttonMD.org/EthiopianJournal](http://www.PamelaSuttonMD.org/EthiopianJournal)

*To the Hungry of Africa and  
All Who Are Trying To Help*

## ETHIOPIA, IN GREEK, MEANS “SUNBURNED FACES”.



Ethiopia, (Abyssinia) near the Eastern horn of Africa, is a country with a dramatic geography and a history which goes back to biblical times. The union of the Queen of Sheba and King Solomon is said to have provided lineage for the emperors of Ethiopia.

A country of many tribes, diverse languages, and religions that trace back to early Judaism, Christianity and Islam, Ethiopia in modern times was ruled for more than forty years by the Emperor Haile Selassie. The peoples of Ethiopia have an independent spirit, proud that they were not colonized despite efforts of the Italians to conquer them. Internal factors and the drought and famine of the early 1970's, which killed more than 100,000 people, brought the rule of Ethiopia's emperors to an end.

The fertile, once-forested land which was to have been the bread-basket of Europe in Mussolini's scheme, changed. Ethiopia became a place of famine, the home of starving, drying children seen on television in 1984, '85.

# Prologue

The diary which follows was written while working at a Church World Service-supported feeding center in Geweha, Ethiopia in 1985. The center was staffed by four or five American nurses and one doctor, and dozens of Ethiopian employees. It functioned under the auspices of Christian Relief and Development Association (CRDA), an Ethiopian organization. Every two weeks 16,000-17,000 underweight children received supplemental food at this center during summer 1985.

It was a privilege to work at Geweha. The Church World Service medical team was superb; compassionate, committed, professional. The special dedication of CRDA and Ethiopian employees at Geweha made the feeding center possible. And the Ethiopian families fed and treated at the center were an inspiration. Their courage, affection and generosity in face of overwhelming struggle will always be remembered. We made dear friends among them even though we had no common language. We gained far more than we gave.

It is my hope this journal will help personalize the reality of the human struggle which continues in Ethiopia and across much of Africa. Starvation and disease happen not to masses but to individuals. These pages are about real people who still need our help.

# ETHIOPIAN

## JOURNAL

### 1985

MAY 17, 1985    GENERAL REFLECTIONS

When I saw the television pictures of Ethiopia last November , I didn't have the desire to go I might have had if it had been India, but since I have always felt a call for medical work overseas, I wrote letters and made phone calls expressing willingness to help. Nothing materialized but gradually my interest grew.

By March when Church World Service (National Council of Churches) called, I was so excited I could barely contain myself. My medical practice had become quite busy, but I was thrilled.

Thrilled?! A strange word, but true. I was delighted to be offered a chance to help.

About a month later I was in New York for an interview. Of seven interested doctors, the staff in Ethiopia had picked my resume. Why? Was it my tropical medicine or nutrition training, or hospice



work, or that I looked versatile, or simply that it was my time?

I left the Interchurch Center on Riverside Drive and walked to St. John the Divine cathedral. In the preceding 36 hours through interviews and forms I had traversed my past, where I had been and where I was going. I felt my *call* had been confirmed.

In the cathedral, the priest and I were the only ones at evening prayer. "Where two or three are gathered in my name, there am I. . ."

Home again to Florida to close my practice and four to five weeks of preparation.

Patients were puzzled or worried at the news I was closing my practice to go to Ethiopia. Many mourned." You have spoiled me, Doc," one patient said, his eyes spilling with tears. Even Mrs. V. cried and she never cries. One woman seemed on the verge of exclaiming, "Why are you going to care for those black babies when I need you? I'm dying!" Now she has adjusted and Wishes me well enthusiastically . Another said, "I hate you," when she meant "I love (need) you". I knew; I loved them, too. I did the best I could; found them new doctors.

Acquaintances protested the reality they saw on TV. Some were unable to watch; others criticized with" Well, we have *starving* people in the US, too!" I would think of the Navajo and Zuni Indians, Kentucky coal miners and North Carolina Appalachian people with whom I have worked and agree they were poor and maybe even hungry but not starving unless ignorant or isolated or too weak to get out for help. Hunger we have, starvation rarely, famine certainly not.

And how many said this was happening to Ethiopians because of too many babies? (One woman who suggested this had six kids herself!)

By contrast there were those who'd stress I was doing a great and noble thing, or making such a sacrifice, I could only smile and point out it's not a sacrifice since I choose it willingly.

One time someone asked when the *big day* was A bystander thought I was getting married. Actually this opportunity may be bigger than a wedding for me. Not everyone is called and chosen. I'm very fortunate.

For all the dire warnings given by concerned friends, I'm not particularly worried about my health or emotional response. It will be an adventure, a unique life experience, and as I say so easily, "one heck of a camping trip".

I suppose patients and friends will miss me and the local community will agonize and exalt vicariously. It is all so hard for people to understand. Despite requests for post cards, there probably won't be any and "No, my car will not be going with me; and, no, there will be no electricity." What I'm expecting to find is sadness, starvation, heat, insects, sweat, blood, urine, feces, tears. It will be a privilege to try to help, to understand the burden and drama and triumphs of life even at its lowest moments.

MAY 22, 1985 WEDNESDAY  
NEW YORK

We were supposed to leave for Ethiopia yesterday

via Frankfurt. We is Chris and myself. Chris is an RN, son of missionaries in Thailand ( *a missionary kid*). He had been considering going to seminary but quit his plans and nursing job to go to Ethiopia.

The Ethiopian government has not given its consulate here in New York the go-ahead for our visas, however . There may be a delay of a few more days.

Yesterday, Church World Service had a ceremony for Chris and me—a supportive *initiation* in which they acclaimed us, prayed for us, thanked us for going for them and told us they were behind us.

Also yesterday Chris and I received our medical insurance and today were given travelers checks.

We also read a letter from the current Church World Service doctor in Ethiopia. He sees from 80-100 kids in intensive, then 140 kids in clinic and re-rounds in intensive. Then in the evening the staff plays *Trivial Pursuit*. All this is beyond comprehension! Only being there will tell.

In the meantime, Church World Service has put us up in a hotel on 47th St. near Times Square while we wait for visas.

MAY 25, 1985 SATURDAY  
NEW YORK

Yesterday we saw Church World Service films on Ethiopia and also received the visas. We should be leaving for Ethiopia tomorrow—finally. (Our destination and purpose seem at such contrast to the glitter and pornography of Times Square where our hotel is located!)

Day before yesterday one of the Church World Service nurses came home from Ethiopia quite sick with *relapsing fever* (louse or tick-borne spirochetal disease) . She was admitted immediately to Albert Einstein and hopefully will recover on Tetracycline. Chris called her in the hospital but she was too ill to talk much. She did tell him they thought some of the malaria in Ethiopia may be resistant to Chloroquin (which we have been taking dutifully in preparation for our sojourn there. It may be we should take Pyrimethamine as well) .

We seem to be unable to find out what if any medications the team in Ethiopia has. The nurse was too sick to tell us much. The Church World Service doctor here has given me a bottle of Tetracycline 250 mg. at my request in case other staff members also appear to have relapsing fever.

I took five mls. gamma globulin by injection yesterday as prophylaxis against hepatitis A as recommended with no apparent ill effect. Supposedly this will protect me for five months.

MAY 26, 1985 SUNDAY  
NEW YORK

This morning I took the M104 bus up 8th Avenue and Broadway to St. John the Divine cathedral.

The priest gave a tremendous sermon on Pentecost and baptismal vows. He made the point that all peoples have known God and named Him and that He is always there for individuals. What is unique about Christianity is its emphasis on brotherly love. It's God, you, and I, not just God and I. Christ "got in trouble" by extending God's love to Samaritans,

Romans, outcasts—to everyone. Being a Christian is loving all our neighbors and being there for all in God's love as Christ was, and is.

New York has been an experience: Street people asleep on theater steps, pornography marquees on Broadway, a man changing his pants on the subway leaving himself naked on the seat in rush hour with no one paying any significant notice (school girls included). From all this sadness to the sublime of St. John the Divine and the rush of the Spirit, and the joy of being sent to service in Ethiopia. I am so grateful to be able to go, to be able to walk—at moments my weak left leg feels much weaker these days—to be able to go while I still can.

This evening we were driven to the airport by the head of the Africa office at Church World Service who told us we would be met in Addis Ababa by someone from the Ethiopian organization to which we were *seconded*, Christian Relief and Development Association (CRDA) .

At 7:50 PM our TW A flight took off on the first leg of our journey, New York to Frankfurt.

MAY 28, 1985 TUESDAY

We arrived at Frankfurt yesterday without problem. Spent the day in the Canadian Pacific Hotel where Church World Service had arranged for us to have day rooms. Mostly I slept.

Now on the final leg of the journey, it seems we've been flying

forever on Ethiopian Airlines, Frankfurt to Rome to Addis. The food portions have been huge; two dinners and a full breakfast.

A lady who got on in Frankfurt seems to know everyone on the plane. Says she lives in Addis, “unfortunately”. Says they are “watched”. She was cautious about talking for fear of being overheard on the plane. When we said we were going to a feeding camp she said she was sorry for Us. Quietly she said that what we were doing was well-intentioned but “not wanted” ( ? by government.)

Now we have dozed and dreamed, suspended in twilight for hours. Below is a sparkling white mist with brown mountains peaking through. We are almost there.

LATER:

We looked down through the dawn to see mountains, then green terraced fields, trees, and Addis Ababa, a city of low-lying buildings, hills and eucalyptus trees, elevation approximately 8000 feet. Hills of larger magnitude could be seen beyond. Everything looked green.

On our calendar this is spring, but Ethiopia uses a Julian calendar which gives them *thirteen months of sunshine* and the year starts in the equivalent of our September, after the rainy season. Moreover on their calendar it is actually eight years earlier: 1977. (We are now eight years younger.) Hours are counted from dawn, not midnight.

What season this is I don't know. (Later I heard people referring to the rainy season as winter.)

As we descended the airplane steps the morning air was cool, sunshine bright. I was pleasantly surprised to note there were no armed soldiers in the airport as I have seen in other countries. "Welcome" was written in five languages across the airport terminal. Everyone was smiling and cheerful and the passport officer wished us "Good morning" and asked us about our flight in the nicest manner.

We were met by a lovely gentleman with a CRDA sign, formal hat on his head, smile on his face. He helped us through customs where they noted my tape recorder, transistor radio and amount of currency. Then he took us to our hotel.

The morning air was fresh and lovely as we drove past eucalyptus trees and pedestrians walking along the road. Women and men were on the streets in fairly equal numbers. Some women were wearing a national dress which is white with a colored stripe. I believe it is called a *shama*. Sometimes they covered their heads but not their faces. Men wore more western clothes, although the poorer people were covered with combinations of brown tattered cloth.

As one enters Addis there is a very large sign with red letters above the road which says in English "Long Live Proletariat Internationalism". The back side of the sign says something in Amharic. Then one passes into the large Revolution Square where the May Day celebration was recently held. A drawing of Marx, Engels and Lenin is in the Square and is displayed in public buildings as well, along with a picture of Chairman Mengistu who is also prominently

portrayed in the Square.

At the Hotel Ethiopia we were given rooms with a good shower . and telephone. We rested briefly, then got up to go to the bank. Ragamuffin children followed us to sell crafts or beg.

The bank was closed for lunch, so we returned to the hotel. I asked the desk clerk if we could charge lunch to our rooms since we had no Ethiopian money ( *birr*) but before I received an answer two young women intervened, introducing themselves as Eileen and Terri, nurses from the Church World Service feeding camp.

We lunched together and attempted to get acquainted. Then Eileen drove us to Christian Relief and Development Association (CRDA) , handling the Land Rover like a veteran. At CRDA we met several CRDA employees, then returned to the hotel where Eileen arranged a taxi ride to the market for Chris and me.

The taxi driver spoke a little English. The ride was through streets of pedestrians and one story shops and houses, very much as seen in Egypt or Pakistan. There were donkeys, goats and cattle in the road. The market displayed clothes and heavy, coarse carpets of brown wool in various shades and designs, thick with the smell of sheep. There were also shop after shop of men hunched over sewing machines apparently waiting for business (? tailors) .

Most people were clothed in browns and grays in local or western clothing. The poor were barefoot and in tatters. People smiled frequently and seemed friendly. Our white faces attracted beggars but no one stared like the men in Peshawer, Pakistan had stared at me. (The face of a woman, especially white, was rarely seen in strongly Muslim Peshawer,



but women here are numerous and don't cover their faces, and even whites are probably not 30 unusual.)

We had been told hungry people had come to Addis but for the most part these looked fairly well off; in many ways Addis could be compared to other cities in the developing world.

On the way back to the hotel, we passed the main hospital (Black Lion) in front of which was a large monument capped with a red star. I had been told it was all right to take pictures except of military installations, but when I asked the cab driver if I could photograph the hospital he said "No."

Tomorrow we will get international driver's licenses; then Eileen will take us to Geweha (pronounced *Joha*), site of the Church World Service-supported feeding center. There are apparently lots of oral medications available there and a busy clinic. Also the *Little Rains* have come and helped (greening the hills) and people are returning from Sudan. It may be the kids we treat will really have a chance now.

I am feeling fine, only a bit weary. I am delighted to be here and can't wait to get to work. I've always loved tropical medicine and this should be a challenge.

MAY 29, 1985 WEDNESDAY

At 9:00 AM, a CRDA employee took us to get our international driver's licenses but we didn't succeed because of red tape. (On the way to the license

bureau we were told it is illegal to cut firewood but on both sides of the road donkeys were loaded down with huge piles of eucalyptus apparently on the way to market.)

We then went to the Ministry of Foreign Affairs to do another errand which apparently also got blocked by red tape. Then we stopped at a shop full of oranges, mangos, zucchini, okra, cabbage, carrots, and other familiar foods. On the shelf were canned green beans from Bulgaria and lots of powdered milk including Nestle baby formula. (I thought Nestle had stopped marketing this controversial product in developing countries, but maybe the company just stopped advertising.) We then got back in the car which was surrounded by beggars including a leper with destroyed fingers and went back to the Ministry of Foreign Affairs where the errand was successful this time.

Back at the hotel, we checked out only to find Eileen was unable to take us to Geweha till she picked up some measles vaccine. This started an afternoon of more red tape and frustration. When all was over, we never made it to Geweha, but ended up in the Addis Ababa Hilton, tired and with little accomplished.

MAY 30, 1985 THURSDAY

This morning at approximately 6:30 we got into the Land Rover with 400 doses of measles vaccine, shovels, mattresses, supplies, and suitcases and began the 240 kilometer trek to our feeding center.

We left Addis (about 8000 feet) and wound through green,



*Geweha, a line of brown mud houses and huts by a nearly dry river in a wide valley*



*Individual walk-in tents (most of which were green). This is living quarters for the Church World Service team.*

hilly countryside to a mountainous area of 12,000 feet where we passed through *Mussolini Tunnel*. (Apparently the road was built by Italians during World War II.) Monkeys or baboons live over the tunnel and reportedly throw rocks at cars; today, however, they weren't visible.

On the other side of the tunnel the road descended dramatically until we reached a warm plain (elevation 5000 feet), which was less green but still pretty, bordered by hills and mountains.

Shortly, around 11:00 AM, we pulled into Geweha, a line of brown mud houses and huts by a nearly-dry river in a wide valley. Mountains could be seen in the distance.

A long stone's throw above the town was a small green and blue Ethiopian Orthodox church next to a fenced encampment where there were nine individual walk-in tents (most of which were green), a very large khaki *Mash-type* storage and *living room* tent and a large dirt-floor kitchen with white plastic tarp walls attached to wooden poles. This is living quarters for the Church World Service team.

(Meals and laundry are done by Ethiopian employees. At this time there are forty to fifty paid Ethiopian employees, reportedly members of the *Workers' Party*, involved in the feeding center in some capacity.)

Before we drove to the camp, we stopped at the feeding center on the dirt road below.

Those first moments were mind-boggling!

As the overloaded Land Rover pulled into the

*The front gate of the feeding center compound.*



*“They say Ethiopia is the place  
where the smile is at home. . .  
A few were very thin, but some  
looked good.”*



*Ali Mussa, a teenager of the  
Aromo Tribe.*

fenced feeding center compound, delighted children and women called out to Eileen and ran to meet us with the broad smiles seen on so many faces in Ethiopia. (They say Ethiopia is the place where the smile is at home; I'm beginning to see why.) The children grabbed our hands, staying with us, hugging close. A few were very thin but some looked good.

This was the day for the Afar tribe (Muslim nomads) to receive supplemental food at the center. Their women are slim and barebreasted with deep black skin and beads around their necks. The bright beads against their dark skin accentuated their beauty. Being in their midst was like stepping into a page of *National Geographic*.

A painfully-thin Afar child, named Halima, maybe six years old, stayed close to me till a laughing woman named Asa, apparently her mother, discovered her clinging to me and fetched her away.

The Church World Service doctor, Bill, then took me aside and introduced me to a boy from the Aromo tribe, Ali Mussa, a skeleton of an adolescent with festering lymph nodes in his neck and axillae believed to be tuberculosis.

Before long we got back into the Land Rover and were driven away from the *sensory overload* of the feeding center to the relative simplicity of the team living quarters. We moved into our tents and were fed a delicious, very ample lunch of spaghetti and fresh vegetables (zucchini, beets, potatoes, and something like chard) The water is from a well, filtered and iodinated, and tastes good.

In the afternoon I went back to the feeding

*“This feeding center has several areas: registration, supplemental feeding, day feeding, and an intensive shelter. There are three tribal groups here and three different languages: Amharic, Aromo and Afar!”*



*Young burn victim*

*Supplemental Feeding*





*Registration*



*Intensive*



*Weighing*



center and shadowed Dr. Bill.

It turns out many of the letters and communications from the team here were never received in New York. As a result, we had little information on the camp and also didn't bring supplies they had requested.

This feeding center has several areas: registration, supplemental feeding, day feeding and an intensive shelter, with the sickest on IV's and staying as long as necessary. The buildings are wooden poles covered with white plastic tarp with roofs of tarp or corrugated iron. Just a couple days ago a *dust devil* (twister) blew into the center, lifting the roof off the supplemental feeding building and flipping it over. Fortunately no one was hurt.

There are a huge number of donated medicines here (but no *PDR*— a book on medicines) and I'm sorry now I didn't bring my tropical medicine books.

The doctor sees about 80 people in intensive, then 140 in the clinic (general medical problems and not all malnourished), then goes back to intensive,, then to a diarrhea isolation area, called the *diarrhea clinic* on the edge of Geweha. Supposedly there is no cholera here, but probably there is.

All this is accomplished with the doctor accompanied by an English-speaking Amharic translator, named Daniel, who relays questions in Amharic to an Afar/Aromo translator who asks the tribesperson the questions. How's that for indirect communication!? (There are three tribal groups here and three different languages: Amharic, Aromo, and Afar!)



*Eileen with young patient*

Patients are examined very briefly and treated for fever, diarrhea, or other signs and symptoms according to the best educated guess. Diagnosis and medicines prescribed are recorded by the Amharic translator in a clinic book. In addition, two government health employees—a health assistant and a nurse—work in the clinic and see patients if the doctor is called away.

While clinic was going on today, in the next building the Afar children were receiving measles vaccine. They reportedly have been having an epidemic which has killed 100 kids.

The Afar parents and children are regal, often with beads on their bare chests and goat skins on their backs where they seat their kids.

The crowd smelled of unwashed flesh. The line was fairly orderly despite the crush of half-bare bodies and screaming children, mad at getting shots.

In the meantime, the clinic cleared out and I rounded briefly with the doctor in intensive where there are marasmic children. They are pitifully thin but getting better. There are reportedly fewer deaths now than before and somehow it is not as horrible as on TV. Things are much improved in recent months, I am told, and one is struck by the feeling that most people here and on the road are adequately fed. Aid from abroad has apparently made a dramatic difference. Maybe the weather has helped also.

Actually in the country many fields are green and plowed. There is question of enough seed, however, and I'm told the green is fading. Many animals apparently died earlier, but there are still some cattle and goats.

*“I rounded with the doctor in intensive where there are marasmic children. They are pitifully thin but getting better. There are reportedly fewer deaths now than before. Aid from abroad has apparently made a dramatic difference.”*



After rounds we went up the road about six miles to a camp called Bete where the government has tents for people with no place to go and a group of Canadian nurses and doctors also run a hospital in tents donated by Israel. This camp is different from ours in that it is a residential facility not a feeding center . We keep only the most malnourished or ill in our inpatient intensive whereas Bete houses homeless people and/or cares for general hospital patients.

It is now evening and I sit in my tent by candlelight (no electricity) with *We Are The World* being played on a recorder somewhere in our dark camp. I'm trying to remember what I thought this would be like. I had expected a parched, stark land and emaciated people with little medical equipment to help. Instead, I find a beautiful green land, although the green is fading, and smiling people, some skinny but certainly not all thanks apparently to international aid, and find myself asked to play medical best-guess for large numbers of patients with inadequate books and no lab. I find this latter prospect challenging but it causes chagrin not to have my tropical medicine texts.

Bill, the doctor, is leaving in a couple days and says on his way back through New York he will ask Church World Service to send medical books. However, that will take awhile, and I suppose in a few days I will have worked out a *modus operandi* for the most frequent medical problems.

Anyway we are well fed and well looked after; we will be busy

but the patients are lovely and their affection is heart-warming, and although I hadn't expected to have a general medical clinic I'm sure I'll adapt.

JUNE 1, 1985 SATURDAY

The Ethiopian date for today on the Julian calendar is the 24th day of Genbot, the ninth month of 1977. In the clinic all records, albeit minimal, are written in the Julian calendar (to add to the challenge!).

My last entry in this journal was day before yesterday. More has happened than I can remember, but here goes:

Thursday night, 5/30/85, was our first here in camp. My tent was roomy and cooled off nicely during the night. The temperature is 100-104 degrees Fahrenheit in the shade here during the day, but somehow it doesn't feel that hot, probably because it is dry.

My bed was a foam mattress on a cot and was very comfortable. Nonetheless, I had trouble sleeping. It seemed I tossed all night thinking how much of a *challenge* this was; the medical things I would have to do with inadequate books; how far we were from everything; and, believe it or not, how much the latrine distressed me!

As far as latrines go, it is beautiful with a wooden floor, corrugated iron door and hole in the floor (no seat). All that is fine, but the problem is that the hole to my eyes is huge; ie. big enough to



*The latrine: “twelve feet deep and a fall in there would be horrible for a variety of reasons!”*

fall in if not straddled properly. I found myself thinking I would ask if we couldn't put boards on the side of the hole so it wouldn't be so wide. (The pit is twelve feet deep and a fall in there would be horrible for a variety of reasons.) I suspected this wasn't a problem for the others because most of them are bigger than I and have stronger leg muscles.

In the night I couldn't seem to get my mind to quiet or my body to relax. The night before I hadn't slept much either. I guess this was jet lag, but in any case it was miserable because I needed sleep.

Outside the camp, dogs and hyenas were howling off and on. (The compound is fenced because hyenas and once a wild boar came into the camp.) The noise seemed to come in waves. The howling would cease then start again and crescendo; sometimes roosters joined in as well.

Then in the middle of the night I thought I heard townspeople wailing below. Geweha is a community of 200-300 families. I had been told that a Christian had been buried in their churchyard a couple days ago and that mourners might be coming up the hill to the churchyard cemetery adjacent to our camp early in the morning. Supposedly they would start wailing as soon as they reached the area. However, this mournful noise was far away in the distance and faded into the night.

At 3:00 AM, a gong sounded nine times at irregular intervals, apparently from the nearby church. The rest of the night was filled with drums and chanting but no wailing. I wondered if this were a Muslim prayer call but it came too early in the morning. (About two thirds of the people here are Muslims, but there is no mosque, just the Christian church.)





*The team at Geweha: L-R Mary, Eileen, Betty, Terri, Pam, Chris. Christian church in the background.*

I thought the night would never end. Finally about 6:00 AM the sun came up and I got out of bed.

Stepping out of my tent, I could see women dressed in white, kneeling or standing, kissing the southern wall of the green church. Betty (one of the Church World Service nurses) told me the men would be inside and the women kneeling by the wall because they were not always allowed in. Inside, the church was very plain, Betty said. She thought this must be a holy day since most days church gatherings didn't begin so early as 3:00 AM. The chanting and drums were still continuing when we left for the feeding center about 8:30.

I brought up my concern about the latrine and it seems it bothers everybody at first. Supposedly a visiting reporter took Lomotil for three days so he wouldn't have to use the latrine and used the bushes when necessary. (I forgot to mention that a rope hangs from the ceiling of the latrine which one can hold while straddling the hole. It was put there *just in case!*) Anyway the latrine seemed much less a problem to me in the light of day. Moreover in a couple weeks the body of the latrine is going to be moved and put over a new pit which is being dug. The new one will have a cement floor instead of wood and presumably a smaller hole so the problem, if it is one, will be solved for good.

I spent the day yesterday following Dr. Bill around. We saw mostly women and malnourished children in the intensive, tropical medicine cases in the feeding center clinic, and then patients with serious diarrhea in the town *diarrhea clinic* (tents).



*Ethiopians often cut their shildrens hair so that a rim or tuft is on the edge or middle.*

The Ethiopian health assistant who cares for the diarrhea patients during the day had been sick the day before and as a result none of the patients had had IV'S. It was thought they had been drinking water all right. However f one died during the night—hence the wailing I had heard. Later in the day a grave was being dug in the church yard. This time in diarrhea clinic we started IV's on everybody using huge syringe needles and saving smaller scalp vein needles for the babies in intensive.

The diarrhea patients were all adults except one. The tents were hot and putrid with strong odor of sick, dirty humans. Apparently these poor, seriously-ill people try to roll under the tent flaps to have their profuse diarrhea outside if possible. Believe me, no one reading this has ever seen anything like this. I was grateful I didn't have to be sick in those awful tents.

Back in the feeding center the stream of tropical medicine clinic patients (Aromo tribe mostly) continued. The Aromo women wear clothes that cover their chests but often have their babies on the breast. (No one wears bras here. Even professional dancers we saw in the Addis Hilton on our arrival had no bras, although they were covered.)

The Aromo often cut their children's hair so that only a rim or tuft is on the edge or middle. This may be to help with head lice. I've been told the Afar are more conscious of cleanliness (also wear fewer clothes) than the Aromo. In any case the odor among these sick, hungry, unwashed humans is as strong or stronger than anything I have ever experienced.



*Faffa*

Life is plain and simply hard for these people. Many wear only a rag and their only water is apparently from the muddy river. Often they beg for clothes and Chris, our nurse, has had people grab his feet and beg for food. I understand this Used to happen all the time and now that the mountains are drying up again—the green is fading—it may become prevalent again.

One of our districts (kabeles) apparently didn't get its grain allotment last month. (Donated grain is distributed by the Ethiopian government.) This group has to walk six to eight hours to get here and there is some concern about whether grain will be available this time either. Apparently the grain is stuck in a warehouse not far from here but there is no truck to move it. This kabele is expected to be very hungry and we are trying to get a truck to help solve the problem.

There has been no grain in Geweha for awhile. What is being distributed is a corn-soy-milk mixture in its place. The Ethiopian government distributes the general grain ration—wheat—to the people; the function of our feeding center is to give supplemental food, usually faffa—a mixture of corn, soy, milk, pea flour, sugar and vitamins—and high protein biscuits and butter oil to underweight children, not to feed the whole family or distribute grain.

The clinic was full of people with symptoms of malaria or diarrhea. We gave out lots of Chloroquin for malaria and Bactrim for presumed Shigella (bacterial diarrhea) It is questionable how effective Bactrim is, however.

We went back to diarrhea clinic (tents) later in the day . All the diarrhea patients looked better after their IV's. The one child was marasmic and we suggested she come to intensive when diarrhea was gone.

In the evening we went down the road to Bete (the Canadian camp) for dinner in honor of Dr. Bill who is leaving soon. The Canadians apparently have two doctors and several nurses for their tent hospital. Their patients come from our clinic or government clinics or their residential camp.

I was so sleepy during dinner I could barely keep my eyes open but was amused when one of the slim Canadian nurses spontaneously brought up the hazards of our latrine, expressing all my concerns. (Actually I think I have figured out how to use it without frightening myself. It really is safe enough.)

The latrine door and I had a run-in yesterday, however . As I pulled it shut behind me it gashed my right heel. I had my shoes on but it caught anyway. It was a small cut and bled beautifully so I figured it was clean and ignored it. As we worked all day, I didn't feel it but by evening it was hurting and today as the day progressed it was obvious I had a cellulitis of my right foot extending around to my lateral ankle. I have taken two grams of Velosef (antibiotic) today and kept the foot up.

I didn't work today. Actually Eileen took Chris and me north (still in Shewa province) to see the Danish feeding camp at Sinbete,

then to Save the Children in Ataye, then the Dutch feeding center nearby which is built in a hollow where it must be flooded when it rains, then to the Irish camp in Karakela where we met four Irish nurses and helped deliver a baby in an eclamptic woman. (She had had a seizure while in labor outside in the road before they brought her inside.) The baby was healthy and the whole adventure very enjoyable.

Later, back at camp, I propped my leg up and rested. We had a special dinner for Dr. Bill tonight complete with fried spam, his favorite.

(We had chicken for lunch today . We eat very well here. Good bland food, lots of fruits and vegetables, clean water.)

JUNE 2, 1985 SUNDAY

This morning the church started its gongs, drums and chants about dawn as it had yesterday. My foot still hurts to walk, but is much less red and swollen and should heal fine. I'm sleeping well now and anticipate being able to work tomorrow or the next day. Bill will probably leave today and hopes to get on an RAF (British Royal Air Force) food-drop flight tomorrow and may fly over our camp.

Yesterday, an RAF pilot who knows Eileen made four passes over our tents in the RAF Hercules transport plane to wave at us. He seemed only a few yards above the treetops. (I wonder what the people think? Planes are never seen around here.)

A point of interest: About two thirds of these people are Muslim and this is their month of Ramadan.





*An RAF pilot who knows Eileen made four passes over our tents to wake us. I wonder what people think? Planes are never seen around here.*

They fast from dawn to dusk—no food, water or medicine. Many of them are getting quite thin. They do eat at night, however, if they have any food.

We have one armed guard for our camp every eight hours. They have muskets (? Italian) and one has an Afar knife although he is an Aromo. Last night we had champagne in Bill's honor and the cork flew off with a loud bang. Hedair, the guard, jumped up with his musket to protect us, no doubt thinking it was a shot - It was difficult without common language or culture to explain it was only the cork from a bottle.

Actually, I don't know why these guards are here. They used to shoot hyenas that came into camp but now the fence keeps animals out. Nonetheless, we are well protected.

I like our campsite better than all the others we saw on our tour of CRDA camps. We have a lovely view from our hill above the feeding center, and can sit quietly in the warm evenings far from everything.

JUNE 3, 1985 MONDAY

Sunday finished uneventfully. I spent the day with my healing foot propped up. Bill left to sad good-bys around 3:00 PM after receiving a basket, Afar knife and shama (drape) from Abdullah, one of the clinic translators.

Around 5:00 PM, two Irish nurses from Karakela feeding center stopped to visit. The lady whose baby was delivered yesterday required

three ampules of Ergotrate before she stopped bleeding.

This morning my foot was better but not quite perfect. With Chris' help, I moved my things to Bill's old tent which will now be mine. Then I was driven to the feeding center so I wouldn't have to walk and tried to get a better feel for what goes on in intensive. There are many thin, miserable children there, many febrile, some needing IV's, many needing antimalarial or antibiotics.

It was my intention to sit with my foot propped up, but that turned out to be difficult. I was soon escorted to the clinic (basically a walk-in tropical medicine clinic) where over the day we saw more than 130 people. Some were seen by the Ethiopian nurse and also Eileen helped out.

Many patients complained of fever and chills and without a thermometer I would say there were more kids there with 104 degree temperatures than I'd seen in my whole family medicine training. Frequently they also had palpable spleens. Many patients had bloody diarrhea, vomiting; others had draining lymph nodes (probably tuberculosis) or skin abscesses.

Fortunately, Bill had brought (and left) scalpels, needle holders, Lidocaine, sutures and some medical books and papers. Between making educated guesses at Chloroquin and Bactrim doses, I sutured a wound, drained an abscess and hobbled around with Bill's left-behind moccasin on my foot to keep the circulation good.

I didn't know where things were and often wished for soap and water, and even a rag to clean up the blood and pus during the abscess drainage.

The little things in life make such a difference!

It turned out to be easier to suture without the clinic's big plastic cut-out gloves that allowed more gunk inside than they kept out and just got in the way. Fortunately, my skin is in good condition and I had my hepatitis B immunization.

The procedures were far from sterile, but I did the best I could. I guess that's what bush medicine is all about. It is all so imprecise. The medicines for bloody diarrhea, for example, may or may not be effective and may or may not cause serious problems. At home, it is imperative to be certain of diagnosis, hence many tests before treatment. Here there is no such option and bloody diarrhea can be serious. One can only say a prayer and give out the medicines. God willing, the people survive and get better.

Good news today. Save the Children responded to Eileen's efforts and will send trucks to deliver grain to our area today. When Zembo Kabele comes this week, they will at least be given grain.

Work *finished* at about 6:00 PM. Eileen took care of the diarrhea clinic (inpatient tents) . Maybe if my foot continues to heal, I can do it tomorrow. My foot is getting better despite working today and I expect it will be nearly normal tomorrow.

I am writing this by candlelight in my new tent home. My new bed is a wooden frame with a thin mattress. The night is cool and the moon full and gorgeous over the hills. Our view here is magnificent! It's wonderful being in the country.

Our meals today were oatmeal, powdered milk and canned apricots; rice and vegetables; macaroni with soup flavoring and watermelon. All in all the food is ample. I'm in good health and my stomach has been great despite all the antibiotics and antimalarial. I don't even have a cold.

I'm beginning to adjust and settle in. I wonder how all this will seem in a month or two. Already I find it hard to remember life in the USA and how I usually make a living. What I'm doing here is so different.

I miss everybody at home. It would be fun to share this adventure with the people I love and everyone is so far away. I'm hoping letters will get through. New friends and adventures can never replace the warmth of established relationships.

JUNE 5, 1985 WEDNESDAY

Despite my optimistic words, I didn't feel so great Monday night and yesterday morning was dizzy and queasy. My foot looked better so I stopped the antibiotic. (It may have been making me sick.) I sat the morning out at camp while the nurses did what they could at the feeding center.

I joined them there in the afternoon. The people thronged around us, apparently begging for food and help.

In clinic things were fairly well organized. We finished around 5:30, about 130 patients having been seen during the day.

Afterwards I was given a tour of the whole feeding center .

The people come by districts (kabeles), one or two districts a day. They are registered, which means the children are weighed and measured, then, if underweight, triaged to supplemental feeding where they are given supplemental food. If they are sick they are sent to clinic or if severely ill or underweight to intensive. Intensive is full of children, some with IV's or feeding tubes. We have no real facility for sick adults.

Yesterday, as a point in fact, we had a starving old lady who was vomiting whom we transported to Bete for admission to the hospital there. Chris drove me to Bete with the patient and her family. While there, the Canadians told us one of their doctors was so sick with chicken pox he was transferred to Addis, and on the way back there was an auto accident. We never quite got the rest of the story.

As we left Bete we picked up a fellow needing to go to Geweha. Then about a mile out of Bete in the dark, we came around a curve and may have hit a pothole. It was one of the few times in my life I have been a passenger without using a seat belt. The jeep left the road and went up the side of an embankment.

Chris, who had been driving, scrambled out of the vehicle. We were perched on the side of a hill. The right side of my head hurt and I didn't feel like moving my right arm, but I never lost consciousness. I just felt tired and didn't want to move.

Chris wanted to get me out of the jeep. I crawled up into the driver's seat from where he

pulled me out and carried me up the side of the hill and put me down. Then he went to get our passenger from the back. Fortunately the jeep never tipped over.

I lay there in the night, still and comfortable (stunned, I guess) listening to Chris praying aloud somewhere near the jeep. In the distance, a truck could be heard (a miracle!). It stopped.

Someone brought me to a half-standing position, then Chris picked me up and carried me safely by the precariously-tilted jeep.

Someone lifted me into the carriage of the truck. I started to vomit. Our Ethiopian passenger was apparently all right. They squeezed him in next to me in the front seat of the truck and he put his arm around me in the night as I vomited over his feet. With my stomach empty, I leaned against him and felt pleasantly all right.

We arrived at Geweha. Someone picked me up and carried me to a cot in the supply tent (where we eat). There was blood on my clothes apparently from the Ethiopian who must have had a bloody nose.

I knew I was all right. I became very talkative; told my nursing friends to prop up my feet. A Canadian nurse arrived and started asking questions. I guess the medical words I used to explain my condition were either unintelligible or not nursing words.

The Canadian doctor arrived and examined me. She decided I was all right. The right side of my head was sore but I had no headache. I had an occasional pain in my right ear but the doctor said it was okay. My right triceps was sore; but most painful was my sternum when I moved, but strangely,

not to touch costochondral junction. I noted with amusement that I was talking a lot and probably repeating myself.

My friends draped a mosquito net over me and Chris set up a cot nearby from where he could look after me all night.

This morning I am sore across my sternum and tired, but don't have a headache, although my skull is sore. My arms and legs are fine.

The jeep apparently wasn't badly damaged. The Ethiopian has a sore leg. He spent the night with us and is still here. I am lying under our big tent, listening to a Willie Nelson tape, and wondering at life. We were very fortunate. That's the last time I forget my seat belt.

Things always work out for the best, however. I needed another day of rest to settle my stomach anyway.

JUNE 6, 1985 THURSDAY

I slept off and on yesterday and most of the night and, this morning, although stiff, decided it was time to get to work. I had been queasy and dizzy before the accident, and experienced more of the same this morning.

I worked with the 125 or more clinic patients today and also in intensive and managed to eat a good breakfast, even lunch with some gusto. For supper, however, our cooks made *pizza* so full of pepper that I retreated to peanut butter and biscuits ( *emergency biscuits*--high protein, high calorie



crackers that we give people in the feeding center).

I'm looking forward to feeling *normal*; ie, no queasy stomach. I think I'm finally on my way. My foot is healed and head and sternum sore but all right. It's been a crazy beginning, but the medical part even felt like old hat today.

We see so many febrile ( *feverish*) kids with malaria or bloody diarrhea! Some are grotesquely malnourished, others just sick. Also have a twenty-year-old coughing up gobs of blood (probably TB). It's certainly different from the USA.

Tomorrow Zembo Kabele comes. The food shipment has apparently been held up by red tape; only the thinnest kids will get supplemental food.

The politics and red tape are hard to understand. We are on a good road here. Farther north starvation is apparently quite severe. I hope the politics is better there, but I doubt it. The fat cats of the world have different agendas than starving peasants.

Mail from the US came today and I was thrilled. Mail is hand-carried from Addis via CRDA whenever someone comes our way which is not always so often. It happened one of the nurses arrived from Addis today . The last mail sent from here went with Bill, the departing doctor, who will mail it in the US.

JUNE 7, 1985 FRIDAY

Today we saw about 160 people in clinic.

Most of these encounters are cross-table consultation about symptoms with brief physical exam. Chills and fever are usually treated as malaria and bloody diarrhea as shigella or amoebas depending on the history. I also syringed flies out of the ears of two kids.

In intensive our TB patient is better but we have a tiny kid who is probably going to die of malnutrition and fever of unknown origin.

One psychotic mother had a lovely baby . The nurses were going to give it to another mother for protection today, but too late! The mother had killed her child! The mother 's brothers are here now , protecting an older child.

This eve I walked into the adjacent churchyard. It is perched on the same hill as our camp overlooking Geweha and the valley . Four ranges of hills (mountains) can be seen in the distance. Down in the valley, cows were being driven home and nearby drums and wailing could be heard. Someone else had died in Bete; maybe the drums were for them.

The church is green with a blue turret and something like a wind chime hanging beneath the stylized cross on top. The shutters and door are grey . The shutters look painted on. All together the church looks like something out of Van Gogh.

There are new graves (mounds) with one stone marking each in the churchyard. There are always more graves these days, but I doubt life expectancy was ever very long.

Today was probably my best day yet physically. My stomach finally has settled.



*Emetu, a four kilogram  
two year old.*

There's nothing like good health!

JUNE 8, 1985 SATURDAY

We awoke this morning to sounds of drums, gunfire and voices and later found out there was a parade from one end of Geweha to the other with shooting of guns to drive away evil spirits. I have been told these people, Muslim and Christian alike, believe the famine and death are punishment for they know not what.

Apparently two more Christians died today as there were two funerals this afternoon in the churchyard. The nurses say the deaths seem to be increasing although the food situation may be better.

Down in the feeding center, one or two seem to die most days. Right now we have a four kilogram child named Emetu, probably two or three years old, with *pneumonia* who has been on a series of medicines. It doesn't look good. I may treat her for TB if she survives the night, but most likely she will die of malnutrition/disease.

Our twenty year old TB patient in intensive seems better.

Another 150 people, mostly febrile kids—some fat and beautiful incidentally—passed through clinic today. Many have otitis (ear infection) and flies nest in their ears (lovely!) A lot of ears need syringing. Also we frequently see skin abscesses. Soap and water are invaluable, but scarce.



*Intensive*



*Pam and Daniel leaving intensive clinic.*

The air temperature was 102 degrees Fahrenheit today and dry, but I'm not as bothered by it as the others. I'm still stiff from the jeep accident but feeling well for which I'm grateful. Am hoping to go for a walk tomorrow. We have Sunday *off*. One nurse covers intensive and one, diarrhea clinic. The feeding center clinic is closed on Sunday.

The stars here are beautiful. The southern cross is on one side and big dipper on the other. I saw a star fall tonight. It reminded me of the times I've seen stars fall elsewhere and always asked to be somewhere like this. Well, here I am, feeling well and adjusting and beginning to enjoy this.

I hope what we do in clinic is useful to the people. It's strange throwing medicines at symptoms but, God willing, it helps most of them. I'm glad to try to help, at least.

Incidentally I really like the Ethiopian staff who work with me in clinic: In particular two young Amhara men, one a nurse, another my translator, Daniel, and a wonderful warm smiling Aromo named Abdullah who speaks no English but translates Aromo and Afar into Amharic for Daniel. It's heartwarming how much spirit can be communicated without language. These people are special!

As usual I'm drawing the conclusion that the only thing that matters in life is expressed affection—through smiling eyes or touch. Intellectual reasoning pales next to warmth. Fortunately, warmth can be expressed without

language. These people shake hands with great feeling and greet us each time they see us as if we are long-lost friends. It is a privilege!

JUNE 9, 1985 SUNDAY

This morning there was another funeral at the church adjacent to camp. A long procession of people came across the valley and up the hill. The body was on a stretcher and covered. They brought it to the outside of the church on the side at which the women usually kneel. The women beat their chests and wailed, then retreated to the shade while the priest and men chanted, shook rattles, and danced slowly around the body to the beat of large drums. In the graveyard the diggers prepared the hole with a long pole with metal on the end (apparently there is much rock beneath the soil). Then they brought a donkey with water bags to make mud. I am told they place chopped wood in the bottom of the hole, seal it with mud, place the body on it, cover the body with wood, seal this with mud, then fill the hole with dirt leaving a mound. It took at least an hour after which the women danced at the graveside and beat their chests and wailed and then the priest spoke to the congregation (all outside).

In the churchyard trees there were beautiful blue and smaller green birds. This place is gorgeous. I'm hoping to take some walks this week and explore the hillsides.

We spent the day writing letters and being lazy in the 105 degree heat.

Later,, we had a visit from a Dutch doctor and nurse. One of their team members was just sent back to Holland with hepatitis. After awhile three Canadians stopped by to visit as well.

Tonight we had a going-back-to-USA party for Betty, one of our nurses who has been here six months. Her quiet sense of humor will be missed.

JUNE 10, 1985 MONDAY  
(3/10/77 on Ethiopian calendar)

This morning Eileen met with the local head of the Ethiopian Relief and Rehabilitation Commission and Kabele chairman about why the grain isn't getting to the people as promised. RRC doesn't always seem very helpful from our point of view.

We saw 185 people in clinic today! You can imagine how in-depth this care is! I hope we do more good than harm.

These febrile kids are very good. They rarely cry. One of the reasons is that most are breast feeding at the time of exam. It's interesting to watch these kids paw and 'knead those breasts without the slightest discomfort on the part of the mothers. They flop their breasts in and out of their dresses without any concern and I'm sure they wouldn't mind if we helped the kids pull their breasts out to quiet them down. The Aromos and Amharas wear loose dresses (no bras) and the Afars are naked the waist up, so breast feeding is easy.





*Sunset from a hill behind our camp. The beauty of this country is breathtaking.*

The event of the day in clinic was that I put Vitamin A in the mouth of a Muslim. This caused amused consternation since it is Ramadan and she was fasting. I suggested God would forgive her since it was my mistake. Muslims neither eat, drink, or take medication sunrise to sunset during Ramadan. They are not getting fat, believe me!

This Vitamin A comes in capsules like jelly beans which contain oil that we squeeze into the mouth. Since we prescribe this for eye problems often simultaneously with eye ointment I wonder how many of these people go home and squeeze the Vitamin A oil into their eyes instead (where it will do no good and may do harm!) The mysteries of medicine ...

Tonight I walked to a hill behind our camp and watched the sun go down. An Aromo village of thatched huts was visible on another hill and in yet another direction was a trail with people walking into the wilderness.

The beauty of this country is breathtaking!

JUNE 12, 1985 WEDNESDAY

I missed my walk tonight due to a busy day. I started the morning by taking the jeep down to diarrhea clinic where I had no translator at first. Then one of the employees came and drove me to the feeding center.

The most interesting cases in clinic today:

1) A two-week-old who hasn't sucked for a week. (Unclear why). The kid was bradycardic,

dehydrated, and had thrush. We tried an intraperitoneal IV, but ultimately the fluid leaked back out. Eventually I put down a nasogastric tube and the mother expressed her breast milk. We are giving it to the baby through the tube since he is too weak to suck. I'll bet the kid weighs two kilograms at most.

2) A one-year-old with possible molluscum contagiosum (discrete pearly nodules) on his face.

3) An eight-year-old with partly-blistered raised areas on her face only-- ? spider *urine* or bite as suggested by my translator.

4) An eight-year-old with inspiratory stridor and a red throat plus blood in her throat because her father had cut off her uvula (a practice in Kenya, too, I hear) . The kid was a wonderful sport, despite it all.

5) An infant Afar girl in for fever (nothing unusual) but whose vulva I examined at the suggestion of my translator and clinic workers (non-Afars) . Afars supposedly *circumcise* their girls (I wasn't sure I could see any clitoris) but, most amazing, they reportedly cut the vulva on both sides, then paste the labia majora together so that they grow together over the vagina. (Indeed the labia appear *sewn up*.) Their husbands must use a knife to undo this *chastity belt*. I guess they must *marry* young because with the labia covering the vaginal opening, the menses could be a disaster . The Afars do have babies, however!

The Afars, despite this difficult-to-imagine practice, seem to be warm, affectionate people.

Both men and women sometimes kiss our hands in greeting and appreciation (others occasionally do this as well) and they seem to treat their children and each other with quiet dignity.

This apparent affection is much nicer than having one's feet grabbed by people begging for food or help. (Occasionally Afars will do this also, however.) Of all methods to get our attention, I find such behavior the hardest to deal with.

There are so many desperate people. Often we can't understand what they are saying (unless our translators are at our elbows) and we can't give extra food and clothes to everyone. In registration some registrants have recirculated the thinnest babies under different names to get more food—ie. *cheating*. Others probably go to each *feranghi* (foreigner) pleading special circumstances. There are frequent requests in clinic although people are supposed to come there for medical reasons.

We try to give the food out equitably on a system: it is meant for underweight children. Special consideration is also given to pregnant and lactating women and significantly underweight adults. The program does not distribute general rations for everyone, however; the Ethiopian government is supposed to distribute the grain ration.

In clinic, we frequently do give extra biscuits (90 calories per wafer) and sometimes faffa if indicated. The underlying problem of so many is hunger.

At the end of the day Chris and I and my translator, Daniel, went back to diarrhea clinic where everyone was stable.

These patients stay overnight in the diarrhea clinic tents at the edge of Geweha. We said good night to Jamal and Aleo the diarrhea clinic guards and went up to our living quarters.

Terri, one of our nurses, is sick. It seems someone always is. She may treat herself for malaria tomorrow.

I've settled in finally and the days are flying by as they tend to do when you're in the groove. I'm getting used to throwing medications at symptoms and being an impulsive rather than compulsive doctor. (That's a total switch!) I can't imagine doing this for ever, however. Administrative public health or maternal-child health would feel more useful in the long run. Delivering babies in this world might be fun, too. All this is for some other year, however! For now, I'll be bush doctor and do the best I can.

JUNE 13, 1985 THURSDAY  
(6/10/77 on Ethiopian calendar)

This was another busy day. Daniel, my translator, estimated we saw 200 patients in clinic, mainly Afars. (I can't get over how beautiful these people are, slender with coal-black skin. They are very affectionate; it is hard not to become attached to them.)

A sad case today was an old, semi-conscious

woman apparently dying of starvation and dehydration. She was supposed to have had an IV started early in the day by one of the clinic employees; but for whatever reason, the IV never got done. It wasn't till the family was taking her away on a stretcher in late afternoon that I realized. The employee said he couldn't start it due to bad veins, so I tried. succeeded, but there was no blood return. Then I looked up and realized that at that very moment she had died. The family showed no emotion. I suppose they expected death, and perhaps she would have died anyway, but an IV in the morning just might have saved her.

Besides this event and other sick patients, there were more people in clinic today who simply wanted food. The crush of people begging food seems worse, yet many appear well-nourished. Some apparently try to outsmart the distribution system, substituting kids in registration, *losing* their cards. They may resort to such ploys, however, because the RRC (government) grain often isn't distributed on schedule. Many may have nothing to eat except the supplemental food meant for their underweight kids (which the whole family eats, I'm sure) .

These people are caught in an indefinite trap. Without rain, seed or animals (the Afars have reportedly lost many animals), I don't see a future. Rain may come, but the farmers need seed and the nomads and farmers alike need animals. It's difficult to see *progress*.

The tiny baby admitted yesterday looks great today.

His mother is expressing breast milk and feeding him via the nasogastric tube. Hopefully the baby will begin to nurse tomorrow .

I saw a man with a huge, hard, draining groin node today .  
He may have had lymphogranuloma venereum. Wish I had my books.

Eileen has been in Addis and didn't come back today.  
Maybe tomorrow.

Tonight a lovely brown praying mantis flew to my side in the candlelight, walked on my hand, then settled down on the statue given me in Florida of God's hand holding a child.

Praying mantises are very special to me and I haven't seen one since I was a kid. This one was small and brown and looked a little like a walking stick, but was definitely one of my friends. It made my day!

I must say for all the inherent problems, I'm enjoying this unique job. The people are lovely, I'm feeling well, and I even find myself singing, something I rarely do at home. On the other hand, I think of everyone I love at home and miss them. Aren't humans fickle?

JUNE 14, 1985 FRIDAY

The behavior of the Ethiopian clinic nurse and health assistant (both male) was distressing today. One slapped an old lady and the other kicked a child to chase him away .

We occasionally discuss the violent behavior of some male employees towards these poor desperate people. They apparently get reprimanded, but seem to regard physical violence towards their own as acceptable. (I haven't seen any mother treat her child with anything but concern, however.)

Eileen, who has been away in Addis, returned tonight and will see to it that the employees get a warning. We also need to work out a procedure for employees and -relatives of children in intensive to be seen in clinic without pushing ahead of outpatients already waiting. The clinic is new in the last three months and needs fine-tuning to work right.

We managed to finish work today by 4:00.

The little baby (two weeks old) in intensive is still not sucking and will need further nasogastric feeding.

Emetu—the two or three year old child who weighs about four kilograms is still febrile with rales and a rub (lung abnormalities) despite three different antibiotics. It is miraculous she's alive. She's always burning with fever. We will definitely have to treat her for TB. She can't go on like this much longer.

After work Chris, Mary, (nurses) and I walked into Geweha to the river with a crowd of kids, as always, holding our hands and singing E-I-E-I-O or Alleluia. (Someone must have taught them these songs.)

The river is only a stream in a huge riverbed but is relatively clean and flowing and a few people



were bathing. Swallows were flying on wind currents over the river—a beautiful sight!

Also beautiful was the teff being harvested at the river bank. Teff is a delicate green grass with fine grain from which is made enjera, a sourdough thin pancake. As far as I know it is grown only in Ethiopia.

We managed to say good-by to the kids and hiked back into the hills behind our camp. Up a trail we met a regal Afar woman, baby on her back, blank expression on her face, and no response to our greeting. It was as if she had a long hot walk ahead and had nothing to say to these *feranghis* (foreigners—oddly, the same word used in India for foreigners, I think).

Later we walked near a settlement of thatched huts. Children streamed down the hill, yelling “Sister, Sister” which they call all of us, male or female, and grabbed our hands. They appeared to be Aromo or Amhara except one very black child about five with Afar beads around his neck and no clothes except a rather nice pair of sandals. He and his friends stayed with us until we reached our camp’s gate. We were greeted there by a bunch of well-dressed kids who seemed to be coming home from school, waving their papers. They all said good-by to us at the gate.

As I mentioned above, Eileen returned from Addis tonight, Land Rover full of provisions and medicines including Chloroquin which was running low. (We go through large quantities of medicine every day, mostly Chloroquin and antibiotics.)

It’s good to have Eileen back.

JUNE 15, 1985 SATURDAY

I took diarrhea clinic call today and started two IV's there this morning. When I got back to the feeding center, there was a woman in labor. We transported her to Bete since our clinic is not clean enough for labor and delivery if avoidable. Strangely enough, I saw three other pregnant women in clinic today, two of whom were bleeding, one at three months, the other at seven. There was little I could do. How do you tell a woman she should lie down and rest when she just walked four to six hours to get here and has to walk home?

The two week old infant who wasn't sucking died last night. We also heard that the psychotic woman who had killed her baby had died at home (? suicide or murder). She hadn't looked physically ill.

I seem to have a cold today but feel great. Chris has had an awful cold all week and Terri is recovering from a febrile illness. Of course, we take care of desperately ill people all day, so it's not surprising. I'm just glad to have a happy stomach.

Eileen brought back bread and cucumbers from Addis yesterday and tonight we had wonderful tuna sandwiches for supper. Also fresh grapefruit. Bread is a treat and so is fresh fruit. We have a fair amount of vegetables, but much of our food is canned. The quantity is always more than generous--too much most of the time.

ABC is sending its national news team to visit us tomorrow.

JUNE 17, 1985 MONDAY

ABC national news (Karen Burns) came yesterday; four very nice folks. They were accompanied by a driver from CRDA and a government *minder* to keep watch on them, I guess.

The first thing they did was climb my favorite hill behind our camp to capture the sunset, then filmed us at dinner and today followed us (mostly Eileen) at work and interviewed Eileen. It was a little uncomfortable having the not-very-scientific medicine we practice being recorded for national TV. Sadly, a darling five year old boy whose case we discussed and filmed died two hours later of probable malaria. He had had seizures and was extremely anemic.

The poor father had recently lost his wife. He wailed morosely in intensive till the grave diggers carried away his son's little body.

While I was up at lunch later, I was told to bring some pain medicines down for an accident victim, but found on my arrival at the clinic that they were carrying the accident patient away, dead.

ABC finally left; Eileen had a meeting with the Ethiopian employees; and having returned to camp I went back to the feeding center late in the day to see a lady Chris and Mary had brought in from an outlying area with swollen eyes and the most massive case of head lice I had ever seen. Chris and I put

on gloves and cut off all hair on her head that her poor crusted scalp would allow, then had her shampoo and bathe, and boiled her clothes. Tomorrow we will try to shave her head. She is on antibiotics for her infected scalp and eyes which will hopefully heal. Her eyes are in bad shape.

Today we had a strange haze over our valley and tonight a dusty wind and then it began to rain. First a few drops, then a torrent, complete with lightning and a thunder clap. After a few moments it stopped, but we are hoping this is the beginning of the *Big Rains* without which this famine will never end.

JUNE 18, 1985 TUESDAY

Most notable clinic cases today were:

1) A child who had a bleeding eye from being kicked. The damage seemed to be posterior or retro-orbital. I put Tetracycline ointment on it and patched it. Heaven knows if it will be all right.

2) A woman with a groin mass and lymphedematous leg -- probable *Wuchereria bancrofti* (elephantiasis).

3) Two buttocks abscesses from injections given in Ethiopian clinics in last few days—likely from dirty needles.

Mary picked up three people who were too weak to walk and were living in our clinic and took them to Bete today .

Thank goodness Bete accepted them. We have no place for sick or homeless adults.

Chris is quite sick with his cold. Mine went away in two days. I'm lucky, I guess.

At the end of the afternoon I went with Eileen to Shah Robit, about fifteen kilometers south, where we put a sixteen year old boy in a hotel so he could take the bus to Desi tomorrow. From there he will go north over the next couple weeks where hopefully he will be reunited with his family in a camp called Mekele. It seems he was separated from them and befriended by one of our Ethiopian workers who rescued him from being beaten up. Originally it was thought he was deaf, but he was given a job in the feeding center and gradually began to talk. It was a changed boy, loved and clothed, money in his pocket, whom we dropped off today with best wishes that he find his family again. He was fighting tears as we left. A nice story...

Shah Robit is a one-street town of ramshackle adobes. The hotel we visited was made of mud with straw on a wood frame, walls stuccoed or painted, roof of corrugated iron. Doorways were small and crooked but there was electricity, a refrigerator and a shower. Children and chickens roamed everywhere.

Developing countries the world over seem to have so much in common. Except for the people, this could have been India or Egypt or Colombia or Bolivia. By comparison the US seems so compulsive, with exact lines of construction, neat matching colors and impeccable cleanliness ...



*Outside The Feeding Center, Geweha*

JUNE 19, 1985 WEDNESDAY

Ramadan ended yesterday . Thank goodness! it seemed to be making people sicker and thinner than necessary .

This is literally a feast day for Muslims, so our feeding center excused all Muslim employees and was essentially closed except for intensive. Daniel, my translator (a Christian), and I saw a few patients in clinic, organized the medicines, and then loaded up the Land Rover and went out with Eileen to Negesu, about a 45 minute drive up a dirt road. The surrounding countryside was carpeted with dry burnt-orange grass and occasional green trees and fields. We crossed a *river* (stream) to a lush area which is probably flooded during big rains. This was Negesu.

The old part of the settlement was a wooded dirt road bordered by thatched huts with dirt floors (and so dark inside I think I stepped on someone when we walked in to visit.)

We directed ourselves to the new settlement area which has rows of new huts and few trees. (In fact the area is strewn with recently-cut tree trunks and roots which made driving difficult.)

We set up a clinic under a huge spreading tree which had escaped the axe, laying our medicines out on a table. The town crier Must have gone out because we soon had a crush of people around us.

There were two Ethiopian health assistants with us and we started by trying to teach them a little medicine. Soon, however , we broke the crowd into two groups, Eileen seeing one and the Ethiopians and I seeing the other.

The teaching became primarily guiding them to diagnose middle ear infections (abundant).

We treated 160 patients or more over the next four hours. Most had symptoms of malaria, bloody diarrhea, otitis media (middle ear infections). The patients weren't any sicker than those usually seen in the feeding center clinic, which was surprising because we'd heard everyone was dying in Negesu from malaria and bloody diarrhea. Perhaps the sickest ones were indeed dying in those dark huts and didn't come out for the *show* under the tree. Many people looked well-nourished and able-bodied and may have been there primarily because we were giving out biscuits.

Through much of the afternoon there was a strong wind and dust which was blinding. It seemed rain was coming but it never did more than sprinkle.

This evening the big discussion was about an old man who died in diarrhea clinic yesterday of possible cholera and who still hasn't been buried. His body had become bloated and full of maggots. Terri had gone down and put lime on it. Apparently there was no family and some administrative snafu like the grave diggers not having received their grain ration had held up the burial. To our surprise the local head of RRC actually has gotten the grave diggers out now in the dark intending to bury the body tonight.

We also have a handsome young man (about forty), unconscious tonight in diarrhea clinic. He has received greater than ten liters of IV fluid in two days.



Finally he has stopped vomiting, but tonight seems acidotic. We are giving an IV with 40 MEQ of KCL, hoping to correct a probable potassium deficit. Eileen has driven to Bete in the dark to see if they have some injectable bicarbonate. Since we have no lab it is impossible to be certain how to help, but his condition is serious.

JUNE 20, 1985 THURSDAY

I didn't sleep too well last night. I kept wondering whether Eileen had come back. It turned out she had and had given the man an ampul of bicarbonate; he'd seemed better and she went to bed.

This morning he was breathing better but still gravely ill.

Unfortunately, he died just after lunch. His wife, a beautiful woman—they were a striking couple with a gorgeous child—had taken him home just before he died. She had wanted to take him this morning, but we still had hopes he might survive then.

Clinic today was uneventful. Saw another lady with elephantia - sis. Also saw a couple cases of tuberculosis, besides the usual malaria and bloody diarrhea.

Tonight I'm retiring early. For some reason I have a sore throat and several insect bites around my ankles are mildly infected. It seems everybody has something wrong physically every few days.

Speaking of ankles, I had a woman virtually

tackle me and try to kiss my feet today when I turned to look at her daughter outside the clinic. She hit my weak left leg first which almost caused me to shriek and lose my balance. Usually these people do that to get attention. Maybe she didn't realize I was already looking at her daughter. She had only one good eye and perhaps couldn't see.

JUNE 21, 1985 FRIDAY

There were 283 people seen in clinic today . This was only possible with the help of the Ethiopian nurse and Daniel, my translator . We were all tired by 2:30 PM and if I hadn't intervened the guards would have turned away the last 100. These people were from Zembo, four to six hours away and I insisted we see them. We finished at 5 PM just the same.

Again most had malaria or bloody diarrhea. A lot were quite sick with the malaria, however.

JUNE 22, 1985 SATURDAY

We saw 242 patients in clinic today. For much of the morning we ran two lines. Once again people would have been turned away in mid-afternoon if I hadn't intervened.

We have a two-year-old dying of possible malaria in intensive. Despite Chloroquin via nasogastric tube, he is unconscious (possible cerebral malaria, or encephalitis; no good signs of meningitis) - He has had something resembling seizures today. Doubt

he will last the night.

This evening the Canadian camp at Bete had a party for all the CRDA camps. To my surprise, the Irish came all the way from Karakela (an hour's drive over a not-so-easy road) and two Dutch teams came as well as the Danish. We had been tired before ore, but the rock music and fun-loving attitude of the Canadians turned it into fun. We danced till about 11:30, with the Ethiopian employees watching and sometimes joining in.

I couldn't help reflecting on how much closer our various western cultures are to each other than to that of Ethiopia. Those of us from the developed west are basically from the same pot. we share similar lifestyles.

The moths made a bizarre but beautiful pattern on the Canadian flag under the light in the big tent. (The Canadian camp has electricity.)

JUNE 23, 1985 SUNDAY

This is supposedly our day off, Chris taking intensive and diarrhea clinic today. Nonetheless, I sutured a thumb (some things don't wait) and saw the dying baby in intensive this morning. In addition to Chloroquin he has received Procaine Penicillin intramuscularly and Chloramphenicol (just in case he has meningitis). I doubt he will survive.

Afterwards, Terri, Mary, Abdullah (clinic

*The Sinbete Market is the area.  
People walk for miles to get there wares:  
clothes, jewelry, bowls, knoves, grain, fruits and vegetables.*



translator), Abasher (registration employee), Hedair (camp guard), and I went to Sinbete market because Hedair wanted to buy a *bull*.

The Sinbete market is the largest in the area and apparently people walk for hours to get there on Sunday to sell their wares: clothes, jewelry, bowls, knives, grain, fruits and vegetables (such as there are), cattle, camels, goats.

Hedair went to assess the livestock while the rest of us made our way through curious crowds who were looking at us or trying to sell us their goods.

Terri and Mary bought cloth and Afar spoons (made of uniquely carved wood), tomatoes, and peppers.

In the crowd, we were spotted by the mother of Amina, the twenty-year-old who was coughing up gobs of blood a couple weeks ago and who is now home and better on TB medications. She was so delighted to see us, she gave us all western-style bear hugs.

The other Ethiopians stared. I'm sure they wondered at this exuberant affection. Ethiopians frequently hold hands (woman-woman, man-man) and also kiss each other's hands or both sides of the face, or rub shoulders, but I've never seen an Ethiopian hug anyone before.

We wandered over near the livestock market but it seems Hedair decided not to buy the bull. The price was 300 birr (about \$150) and too expensive. We were disappointed as we were curious what he would do with it (? farm).

This afternoon I played Terri's guitar and sang to myself. Chris came to say the parents of the



*Family members often carry their sick to us on stretchers.*

dying baby want to take him home. I said all right. (Little more could be done to help anyway.)

We also have a very sick man in diarrhea clinic, and in our camp, in the tent next to mine which is our *visitor's tent*, we have a CRDA truck driver with probable malaria.

Also one of our employees just had a group of people carry his father to us on a stretcher. So much for a day off ....

Just the same it's been relaxing.

JUNE 24, 1985 MONDAY

Saw 192 people in clinic today.

Admitted a child with stiff neck and mild fever; possible meningitis but alert and swallowing and not toxic.

Mary, one of the Irish nurses, was with us this evening since she hit a donkey on her way through Geweha in her jeep. She had to pay the owner eighty birr for the donkey and her radiator was wrecked. She will go to Addis with the Canadians tomorrow.

I'm hoping Peter of the Canadians will sell me his internal medicine text since I feel lost without my books, and there are frequent questions I can't answer. I particularly want to read about tuberculosis in detail. It seems we have more and more TB patients these days.

JUNE 25, 1985 TUESDAY

Clinic pace was more leisurely today.

The child with the stiff neck is afebrile—a good sign—and I wonder if he doesn't simply have a torticollis (stiff neck from muscular spasm rather than central nervous system infection).

The bad news today was that, Emetu, our little, chronically feverish child on TB medicines, died last night. Chris was doubled up as if in abdominal pain when he told me. He was quite attached to her. Tonight he ceremonially burned her records outside our main tent.

The good news today is that Eileen gave Peter some money from me to purchase his internal medicine textbook. I feel like I've been given a treasure chest. Medical problems we see here are fascinating and it will be so nice to read about them!

JUNE 26, 1985 WEDNESDAY

Tessify, one of our workers, avulsed the third finger of his left hand at the DIP (distal interphalangeal) joint today. Apparently he had been up on the roof retrieving a frisbee. When he jumped down he caught his ring on a nail.

It was chilling to look at the finger separated from the hand.

We took him to Bete where part of his finger was amputated and the skin sewn over it.



JUNE 27, 1985 THURSDAY

This morning the church gonged its *bell* at 3:00 AM. When I got up at about 7:00, another grave was being dug in the churchyard. Life and death go on ...

Saw another man today in clinic with a groin node that could have been lymphogranuloma venereum.

Haile, the Ministry of Health health assistant who runs a clinic in town was supposed to come by our clinic today to discuss Chloroquin dosage since we understand he's giving injections plus a large oral dose to patients. He never came.

The Afars were here today . Are they ever beautiful! I invited myself to visit my favorite Afar family in their home. Asa, mother of Halima and Hassan, said one morning she would come for me to take me there.

JUNE 28, 1985 FRIDAY

The child whose parents had taken him home to die last weekend of presumed cerebral malaria or encephalitis (or meningitis) came back today with right hemiparesis (paralyzed on right side of the body) but looking much better. There was no food at home, so they had returned.

I drove Tessify back to Geweha from Bete where he has been since his finger was repaired day before yesterday .



*Pam And Ali Mussa.*

Tonight after dark a lone drum began to beat in the valley and continued on into the night ...

JUNE 29, 1985 SATURDAY

It was a relatively quiet day today, clinic finishing around 4:00 PM.

Tessify's finger isn't looking so good. The kid with hemiparesis is better, although not swallowing well. The other kid with the stiff neck really must have had a torticollis as he has done great!

Ali Mussa, the lovely, extremely gaunt teenager with TB that Dr Bill had introduced to me the first day has developed jaundice and a tender liver on INH/Thiocetazone (TB medication) . We stopped it today and switched him to Rifampin. I'm afraid he will probably die. He was the first patient Dr. Bill showed me in the feeding center intensive. It will be hard if he dies, but I don't know how to stop it: severe malnutrition, TB and now hepatitis from the INH—what bad fortune!

JUNE 30, 1985 SUNDAY

There was chanting and drums at the church before dawn this AM; then more wailing and another burial.

Tessify's finger looks worse to me so I drove him to Bete. The doctor there thought it was all right, however, so will just watch it.

It has been a quiet day *off* writing letters and reading.

JULY 1, 1985 MONDAY

Busy morning in clinic and intensive. The main case of the day: an eight-year-old with probable measles and measles pneumonia, 66% of median weight for height, very sick and short of breath, pinching and biting us as we tried to help. Despite IV's, Procaine Penicillin, Phenergan and B vitamins it seemed unlikely she would make it.

The mother cried a tear as she told us she had left her three-month-old dying of the same thing in order to bring this child the many hours walk to us. When she saw the child getting help, she left an uncle with her and headed home.

She hadn't gotten far, however, when the eight-year-old died. A relative ran to bring her back while the uncle and friends bathed the body (Muslim custom) and tied the jaws shut.

When mother returned she cried less than the women with her. She had never even gotten near home, where her infant might also be dead. (Two kids dead of measles in one day! Yet she told us these weren't the first, she had had another die also!)

When they had finished preparations, we drove mother and kin to Bete from where they would carry the body up the difficult path to Sherrafa, their home. Perhaps even now they are walking across the dry hills carrying the child's body. Poor mother ...

On the way back from Bete we picked up a

hitchhiker who turned out to be the Ethiopian injured in our jeep accident first week I was here. I felt I'd met a brother again. It was lovely to see him.

Tonight we have visitors from the USA, a black missionary *sister* of Church of God in Christ and her white granddaughter. (This apparent set of paradoxes is possible because the *sisters* in this Church marry, and as I understand it, this fascinating woman lived for years as missionary sister in Liberia married to a white American who grew up in Liberia and spoke the language. One of their daughters just finished medical school in the USA. One daughter married a *white*, another a black, two yet unmarried. The granddaughter accompanying her is white and blue-eyed.)

Drums have begun in the dark of Geweha and now more wailing. Someone else must have died...

JULY 2, 1985 TUESDAY

Our American visitors accompanied me to diarrhea clinic and then to the feeding center clinic this morning. This afternoon Eileen took over the clinic so that I could join our visitors on a trip to Forsee, the Church of Christ mission many miles northeast of here. The CRDA driver drove us.

The dirt road to Forsee (off the main road) was full of rocks and wound up some beautiful hills with crops in the valleys, cattle on the road and

occasional people. After much joking about where the camp could possibly be, we passed a Save the Children truck coming down the hill.

Finally we reached the top and found one nurse, Laurie, from Canada. She and Mike, the doctor, who was away, are the only two *feranghis* (foreigners) and the only medical team here. They have a clinic which sees 300 people a day, an intensive full of happy, smiling, thin but not sick people, a diarrhea tent, and a sick tent.

This Church of Christ is Ethiopian-run and perhaps as a result, RRC has gotten the Forsee program the food they need to serve 3000 meals a day. (This is separate from the medical program.) One big building was like a soup kitchen—milk and bulgar wheat being served while we were there. They serve 7000 people, seven kabeles, apparently choosing to feed people rather than giving them dry rations to take home. The result appears to be happy, healthy children, but the objection can be made that their lives are disrupted, that they are pulled away from homes and fields and dependent on a program which will eventually go away. Be that as it may, Laurie said the area people are doing better and she and Mike, who had been invited there by the Church of Christ, soon would be leaving for another spot in Ethiopia.

She took us through the kitchen to see the bulgar wheat (it smelled like horse feed), then into a room of about 100 smiling, singing Amhara children with milk in their cups who burst into applause at our entrance, sang a song about washing their hands and let the missionary sister teach them to say “I love you” in English. Their happy faces were a real

treat for us, like being in another world.

We then left this room of Amhara children and walked into a similar room of Aromo children who also burst into sustained applause at our entrance and sang the hand-washing song in Aromo.

Whatever the objections to making people dependent by feeding them in soup kitchens, the radiance of these healthy kids was wonderful!

On the way down the mountain, a child ran after our car yelling, "I love you"...

When we arrived back at the real world of our thin, not-as-adequately fed population in Geweha (RRC doesn't work the same way with CRDA as with Church of Christ it appears) we were told there had been seven admissions and a boy I'd sent over to intensive in the morning with a stiff neck was already dead.

It appears we have more seriously ill people here than in Forsee. Is that due to malnutrition? I have been told just a few months ago, skeletons of people used to crawl, starved, to the main road near Geweha and die and the ones we're seeing now are actually the survivors, ie. things are *better* now. Are they sicker in Geweha because it is hotter, lower, and drier and people simply hungrier? In the north, I am told it is much worse than it is here ...

JULY 3, 1985 WEDNESDAY

Our guests left this morning and this evening Terri, Eileen and I went to Shah Robit for a dinner

of enjera, lentils and eggs -

On the way home we stopped in Zuti at the Dutch feeding center camp near where Eileen and Betty months ago had tried to feed dozens of pathetically thin kids. Hundreds may have died before sufficient help arrived. Now there is a feeding center there.

The road to the Zuti camp was *unfindable* in the dark, not even a dent on the main road to mark it, but somehow Eileen found it. It wasn't really a road, but a dry riverbed or gully.

When we got to the compound, the gate turned out to be bramble bushes which the guards cheerfully removed.

The one nurse currently living there by herself had gone away for the evening.

Nonetheless the guards, one of whom knew Eileen, took us to the staff Is eating area, a charming bamboo building with a kerosene lamp which looked like something off the set of South Pacific.

They then gave us water to wash our hands, tea, grapefruit, bread, and enjera and were as charming as the setting!

As we were leaving, we met the Dutch nurse on her way back home.

Further down the road, Eileen intentionally swerved off the pavement into the desert to see if we could get a good look at some hyenas; all we saw was a weasel-like creature before we gave up and got back on the road. Hyenas don't generally stay around to be observed.



JULY 4, 1985 THURSDAY

Yes, this is the Fourth of July, or 27/10/77 on the Julian calendar.

Daniel, my translator, has been sick with malaria, making clinic more difficult, since the Ethiopian nurse and I have to cope with our language barriers.

Yesterday and today, I made *house calls* to visit Daniel and his roommate, Tessify, both ill with malaria. They live in a rented room the size of a closet and sleep in a tiny bed, one with his feet on one end and the other his feet on the other. Moreover, both days they have had a *room* full of visitors and while I was there a chicken even walked in to add to the confusion. Nothing like togetherness! There is no lack of company when you're sick around here and the Ethiopian spatial sense seems much different from ours. They must think we Americans get really lonely in our individual tents; maybe we do and just don't know it!

After a full day, Eileen, Terri and I sat over a dinner of tuna and cabbage salad and reminisced about where we'd been last Fourth of July and where we were going. Eileen will probably go back to school next year as will Terri who sounds as if she may also get married. Who knows where anyone will be next July Fourth?

Outside it is dark. The last two nights it has really rained and just a hint of green is showing now. We had all better keep praying.

JULY 5, 1985 FRIDAY

I started the day by going to the diarrhea clinic.

Later in the feeding center clinic, we saw 143 people. Daniel was back, which helped.

Tessify's finger looks a little better.

In intensive, we have a tiny child with trench mouth who is getting a little better but whose teeth are falling out.

We also have an Afar girl with bilateral rubs (rubbing noises) in her lungs but who looks well despite it -

Ali Mussa, the boy with TB and large, tender liver is feeling better., but his prognosis is poor. I will be sad if he dies -

It seems more people in clinic these days are hungry, thin, and asking for food. There are tales of mothers dying, children dying. The wife of the handsome young man who died in diarrhea clinic two weeks ago was in the feeding center clinic today, crying. I think she has five kids.

People follow us, implore with their eyes, grab our feet.

A large shipment of grain came in today and people outside our center were loading sacks onto donkeys. It felt good to watch them and see the sacks with the labels *Donated by the United States of*



*Waiting for grain.*

*America.* Not all our money goes for missiles.

A tractor was plowing a nearby field. There is hope!

The sky threatened rain all afternoon and this evening lightning and thunder teased but no significant rain. If only...

And now it has begun to pour!! Whoopee! The last couple days a bit of green has started to show on the edges of the yellow grass. A few days ago I had wondered what the goats thought they were eating on the barren dry hill. Now there is a chance ...

It was nice to see that shipment of grain today. People were so intent on loading it, they ignored me, and now it is raining. It must keep raining. No rain, no grain.

Tonight we have visitors from ABC Boston. The African famine story goes on ...

JULY 7, 1985 SUNDAY

Our day yesterday was a bit confusing due to the ABC people plus the usual clinic problems. It seems the Ethiopian nurse doesn't work Saturday afternoon, so all the clinic patients were *mine*.

Our *faffa* (supplemental food) shipment didn't arrive on Thursday. As a result, the feeding center was a madhouse yesterday with Bete Kabele staying till afternoon hoping it would come. There were



*Intensive clinic.*

people everywhere.

Muhammad, one of our workers, found a family waiting in the yard with a two-year-old just breaths away from death from malaria. He brought them to clinic where I hustled them to intensive. The child's eyes were open and he was breathing but he was cold and very pale. With a blood transfusion, he might perhaps have been saved, but we hoped even an IV would help. It was not easy to start an IV, but he never blinked as we tried and finally succeeded. After it was running we got his father to stand with him and then considered a nasogastric tube for malaria medicine (we didn't have an injection). The nasogastric tube was never tried, however, since the child already looked as if he were seeing into the next world.

His mother was sobbing. They must have known he was dying. In her arms was another child, burning with malaria. That child would survive but the two-year-old died.

After clinic I saw the little body wrapped up and the family waiting. I understand they buried him somewhere behind the feeding center.

During all the drama with the little boy, the ABC crew had been filming. Ironically, the last dramatic malaria death also happened when an ABC crew was here. Neither kid was especially malnourished either. I suspect these poor parents hardly knew what hit them.

Because the Ethiopian nurse was off for the afternoon and the feeding center full of people

waiting for faffa (which finally came) we were busy in clinic until late, some patients coming after five o'clock.

The most interesting, although obviously not the most heart-rending case, was a woman with a chronically prolapsed uterus (two months). It was as big as a grapefruit, just hanging between her legs and dry. I'm not sure how she could sit. I suggested she go to Bete; maybe the doctor there can do a hysterectomy.

The ABC crew left in the afternoon and were replaced by more visitors from CRDA. Then Mary came back from *break* and brought with her, Peter, a junior from Stanford, visiting Africa for a month.

Last night we had a July Fourth party at our camp and invited all the CRDA feeding center teams and Save the Children. Mary had brought hamburger from Addis (a treat!) and we cooked it on our wood-burning concrete hearth.

I have been told such a get-together of foreigners in Ethiopia is illegal (perhaps viewed as political?), but we had a good, totally non-political party.

Grasshoppers also came to the party. Perhaps the rain and new grass brought them out, but they were on the candles, us, and everything else. (We normally have large moths that suck the sap out of fruit and praying mantes that visit, but these were the first grasshoppers.) one fell into some candle wax and I watched him dully as he struggled a little and died. All I could think about was that beautiful

little boy who died today. Death goes on around us all the time and most of it is so impersonal.

We danced under the stars of Geweha to some of the rock tapes from home including the song that talks about the “rains in Africa”. Some of our Ethiopian employees danced with us but we couldn’t get our guards to join in.

I wondered what the people in Geweha were thinking. No doubt, they could hear our music, much as we could hear their wailing and drums some nights.

Today, Sunday, Eileen and Terri went on a ride into the mountains, Mary went to work in intensive and Peter, our college visitor, and I went to diarrhea clinic. On the walk home we saw a green scarab beetle rolling a huge ball of dung with his back legs. I can see why the Egyptians thought these creatures were impressive. Certainly they are far, from lazy (although as impractical as all get out) !

There were gorgeous orange and blue birds out today; maybe chasing the grasshoppers. Also there are black butterflies with white polka dots. The rain has changed things.

This journal entry was interrupted tonight by Muhammad coming up from intensive in the dark to say a baby was in trouble. Mary and I went down and found a two-year-old, very emaciated, who apparently had aspirated his milk. There was gross bubbling in both lungs. Although we had no suction and the baby had that *halfway to heaven* look in his eyes, we passed a tube and tried to aspirate with a syringe.



His mother, who was squatting on the table at his feet, stopped crying as we tried to bring him back from death's door. Some milk came up the tube, but despite our efforts, he finally closed his eyes and died.

The mother began to wail in the dark, bugs fluttering in the flashlight beams and employees and other women sobbing in sympathy. "My son, my son," she wailed over and over in Aromo.

The help finally carried the little body into the day room and laid it down. Most of the patients and families barely stirred, but I know many mothers were grieving in the dark, wondering if their child was next.

Mary and I, accompanied by Muhammad and his flashlight, walked soberly back to the camp in the dark. There is so much daily grief in this world. We in the USA rarely know grief like this.

JULY 8, 1985 MONDAY

I forgot to mention that Peter and I had a wonderful walk yesterday across the hills. We were looking for Kara Kora where the Afars live, but didn't find it. This hilly, dry country is gorgeous. We did find goats and a few people tending their herds or gathering firewood, however. They were surprised to see us, but very friendly and seemed to enjoy the encounter.

Most dramatic cases in clinic today were:

- 1) A man with severe shaking chill (malaria)
- 2) A child with seizures (probably malaria also)
- 3) A child with that ominous far-away look (no blink), anemia, and big liver and spleen, who apparently had been given an injection privately this morning by our Ethiopian health assistant who, however, denied it. Will be surprised if this child lives.

This same health assistant has been in prison the last two weeks presumably related to an old homicide charge, but today showed up for work, smiling as usual. He has a quick, often impatient style with patients and when he is there, clinic is also quick but of questionable quality. When we foreigners leave, of course, the clinic will be his or someone else's like him. The best we can hope for is a little education and mel - lowing, but I doubt he understands much of what I say. (Addendum: I'm happy to say that toward the end of my time in Geweha I felt this assis - tant had improved his medical care.)

JULY 9, 1985 TUESDAY

Eileen and Peter went to Zembo today to help with a malaria epidemic in which supposedly 500 people had died. The trip was harrowing with the road rocky, bordering on cliffs and barely passable. The latter part was done on foot. (People from Zembo supposedly walk at least four to six hours to get to our center.)

*Ali Mussa and his mother in Addis Ababa, July, 1985*



*Ali Mussa, much improved, with his mother in Geweha, September, 1985*

Once arrived, our crew apparently found people no sicker than they'd been in Negesu the time we went there. Perhaps the sickest ones had already died.

Tonight Chris, who has been on *break*, arrived back from Addis on a Save the Children truck.

Eileen and I, Daniel (my translator), Ali Mussa, the TB patient, and others are going to Addis tomorrow . This will be my *break* for four to five days and Eileen will be going to Greece for a month.

I supposedly will have to drive the Land Rover back to Geweha. One problem is I don't have an international driver's license here yet due to snarled red tape. (I've had a license in the USA since age sixteen, however.) Supposedly CRDA is working on it.

JULY 10, 1985 WEDNESDAY

This morning Eileen, Ali Mussa and his mother, Teshoma (one of our near-sighted employees going to Addis for doctor's exam for glasses), Daniel, Haile (Ministry of Health health assistant), Omar (camp guard) and his son with TB and large liver and spleen, and I, all piled into the Land Rover to go to Addis. On the way we dropped five sheets of corrugated iron at Zuti and I looked around their feeding center. It is smaller than ours but has similarities.

Then I squeezed into the front seat with Ali Mussa who rode beside me, on my lap, or in front of me all the way to Addis.

It had rained during the night but the air was clear as we left Zuti. Mountains were gorgeous, beginning to turn green.

On the far side of Mussolini Tunnel we ran into fog, but made it easily to Debra Birhan where we had a lunch of enjera.

Farther down the wet road, our heavily-loaded vehicle hydroplaned into a field (no fog, just slippery). The Land Rover is so sturdy and Eileen's driving so skillful no one was hurt. The vehicle struggled back onto the road and we were off again.

As we neared Addis, it was raining and fields greener. Donkeys were everywhere on the road.

Finally arrived in Addis, we dropped off passengers one by one; then went to ALERT (leprosarium) in hopes of finding one of our friends to help admit Ali Mussa to a hospital for tests. We were unable to locate our friend, so we had to find a hotel.

We pulled into Hotel d'Afrique and asked at the desk if they would accept Ali Mussa and his mother. Apparently Ethiopian hotels which serve foreigners do not usually accept Ethiopian peasants. We were pleasantly surprised when they said they would. However, when Ali, gaunt and dramatic, and his mother, wrapped in a blanket, drinking gourd in hand, actually appeared in the lobby, the formally-dressed manager took Eileen aside and requested we be discreet as the hotel was to be full of Organization of African Unity guests. He asked that our friends get to the room quickly and use room service, ie. Ali and his mother were not to go down to the restaurant. We took the objectionable blanket and drinking gourd back to the car so as not to further offend our hosts

and hurried our f friends upstairs.

I'm sure the modern nicely decorated room with two beds, tele - phone, and bathroom with tub shower was the fanciest place Ali and his mother had ever seen. His mother was quite distressed, however, that she no longer had her blanket, so as soon as it appeared no one would notice, I went out to the Land Rover and carried it upstairs. When I ran into the steward in the hall, I was uneasy, but instead of objecting he turned out to be a lovely man who was very nice to Ali and his mother, speaking Aromo with them (which not everyone in Addis knows), and thanking us for taking care of them. Up to that point I had felt as if we were whites smuggling blacks into a segregated hotel rather than two foreign whites bringing two Ethiopians into an Ethiopian hotel run by Ethiopians who basically looked like them and where they should have been welcomed (or so I thought) . I was pleased and relieved to see how nice the steward was and that he appreciated our friends as human beings.

Eileen went on to the Hotel Ethiopia where she had a room and I looked after Ali and his mother.

Ali crawled between the clean, yellow sheets and pulled the red bedspread over his thin frame. He looked wonderful with his white-toothed grin against the yellow pillow . What a glorious room this must have seemed!

His mother was apparently less certain of her right to enjoy, however. Instead of trying out the second bed, she lay down next to him on top of his bedspread. Maybe she just wanted to stay close @o him. Earlier in the day in fact, she had seemed quite nervous at Debra Birhan when he was in the bathroom, as if she were afars raid we would go away and

leave him. He was obviously extremely dear to her.

Since I speak no Aromo and Ali and his mother speak no English, we mostly smiled at each other. We had indicated to them earlier that I was to be in the room next door and the steward had apparently explained we would send food to their room. They seemed perfectly content, so I arranged for room service and then went down to the dining room for a western supper for myself.

As I was eating, I looked up and saw the doctor and an administrator from Save the Children. They joined me for dinner and I learned the doctor had worked in Thailand and Somalia and now was doing medical work for Save the Children in Ethiopia.

After dinner I checked on Ali and his mother and found them asleep, Ali under the covers, his mother still on top of the bedspread, but now on the adjacent bed. Unfinished enjera was covered with a shirt on the table, evidently being saved for later.

I then joined the group from Save the Children in an Ethiopian restaurant downstairs where they were having a staff party. The restaurant was divided into mysterious little cubicles so that I had to peer rather rudely into each group until I found them.

It turned out Save the Children was all Ethiopians except for the two Americans with whom I'd had dinner. They were celebrating the upcoming departure of two of their members to the USA on business. In a jolly mood, they were telling jokes and drinking and then ate a huge traditional dinner of enjera, meat, eggs, and much more, served on little wicker tables, which were covered with cloths and carried away when the meal was finished. A woman dressed in a shama then came with incense which

filled the room with smoke while she prepared coffee. (The Ethiopian coffee ceremony consists of roasting and grinding the beans just before taking the coffee and is always accompanied by incense.)

As the meal ended, the group became serious and the head of the local organization thanked his staff. (Save the Children has many on-going projects in Ethiopia and elsewhere and uses nationals for most of its work. Its relief and development work is quite impressive!)

JULY 12, 1985 THURSDAY

The hotel steward spent a great deal of time with Ali Mussa and his mother this morning. Ali's mother told him she had been praying for the hotel and the *feranghis* (us) -

Eileen came later. We checked out, then took our friends down the elevator. Ali's mother's eyes fairly popped at this novel experience!

We then went to Black Lion Hospital, the main hospital in Addis, where Eileen managed to get a doctor to examine Ali. The doctor was very good—I was impressed with his clinical competence—but he was unable to get Ali admitted.

Eileen and I then went for lunch and returned with enjera and wat (vegetable/meat concoction eaten with enjera. Usually heavily peppered and very hot.)

We then were told to obtain lab tests for Ali. To do this he had to walk long distances on cold floors which he managed, barefoot as always, and walking on his toes due to long-standing contractures.



In the lab they put a needle in his vein and let the blood literally drip into a tube. They then collected urine, and eventually got a chest X-ray which showed hilar adenopathy and streaking suggestive of TB. I took my socks off (it was, very cold and drizzly in Addis) and put them on Ali's ice-cold feet and we walked him back to the waiting room where he and his mother devoured the food we'd brought.

We then put them in the Land Rover and drove to buy him shoes and socks. While Eileen was in the store making the purchase and we were waiting in the Land Rover, a surly, rather unsavory man came to the window and begged persistently. He was the kind of fellow that might be drunk and somewhat dangerous in our culture and I was uncomfortable. Ali's mother was also unhappy at his persistence and kept saying "Yellum, yellum!" ("No, no!"), trying to shoo him away from her *feranghi*. (He finally left.)

After Eileen fit Ali with shoes and socks much to his mother's toothless glee, we picked up Teshoma and Daniel and took Teshoma to his eye appointment at a little closet of an office, hung with diplomas from England and packed with silent waiting patients and a clerk who seemed only aware of her book of receipts and carbon paper.

his hotel where we deposited Ali and his mother in a room for three birr per night, quite a comedown from Hotel d'Afrique but probably more what they expected. Most important, Teshoma would be staying there and would be able to look after them.

We then went back to the eye doctor and left

Daniel with Teshoma, after which Eileen and I went shopping. (In the street we were offered butter oil by a street urchin with the container clearly marked as donated and not to be sold. I suppose such happenings are to be expected. Even in Geweha our biscuits apparently are offered for sale in the local market by enterprising peasants.)

Next we headed to the Hotel Ethiopia where I got a room next to Eileen's. Ironically, it was the same room I had my first night in Ethiopia. I recognized it by the hole in the bathroom door where I had imagined someone must have tried to kick his way out.

It seems like ages ago that I first arrived in Ethiopia. So much has happened.

July 13, 1985 FRIDAY

This morning we went to see Ali and pick up his stool specimen which we took to Black Lion Hospital. It showed he has *Schistosoma mansoni* (a worm which in large numbers can cause serious liver disease and eventually kill a person).

Next stop was CRDA where we ran into the photographer who had been with the ABC newscaster in our camp recently. My driver's license has not been processed yet and CRDA is still working on getting our visas and travel permits straightened out.

After CRDA, we went to *Victory*—a supermarket for expatriates which sells food and household items for foreign currency only. We bought about \$1000 worth of provisions for our camp for the next month.

Then we lunched at the Hilton where we again ran

into the photographer and some people from Oxfam America. Subsequently, Eileen and I went to an office building in town to find an official to approve us going on a *food drop*. We were unable to find him, but had a nice chat with an American working for Unicef.

Eileen then went to the airport to find the official and the ABC photographer and an Oxfam employee went with me to see Ali Mussa and his mother. The photographer had pictures of Ali from our camp and took more of him here in Addis. He may do a story on Ali. Incidentally, but most important, he will also try to have a special medicine for Ali's schistosomiasis sent to us from the US.

For dinner, Eileen and I went to an Italian restaurant. We drove there in a car with employees of World Vision. There are large numbers of World Vision personnel in Hotel Ethiopia. Apparently it is their headquarters in this country.

JULY 15, 1985 MONDAY

Saturday we went to the Polish helicopter base and three Poles took Eileen and me and four RAF (British Royal Air Force) men in a transport

helicopter north/northwest of Addis through clouds and over gorgeous canyons and waterfalls. We set down in a field and three Ethiopians got on. Again we rose into the air, then put down in a wet field with frightened donkeys and barefoot Ethiopians in rags. An RAF officer got out, apparently to assess the condition of the field, then reboarded.

Once more we took off and set down on a soggy

plateau of mud with fog billowing up over the sides like dry ice coming over the top of a beaker. Here was the place we put down markers for RAF and German transport planes which would fly low and drop grain for the people throughout the day. The planes made five rounds of four drops each from 9:30 AM to about 5:00 PM. Grain sacks were mounted on a plywood base in the hold of the plane and the platform pushed out as the plane came close to the ground. Then the village officials would send their laborers out to pick up the sacks and bring them back to the storehouse. Loaded with those heavy bags, trudging barefoot and single file in slimy mud and shrouds of fog, these ragged men looked like shadows in a scene from the judgment day.

One of the villagers implied the people would have to pay for the grain if they were ever to get it. Of course, this is not how it is supposed to be, but who knows what actually goes on? If it wasn't distributed immediately, it would be ruined, however, because the ground and therefore the bags were wet.

The RAF official who was guiding the drops indicated to me that the Ethiopian government used to accuse them of splitting the bags so the people would be able to gather the individual kernels. Apparently at the end of the day people do rush onto the field and scavenge every kernel left behind. The RAF makes an estimate of how many bags have broken at the time of the actual drop. Theoretically, a high number of successfully dropped, unbroken bags is desirable. More break if dropped from higher altitudes or onto dry ground and some breakage is unavoidable. Would the RAF really slit bags so people could get the grain? Who knows?..



*Grain Drop.*



As the day passed, one drop after another was made and the sacks kept being carried away to the storehouse. The crowd on the far edge of the mountain plateau was growing, apparently kept off the field by Ethiopians with rifles and bull whips. These officials had an urgent reason to keep people out of the way during the drops; they could be maimed or killed by the force of the falling bags. Indeed, such an accident had occurred in just the last couple days. The symbols of force and the gathering crowd were powerfully etched in my mind, however.

Ordinarily, I guess we would have seen the pathetic sight of the famished crowd scrambling for the kernels in the cold mud afars after the last drop, but rain was threatening and it was late. The helicopter lifted off before the final scene. No doubt it is recorded in the annals of the world's final judgment ....

The helicopter ride back was fabulous! The pilot flew along the canyon edges and showed us some spectacular, inaccessible waterfalls. Then he lifted up just above the rooftops of thatched huts on the rim of the canyon. It was magnificent!

Yesterday, Eileen arranged for someone at CRDA to drive us back to Geweha. My driver's license still hasn't come through. We brought Ali Mussa and his mother back with us to our intensive.

So today I was back in the clinic in Geweha. The Ethiopian nurse and health assistant never showed

up so I saw 117 patients myself with my translator's help.

Three kids died during my *break*, the one with trench mouth, another with bad orolabial herpes (symptomatic of poor immune status in malnutrition), and a new patient.

JULY 16, 1985 TUESDAY

I found out today that one of our Ethiopian friends, a distinguished gentlemen of whom we are all fond, used to be governor of a province and spent seven years in prison after the government changed.

Someone also told me there has just been a big battle in northern Ethiopia in which 6000 government troops were killed by rebels.

Tonight we have a visitor again, this time a Maryknoll priest here to gather information to help influence the US to keep giving famine aid.

JULY 19, 1985 FRIDAY

Yesterday a laboratory technician came from Ataye and drew blood on nine of our febrile children. Four of them had malaria; two falciparum malaria, two vivax malaria. We've managed to obtain some Primaquine to treat the vivax definitively. I think the Primaquine was given to us by the Dutch camp in Ataye which is about to close down. Save the Children will be taking over their kabeles and will

take the food to the people. Theoretically this is good for the people, but the Dutch are probably feeling sad their camp is closing. Eventually all CRDA camps including ours may close if Save the Children's energetic program of taking food to the people is successful.

A huge convoy (maybe fifty trucks) of about 1000 government soldiers passed through Geweha going north yesterday.

We have been told that Mengistu, the leader of Ethiopia is going to be visiting our center in the next couple days. (Addendum: He never came.)

There were 284 patients seen in clinic today including a woman with probable Vincent's angina and a boy with a horrible bulging eye (end-stage eye destruction from Vitamin A deficiency or trachoma). Many of these patients were seen by the Ethiopian nurse and health assistant. It seemed everyone had worms today; it was malaria yesterday. 0

Tomorrow, Terri and I are going to Addis to take severely anemic child to Black Lion Hospital. The child will die here, but I have my doubts they can save her there either. Nonetheless, we want to try.

It is thundering outside as I write in my tent by candlelight. It has rained nearly every night for the last three weeks and even these dry hills are starting to green a bit. Yet this is definitely the hot, dry area as compared to the country around Addis. It is much greener south of here.



JULY 21, 1985 SUNDAY

Terri and I headed out from Geweha about 7 AM yesterday after a night in which it rained constantly. In our Land Rover was the anemic child, Fatuma, about five years old, her mother and her infant brother, and two of our employees. It rained all the way to Addis but we arrived at Black Lion Hospital about noon.

Then started an incredible eight and a half hour marathon trying to get this child admitted and transfused.

At Black Lion the doctors recognized how sick she was, ordered tests (her mother, barefoot, carried Fatuma to the lab for these tests—hemoglobin of three !!!, hematocrit ten !!!), but then about 3:30 PM told us they had no bed. They were hydrating and transfusing lots of kids in an adjacent room, but had no more space. They suggested we take her to another hospital, where, of course, we went through the hassles of more paper work, lab tests, etc.

Finally she was put in a bed but there was no blood to give her. We had stopped at the Red Cross between hospitals to donate our own but they wouldn't take it. The hospital then sent us back to the Red Cross with her blood type but the Red Cross asked us to go back to the hospital and get a nurse to transport the blood. Normally an ambulance would have transferred the blood, but we were told they were all at the front.

We finally finished by 8:30 PM. I was exhausted and my feet freezing since it had rained all day and my boots weren't warm enough. (How horrible it would

have been to be barefoot!) Also we had barely eaten.

Terri and I then went to the Hilton and had a lovely meal (in our scruffy clothes) and a drink in the lounge.

We stayed the night in the Ras hotel. Terri and Eileen had found bedbugs there once before, but this time it was all right.

This morning we went to Hotel Ethiopia for breakfast and ran into two of the RAF men who'd been on the food drop with Eileen and me last week. Some of them were on their way to see Mother Theresa Is orphanage.

Terri and I then went out to CRDA to see if our jeep had been serviced. It wasn't finished and I wanted to go to the orphanage, so I made my way back to Hotel Ethiopia.

The RAF men were already gone, but I got a taxi which took me to the back door of the orphanage/hospital in a poor part of town. An Indian nun let me in. Down an alley, past a long building in front of which were lying lots of 'adult, not-very-healthy Ethiopians, the RAF could be seen repairing orphanage windows.

I was given a lovely tour through the place first by the sisters, later by an RAF doctor who helps them out.

This institution is noted for orphans and the *destitute and dying* apparently in the style of Mother Theresa's work in Calcutta. Mother Theresa herself was supposedly here some years ago and founded it. The *clientele* are drawn from a nearby clinic and the sick and dying who lie in the road by the gate -

Supposedly, the nuns go out every morning and bring

in the sickest.

The children there ranged from adorable, healthy kids to handicapped and retarded, to sick. Supposedly, these kids are adoptable by foreigners.

There were also wards of adults, including TB patients.

Despite the illness, the compound was cheerful and upbeat. Children sang; the place seemed bright.

I smiled to see that the Indian nuns had brought in rice for their patients. Ethiopians don't generally have rice.

Meanwhile, the RAF had built a swing for the kids which delighted them. Smiles were everywhere.

I returned with the service men to the Hotel Ethiopia, then walked to the Ras where I found Terri planning to return to camp with the Land Rover. She felt it was important to get back, since there was no vehicle in the feeding center. Tomorrow I would do errands and supposedly drive the jeep being serviced back to Geweha. In the meantime, however, Terri had found out that our little anemic patient, Fatuma, had never been transfused, possibly due to minor incompatibilities of the AB+ blood. She and one of our employees set out to see what they could do about this prior to departing for Geweha in the afternoon.

JULY 22, 1985 MONDAY

CRDA offered to give us a driver till we solve the driver's license problem. His name is Kinfé which means *winged*, like the angel Gabriel.

Spent the morning at CRDA and the afternoon doing errands including going to the hospital where

it turns out they are going ahead with a good work-up on Fatuma. In addition one of the CRDA employees used to be the matron (administrative head nurse) there and will make certain there is good follow-up.

I was sick to my stomach all day and while at the bank counting out \$5000 in birr for the camp, almost vomited all over it. Fortunately the bank teller found me a commode in time. Anyway the day was difficult but amusing, and by dark my weak body was ready to sleep which I did quite well.

JULY 23, 1985 TUESDAY

Kinfe, our new driver, is a serious young Ethiopian, quite religious. As he drove me and one of our employees back to Geweha, he explained a lot about the Ethiopian Orthodox Church, which has an elaborate system of fasting. No wonder everyone stays so thin!

I was delighted to arrive in Geweha again. This time I was really ready to come back; it felt like home!

As soon as I arrived, of course, there was a medical problem: a 23 year old man with tetanus! He had punctured his leg with a stick eight days ago; now for three days he'd been having spasms.

I opened the wound, cringing as I cut the scalpel blade across the muscle in the front of his lower leg. Once I had exposed the muscle, Mary was able to pull out an inch square piece of wood, buried deep in the tiny puncture. It was a classic tetanus wound!

He was still able to swallow and stand with help, however, which was hopeful. We shot him full of Penicillin, Valium and Phenobarbital and hoped he might survive.

JULY 24, 1985 WEDNESDAY

All day we checked on the tetanus patient between our other duties. His spasms were controlled but his consciousness dulled towards evening.

Sadly, about 8:00 PM he died.

His mother wailed loudly, crying to the universe, crawling out under the flap of our makeshift hospital tent, rending the night with her cry.

Chris and I who were at his side when he died, headed sadly back towards the camp in the dark. On the way we met Kinfe coming down the hill to see who was crying in the night.

Kinfe and Chris then drove mother and family back to Negesu, their home, with the body of the young man. Apparently the patient's brother fired three rifle blasts into the air when they arrived in Negesu and the whole village began to wail. Healthy young men aren't supposed to die of tiny wounds.

JULY 25, 1985 THURSDAY

The Afars came to the feeding center today including Asa, and her son Hassan (about five years old), my favorite Afar family. Hassan is getting thinner and has a large spleen. It was sad to see

him smiling less. Asa has an infected foot but smiled broadly to see me, and as they do, kissed my hand. Halima, her very thin daughter (age six or seven), is at home with grandparents, sick. This worries me. I would love to make a *house call*, but Asa says they've moved now and it is rather far away.

Also today in intensive Ali Mussa was noted to have a very infected foot. He continues jaundiced. The Praziquantel for his schistosomiasis hasn't arrived yet. We restarted two TB medicines yesterday. If the foot infection is due to TB of the bone, antituberculous medicines should help; if it is osteomyelitis from bacterial infection, maybe Dicloxacillin will help. I don't know how much his poor liver can handle, and still we have no medicine for his schistosomiasis.

Today we had a surprise visitor from the Episcopal Church in New York and the Anglican priest in Addis who also supervises an orphanage outside of Addis. They were on their way north.

Church World Service has requested I stay here till after August when the new doctor should be arriving from New York. I will try to overlap with him, so I will probably be leaving early September.

All along I've been imagining returning home, but as with all adventures, there's something about this kind of experience that will be hard to give up. The medicine is not always very satisfying, but it certainly is stimulating! Reading the medical textbook was never more interesting! Having a small lab to confirm diagnoses would make it more meaningful. It also would be nice to teach more; ie.

build something really lasting.

I listen with interest to discussion of other relief and developmental projects. Church World Service may be recruiting a medical team to be a roving clinic in Sudan. That wouldn't be *lasting* but I suspect it would be interesting for awhile.

Also the Episcopal Church may need a doctor in Mekele, Ethiopia, but that is a settlement camp and may not have any facilities. If it had a small lab, it might be more rewarding in terms of giving care, however.

All this speculation doesn't mean I won't be coming home soon; it just means I recognize my search isn't over. There is still more I have to do somewhere, and I'm sure God will figure it out for me, whenever the time and place is right.

JULY 26, 1985 FRIDAY

Fatuma's mother came back from Addis to 4y. Fatuma, our little anemic friend, died in the hospital in Addis after receiving IV's and blood transfusion. The doctors apparently did a good job but were powerless to prevent her death.

It was sad to see this brave mother, infant son in her arms, no Fatuma at her side.

JULY 27, 1985 SATURDAY

This afternoon Daniel and I through other translators had a long conversation with Asa, my 24

year old Afar friend, the mother of Halima and Hassan. As Asa held my hand with her right hand and brushed her pearly white teeth with a stick with her left hand (the sticks they use are better than our toothbrushes), we had a lengthy conversation about my request to visit her home. She has moved to an area east of Balchi which at first she said was a three to four hour walk.

Abdullah, the Aromo clinic guard and translator, who also speaks Afar said it would be too dangerous for him to accompany us. Apparently Afars and Aromos aren't always friendly and although the Afars in the clinic seem to love Abdullah as much as we do, he was quite serious about it being dangerous for him to go into Afar country. Apparently he didn't think it dangerous for Daniel, an Amhara, or for white *feranghis*, however.

Asa wasn't too enthusiastic about the idea of us visiting her home either but seemed to agree that if we drove to Balchi, we could then hike into the hills with her tomorrow to see Halima who was with a grandparent. (Asa and Hassan have been staying in the intensive day program because of Hassan's medical and nutritional problems.)

JULY 28, 1985 SUNDAY

At 9:00 AM Asa, Hassan, Daniel, Tessify, Mary and Chris (nurses), Mussa, an Aromo translator who is comfortable with the Afars, and I piled into the jeep to go to Balchi. Packed into the little vehicle, we were draped over each other, an unlikely crowd of Amhara and Aromo Ethiopians in European clothes,



white *feranghis*, and a laughing, white-toothed, barebreasted Afar woman with an adorable, pot-bellied skinny little boy wearing nothing but a brown-striped tee shirt.

We left the jeep with friends in Balchi and started our trek across plowed fields and then scrubby but greening hills, through dry stream beds, up inclines with rock *steps*, and on and on. Asa was leading, goat skin tied around her waist and resting on the small of her back. Probably it contained *faffa* and biscuits for Halima.

Chris carried Hassan on his shoulders or back.

The pace was brisk. Asa had a sore foot, but no one would have known it! Afars are nomads and walking must be a way of life.

I hurried to keep up but was pleased to find the slope wasn't very difficult and the sun not too hot. After about an hour and a quarter, we reached the top of a rise and looked across at a hill on which were three low huts and a few Afars. The figures looked unreal like in Adventure land in Disney World.

Halima was one of them, however, and her emotion at the sight of her mother was very real! She ran down the hill to greet her with great joy.

Meanwhile we were puffing up the hill and were met by the other curious Afars, including a wonderful old man who kissed our hands. He was apparently Asals father-in-law and this his home.

In his compound, the huts were sticks that had been bent over and covered with burlaps or plastic or rags. I suspect in good times, they are covered with skins or mats. The floor of each hut was made of large stones covered with hides or left bare. One had to stoop to enter and it appeared even the



*Asa, Pam Hassan, Chris and Halima in front of Asa's unfinished hut*

cooking was done inside this cramped little space. It seems likely, however, that these huts are used primarily for sleeping.

Near a pile of stones that turned out to be a hutch sheltering lambs, two ewes were bleating. The only other animals visible were donkeys and goats. Afars usually have camels, but many have died.

Normally, Afars live exclusively on animal products and do not farm. I am told they eat only meat, milk, and butter. With depletion of animals as in this drought, their children have marasmus, the condition seen when both protein and calories are severely deficient, rather than kwashiorkor, protein/calorie deficiency with some carbohydrate in the diet. Indeed, it appeared these people were very poor, having nothing except the sheep by the hutch and the donkeys and goats.

Down the other side of the hill many yards away, we were led to three more huts, one not yet finished; this was Asals. She had just moved there and still needed coverings for her *roof*. The other dwellings were occupied by two young widows and their children. Probably these three young widows were in the same family, although the relationship was not clear.

At the foot of the hill, Afars with a donkey and camel were following a path, maybe bringing water from some unseen source. On distant hills, scattered Afar dwellings could be seen but rather far away. Afars don't live in villages.

Asa's homesite seemed beautiful and serene but bleak and lonely even with the family around. I wondered what these people did all day. They didn't farm; the land looked quite inhospitable. (We had passed abandoned Aromo stone huts nearby—the Aromos

were once nomads but also farm now.) Cooking had to be minimal; for one thing they had pitiful little, if any food, except their animals. The men might hunt, but what did the women do all day, except care for their kids? For these, Afars being in *intensive* in Geweha -must be a real social experience; there are not only lots of Afars there, but Aromos and Amharas as well!

Our hosts asked us for medical advice, clothes, and plastic for Asals new hut. We gave them biscuits which they promptly ate; felt the cold water they keep in their goat skins; hugged their children, including Halima who has filled out a bit and is actually looking better than Hassan these days. We also gave grandfather a *solar blanket*, a foil-like piece of insulation used with sleeping bags. We thought it might work. For Asa I s roof but the old gentleman decided to wear it. Wrapped around him it reflected the sun like a mirror and he was a sight to behold! Even the Afars were giggling. (People in the feeding center make hats of the green bags that hold our biscuits but that apparently doesn't strike anyone funny except us.) This primitive tribesman wearing this highly reflective piece of modern material seemed a wonderful anachronism. It was as if we were on a primitive planet as in Planet of the Apes or some other Hollywood fantasy with these aboriginal people and their crooked knives and bare-breasted women, and here was this wonderful old man wearing a foil wrap like a radar reflector. it was priceless!

Finally Asa reattached the goatskin around her waist, said good-by to the crying Halima who didn't

want her to leave, and led us, her unlikely party of non-Afars, back through the wilderness to Balchi. Occasionally, she would stop to let us catch up and would look back at us picking our way single-file through the underbrush; her eyes would cross ours, and she would flash her white smile. Strange none of us but Mussa could communicate with her, but she had given us all an unforgettable day. No doubt, neither she nor her family would forget it either.

Back in the Geweha feeding center, the Afar women talked to Asa eagerly. What stories she would have to tell ...

JULY 29, 1985 MONDAY

Today was Sherrafa Kabele day at Geweha but the number was fewer than usual probably because Save the Children has begun to dis-tribute food to Sherrafa.

Asa greeted us warmly today as usual as did Hassan. Poor baby is burning with malaria but hopefully we can make him well.

JULY 30, 1985 TUESDAY

Today a four year old named Negasse died in intensive. He had been anemic and limp for days with a palpable liver and a very alert look in his eyes even with death around the corner. Yesterday as we examined him, his mother cried. She knew.

This morning as I crossed the intensive exam room to leave the feeding center for lunch, I saw a

body wrapped in a blanket and tied with rope. it could only have been Negasse. His mother sat on the ground beside the body, crying.

This afternoon they buried Negasse in the churchyard, his parents, especially his mother wailing and crying over and over, “Negasse, Negasse, Negassell rending the silence on the hill by our camp.

One more burial mound in the cemetery . We don’t always know to whom the mound and wailing belong; this time we knew .

Live-Aid sent a film crew through our camp today and in the midst of the clinic confusion, I did my best to answer questions.

The head of the Africa office at Church World Service also came this afternoon. We had a long discussion with him this evening about our program and the situation in Ethiopia and Sudan. I had -thought Church World Service was about to send a medical team to Sudan, but this is not yet happening. Catholic Relief Services may be doing so, however .

## AUGUST 1, 1985 THURSDAY

Yesterday an infant twin in our intensive developed generalized seizures—possibly cerebral malaria. Remarkably she survived and is still alive, but not really conscious tonight.

The *big* case of the day for me was a woman who claimed she was kicked in the faffa line yesterday and then aborted a seven month pregnancy, but not the placenta. She was febrile, had rotting teeth, and body lice walking on her skin, and was as sweet and

uncomplaining as anyone could be when I tried to probe the uterus which had prolapsed between her legs with placenta presumably inside. The poor woman never even whimpered or squeezed my hand as I tried to find any residual placental membranes.

Finally I decided I had to push the uterus back inside but it had obviously been out some hours as it was swollen, friable and lacerated and the posterior lip of the cervix was dry.

The nurses were wonderful. We started an IV, the patient pain medication, then 5 mg Valium IV. With much sweat and prayer the swollen uterus went back inside. I inserted my fist into it and held it there, trying to remove placental membranes, which were minimal. We gave the patient one gram of Magnapen IV and later ten units of Pitocin and she appears to be doing all right.

I must say it was very gratifying to succeed at this important procedure. The dear woman actually thanked me when the uterus went in. I bet she thought she was going to die. She may yet since the procedure was not sterile and the placenta may not have been fully removed. However, by the grace of God and antibiotics she may be all right. So far so good.

The other dramatic case today was a young woman with eight days fever and a rash on her chest. She came (carried from Zembo six or more hours away) at the end of the afternoon and was too sick to go home. We told her she could stay in the clinic overnight. About two hours later she was dead! This was a shock since she looked no sicker than so many of the patients who come in here and she was young and

well-nourished. I suspected she had relapsing fever, but didn't imagine death was imminent.

The happier news today was that Asa came into clinic to tell me she was going home to Halima. Chris had already told me she was going for a couple days, leaving Hassan with other Afars here, and that she would be back - I got the impression she wanted me to come with her but I obviously couldn't leave the clinic, as much fun as it would have been.

She had been given biscuits and faffa for Halima, also a shirt and more solar blankets for her unfinished hut. Yesterday, Chris had given her an orange shirt with pockets which she put over her bare chest and Afar skirt and which looked quite out of character. Today she was back in traditional garb and set out on her trek across the hills looking like a good Afar.

Tonight Chris and Kinfé, our driver, and I went to the edge of Geweha with all the other people in town and watched three films on a screen in an open lot adjacent to the road. In a town without electricity, this was a special event! Apparently someone had obtained a generator.

Two of the films were on agriculture and in Amharic, and the third was on the revolutionary army and its successes against Somalia and reportedly against the *secessionists* in the north. Strangely this film was in English. The superlatives in it were similar to phrases used by radio Moscow which we can hear on our short wave radios. Don't know who in that country crowd understood the English sound track. Very few, I suspect.



It's thundering as I write by candlelight in my tent. We have had rain and windstorms nearly nightly. Last night Mary's tent fell down. So far mine has been remarkably sturdy, only a little water seeping in on the floor.

The hills are getting green!

AUGUST 2, 1985 FRIDAY

The little twin has made it though another day and may be getting better. The woman with the prolapsed uterus is cold and clammy today but hopefully not septic. She hasn't been bleeding and is taking fluids well.

At the end of the afternoon, Mary, Terri, and I sat with some of the Ethiopian women employees outside their RRC housing and had coffee. They grind their own beans after they roast them. I try not to be too conspicuous about not drinking the strong coffee this home brew makes. Spiced enjera was served before the coffee.

While we were eating there on their stoop, looking over the feeding center and out across the valley which looks like a too-pretty Hollywood backdrop, listening to a Flash dance tape (not all Ethiopians are deprived—this tape deck and tape were theirs), a thin, hungry man from Zembo Kabele stood watching us. Knowing he was hungry, I could hardly eat. Finally one of the Ethiopian women gave him some enjera and he went away.

Chickens and roosters scratched around us as we ate. Chickens here are often puny but there are

some magnificent macho roosters!

AUGUST 3, 1985 SATURDAY

It rained all night last night, a gentle rain without the ferocious winds that threaten our tents some nights.

This morning we awoke to the sound of rushing water. The flood plain below Geweha was partly filled with a wide bed of fast-flowing water. It looked as if a dam had broken somewhere, but as far as we know there are none to break, so all this water must have come from rain in the mountains.

Down at the bridge outside Geweha, where the usually calm river flows over rocks through a narrows, there was a raging sweeping torrent of fast-flowing mud that would have tried the best of white water rafters.

It had stopped raining at dawn as usual and by noon the sun came out. Strangely, the rushing noise stopped by then and the flood plain was almost dry again.

Who knows what tonight will bring?

In clinic we saw a lady today with a huge Bartholin's abscess which I lanced and packed.

The woman with the uterine prolapse seems to be doing all right. She is afebrile and there is minimal brown discharge.

The baby twin is still alive and may be improving

Asa was back from her visit home in the hills



*Enjoying rushing water after a night of rain.*

and gave me regards in Afar from Halima. She was also admiring my watch. (I think she would like to have everything I wear, but western things look rather silly on the Afars. Nonetheless, I'm sure I will leave much here when I go.) She was also saying "How are you?" in English and doing much better mimicking my English than I was her Afar .

Save the Children registered Bete Kabele today but they came to us for supplemental food anyway, just later in the day than usual.

By the end of the afternoon the constant begging for faffa and medical attention was getting to me. I'm sure my irritation was showing by 4:30. The needs are endless, the supply of food limited, and some go around to all of us, hoping we will give in, even though for whatever reason it is inappropriate to give them more faffa a. Saying "No" is a lot harder than saying "Yes"; all the worse when there are so many language barriers.

AUGUST 5, 1985 MONDAY

Yesterday (Sunday), Terri and Mary went to Debra Sina for a Christian engagement party and as I requested they dropped me off halfway to Balchi and I jogged back to Geweha. It was hard for the old men, children and animals on the road to understand why a *feranghi* would be running. I tried to reassure them with a smile and a "Salaam" (greeting of peace) and kept running except where there were dogs. The river was rushing under the bridge at the edge of Geweha but not as dramatically as the day before.

I spent the rest of the day on the hill behind the camp or in my tent doing a delicious nothing.

Today we awoke to rushing water again. It is raining every night now and the hills are really getting green. RRC seems to be distributing grain more often these days and Save the Children is registering two more of our kabeles (and will eventually be taking food to them), all of which is good for the people. Things seem to be getting better .

The little baby twin is still alive and may be improving. The woman with the prolapsed uterus went home, afebrile. Hassan (Asals little son) is looking stronger each day.

With Daniel's help, I had a long talk today with the clinic's Aromo/Afar translator about Muslim traditions here. He (the Aromo/Afar translator) is a Muslim (Aromo tribe) and has had five wives; the first and second didn't get along so he divorced #1. #3 died; #4 and #5, he divorced. He still lives with #2 and has six kids by these various wives, all of whom live with him.

When a man has more than one wife, he says, the wives all live in the same house and usually are like sisters. A divorced woman can remarry after six months. If a man likes a married woman, he can pay her husband and marry her (ie. obtain a divorce for her and marry her.) If a man divorces a woman., he gives her farmland, etc.

Our clinic Ethiopian health assistant, who is a Christian,,also has two wives and eight kids (6 + 2).

Usually Christians only have one wife, however. (I guess out in the country rules are relaxed).

The Dutch feeding center team from Ataye just stopped by to say good-bye. Ataye has been closed because Save the Children will be feeding their kabeles and the home organization in Holland won't support a team any longer.

AUGUST 6, 1985 TUESDAY

Mary and I went to the bank in Ataye this morning. I was hoping to cash travelers checks to loan the extra birr to Terri so she could buy a carpet. They wouldn't cash travelers checks, however, so she will have to find another way to buy the carpet. (We have plenty of birr for everyday use; this was an extra.)

Terri is leaving for Addis tomorrow and then for the USA. Mary is going into Addis with her and will be back here next week. That leaves Chris and me to run the place alone.

Eileen and maybe Gerry, the nurse who went to the USA with relapsing fever, should be returning next week.

Mary, Chris and I have all developed colds again out of the blue. I was so achy last night, I feared it was something worse, but am feeling much better tonight (just a cough) It's strange how difficult

it is to stay well for very long.

AUGUST 7, 1985 WEDNESDAY

Last night I killed a large scorpion that insisted on dancing towards me outside the shower tent. When he shook his stinger at me, I crushed him with a bottle of detergent—not easy to crush; it was kind of awful. I never realized how much scorpions look like crabs. All spread out he must have been four inches long. Too bad the path wasn't big enough for both of us.

The other day Mary saw a green snake in the grass in our living compound. The grass has gotten quite high, so we are now letting sheep and goats in to eat it. I've enjoyed watching them. The sheep don't like the tall weeds, however, and goats prefer leaves on trees. The net result is they don't do a very good job. The dung they leave behind attracts the crazy green scarab beetles, however, who roll it merrily backwards for some unknown reason to an unknown destination.

Today's main news, of course, is that Terri left. There wasn't a dry eye among the workers and mothers of the patients in intensive. We *feranghis* will go, one by one, leaving these people only with memories. Terri had been here four and a half months.

Asa came to find me later in the day wearing a tan ChewBacca tee shirt (ChewBaccals hairy face graces the front of it) over her long skirt. Hassan,

her skinny little sonr wears the same shirt sometimes (these people aren't very wide) . ChewBacca reminds me of Planet of the Apes, all in keeping with the primitive setting in which these Afars live. ChewBacca and all the other silly western tee shirts with inappropriate pictures and slogans seem so comical on these innocent people who don't know what they mean.

Asa invited me to go back home with her again. Tomorrow Halima will be coming here to join her as it is Afar faffa day. It is heart - warming to be invited and tempting, too, but we wouldn't be able to talk and what if they insisted I eat or drink something? Nonetheless, I treas - ure the invitation.

AUGUST 8, 1985 THURSDAY

Last night I was so stimulated by a pack of letters from the USA brought to us by the Canadians that I wasn't sleepy till well after mid - night. As I listened, it began to thunder as it usually does now at night. The thunder would roll on and on, the longest I Id ever heard. Then the wind rolled up the valley and slammed into our camp! The front pole of my tent was dislodged, caving in the roof. The door had already been gaping due to a broken zipper, so I decided I'd better abandon ship as the lightning flashed and the wind flapped the canvas like an untied sail on a boat. I scrambled with my sleeping bag though the hole in the can - vas door and ran to the office tent, only to have the wind knock the back wall of that tent down as soon as I arrived. Quickly I scampered out of the office tent and ran to Terris'



now-empty tent where I finally spent the night, sleeping little, however .

This morning we found my tent, the office tent, the shower tent, and the supply tent all partly toppled by the wind, but the most dramatic damage was to the guest tent, which had ripped at the base and fully collapsed over the bed inside.

People here believe that much illness is brought by the *kick of a giant*, a big, black man who lives in the mountains and rivers (also linked with Satan in some way). After last night, I can see why one might believe in giants.

Today we had a hectic day, Chris and I being here by ourselves. He had nine admissions to intensive and we had a difficult clinic since our usual guard and translators were not here (and Afars can't be understood by most Amharas) and people kept pushing in front of their fellow patients. One of these was a desperate-looking man whose child on casual perusal, had open eyes, was afebrile and didn't look any sicker than anyone else. We told him to wait his turn but he kept returning and enlisting advocates in our Ethiopian staff. Finally, I gave in and saw her out of turn since I was told she was short of breath and the father was crying. (ie. she got seen ahead of others who had been waiting patiently). It turned out she had asthma and did warrant more immediate attention which made me embarrassed and upset for having put them off. Fortunately, however, after three Adrenalin shots and much fluid, the child was better and father and patient smiling. The little girl offered me her hand which made me feel better. It's hard being a *meanie*

*Intensive*



in clinic, but although we see the obviously sickest patients first, we try not to let others, including employees, crowd ahead of patients who've walked hours to get here and wait their turn.

When all was said and done, we saw *only* 140 people in clinic! Just another day, except Chris and I are here alone and both of us have awful colds.

I have moved officially into Terri's tent where hopefully I will stay till my departure. A good night's sleep will help a lot.

AUGUST 9, 1985 FRIDAY

I slept alot but it was not a very chipper day. For about ten minutes in the mid-morning I had flashing scotomata (dots of light) in both eyes which subsequently became a brilliantly-colored temporal cloud in my left eye and just as suddenly cleared. I didn't have a headache or anything else to explain it but lay down for awhile and went to bed early .

AUGUST 10, 1985 SATURDAY

This afternoon a two year old Afar child came in with anemia and an organic brain syndrome of uncertain etiology . About three hours later he was dead. His parents anticipated his death and waited quietly as he gradually became more lethargic and died. There was no wailing. His mother just turned away and cried while the father, a handsome

middle-aged man with graying beard, colorful prayer cap, coral tunic, and pink and green wrap, quietly shut the baby's eyes and tied his hands and feet. The older sibling, a girl about ten, tried to comfort her mother . Asa and other Afars also came and stood with the family at this their moment of loss.

The family and Afar and Aromo grave diggers then carried the little body, wrapped in a blanket, through Geweha to the river. Chris and I went with them as did a huge entourage of local kids, (who were probably following *us*).

It was a beautiful sunny day and down at the river, kids, mostly naked boys, were frolicking and jumping off rocks into the water below . Nonetheless, the family uncovered the body and washed it with our soap and the brown flowing water. Most of this was done by the father .

Putting the body back in the blanket, they deliberately placed a handful of dirt against the skin, and wrapped it up again. Then they washed themselves and all their clothes while a friend prayed over the body.

Meantime in the Afar cemetery on the edge of town, the grave diggers had dug a hole about four feet deep with a side *shelf*. The family carried the body there and the men placed it, wrapped in the blanket, onto the shelf. The mother only looked once, then stepped back. Against the shelf, large rocks were placed, then plastered shut with mud. Finally the hole was filled and a mound left to mark the spot.

There was no ceremony. No one prayed aloud or said anything commemorative. Everyone just departed when the hole was filled.

The family went back quietly to the feeding

center where they squatted in the center of the compound with Asa and others who were saying their evening prayers. Such quiet dignity...

Tonight Mary and Kinfe returned from Addis.

AUGUST 11, 1985 SUNDAY

Hedair Muhammad, one of the local men, brought a mule up to camp at my request and we all took turns riding it this morning. I had been hoping we could find several horses and all go riding together, but that didn't work out.

Will probably go to Addis tomorrow to finalize my departure plans.

AUGUST 12, 1985 MONDAY

Before we left for Addis today, an Afar child, cousin of the boy who died a couple days ago, came in unconscious with possible meningitis. I did my best to treat him and left him in the nurses' good care.

Kinfe and I then headed for Addis with Omar Hussein, a twenty year old diarrhea clinic patient with persistent bloody diarrhea and vomiting, Omar's mother, and Bizu, one of our employees with hemoptysis (coughing up blood) and probable TB whom we dropped in Debra Birhan for a chest X-ray.

When we arrived in Addis after dark, Omar's mother a smiling, appreciative woman who'd never

seen the big city grabbed my arm and started to kiss me at the sight of electric lights, exclaiming “People like me didn’t know anything about things like this! “ We got Omar the last bed at Black Lion Hospital and left him and his mother there in care of the hospital, making certain she had enough money to buy herself food.

AUGUST 13, 1985 TUESDAY

Eileen and Gerry apparently both arrived in Addis airport at the same time on different flights and were taken to the CRDA office where Kinfe and I met them.

Spent the rest of the day doing camp errands, then official errands with a CRDA employee, most of which were foiled as usual by bureaucratic red tape.

AUGUST 14, 1985 WEDNESDAY

Today Gerry and I accompanied the CRDA employee on official errands once again. One of the main things they are working on is acquiring work permits for us; I need mine before I leave the country! All these required forms are so difficult to obtain!

Afterwards Kinfe took me to see crater lakes south of Addis off the Debra Zeit road. One would never know they existed, but in three different locations there were marvelous craters hidden in the fields - On the rim of one was a hotel and palace built by Haile Selassie; the beauty of this site had evidently been appreciated.

On the way back, over a very good road I might add, we stopped at a fruit juice place and met the Dutch teams, vacationing before departure from Ethiopia. One of their nurses will not be leaving, but will work with the Irish who will be taking over Zuti feeding center .

Kinf e and I then returned to Addis and went to Black Lion Hospital to see Omar and his mother. We had considerable trouble locating them since there were so few staff in the hospital. Finally we found an aide and one nurse for the whole floor of several wards, who showed us Omar, smiling in bed, his mother sitting on the floor at his side.

They were pleased to see us. Omar was apparently feeling better. In an effort to determine if his mother were eating, I asked how much money she had left. It seems she hadn't spent any because she didn't know how to go down on the elevator (eighth floor). Perhaps she was eating Omar's food. We asked the staff if they couldn't help her get downstairs; they said they would. We left them, feeling hopeful and warm inside. (Addendum: Sadly, some days later, Omar 's mother walked somberly into the busy clinic in Geweha and without explanation, embraced and kissed me. Despite Omar 's apparent improvement, he had died in the hospital a few days after we left.)

AUGUST 15, 1985 THURSDAY

Today CRDA helped me place a call to California which worked marvelously well with an excellent connection in just a few minutes. I will be meeting

my family in Kenya following departure from Ethiopia.

Later this afternoon, Gerry and Eileen drove us back to Geweha, Kinfu staying in Addis.

On the road we passed 56 army trucks with about 2500 rifle-toting teen-aged boys going north to the front.

August 16, 1985 FRIDAY

Zembo Kabele came today. We saw 220 people in clinic.

The Afar boy with possible meningitis is still alive but remains unconscious, prognosis poor.

The army convoy we passed yesterday, finally came through Geweha today on its way north. (Convoys are slow on difficult roads.)

AUGUST 17, 1985 SATURDAY

Midday, Eileen insisted Chris and I go to Desi for an outing. Kinfu had intended to be our guide to Gishon Mariam north of there, but hadn't returned from Addis yet. Therefore, Chris and I plus one of our Ethiopian employees and a police administrator drove to Ataye where the administrator got off and wrote us a travel permit to go into Wolo (next province north). Then the three of us drove to Desi via Sinbete and Karakela where we dropped off mail for the feeding center teams. The road north from



there traversed beautiful farmland, some of which belonged to a *state farm* rich in crops, especially corn; then the road wound up steep hills. We passed eight *lizard* army missile carriers and soon pulled into Desi, a wolo city of one-story, pastel buildings with corrugated iron roofs scattered over many hills.

The Ghion hotel there was full, so we stayed at a homey inn on a dirt road, next to a mountain with a long, narrow waterfall. In the yard were hollyhocks, huge marigolds, dahlias, roses, purple iris, spinach and other thriving plants. Everything was green.

We ate dinner at the Ghion where hardwood floors and quaint atmosphere suggested a ski resort. It was full of *feranghis*, likely from relief organizations.

AUGUST 18, 1985 SUNDAY

After breakfast at the Ghion, the three of us were joined by a Ghion waiter who offered to be our guide to Gishon Mariam. We then set off on what turned out to be a four hour trek north up a dirt road. First we passed farmland, then hills, then went down past a waterfall into a green valley and along a river with muddy ruts in the dirt road. There was corn with ears, but rarely any people. (People we did see were almost always covered with flies, even when walking.) We drove and drove, occasionally asking directions. It seems our self-appointed guide had never been to Gishon Mariam either.

Eventually we passed people carrying biscuit tins, then a feeding center, then more mud road. We crossed the river again and drove further into



*"Gishon Mariam" . . . Machu Picchu only three time  
grander, a green Grand Canyon, only more . . .*

wilderness. Finally we came to an amazing sign in the middle of nowhere which said “Gishon Mariam” in English and Amharic and pointed up a dirt path. This rough road of hairpin turns then ascended for an hour , climbing past more corn, occasional huts, an octagonal church on a mountain, startled goats and people; up, up further to a magnificent mountain in the shape of a cross, four rock ledges jutting out against the sky, so large we could only see a small part of it from any one place.

The road had obviously not been traveled much. Weeds were growing in the middle and there was treacherous mud which caused the Land Rover to skate close to the edge at times. As the path narrowed on the hairpin turns and it was hundreds of feet down, I began to wonder how much more was possible. We were joking about arriving and finding an *Out to Lunch* sign or *Closed for the Season*, or a 200 car parking lot. (We hadn’t seen another vehicle for at least an hour.)

Suddenly the road stopped abruptly in a turn-around area and a few curious mountain people showed us a path up a rock cliff to the top. Steps had been cut in the stone in places. The air was thin and scenery—green canyons plunging in all directions—breathtaking; it was Machu Picchu, only three times grander, a green Grand Canyon only more.

At the top was a stone staircase and an arch, like pictures of the great wall of China. On the other side of the arch, villagers with rifles asked for identification. Finally they let us pass. We walked by a few huts, then up more stone cliff to the probable center of their *cross mountain*. It was simply too big to see the four parts of the cross.

We were then led past an octagonal, brightly-painted church and fenced pond with large r,rocks and cross, to the courtyard of a tan church, then through a gate into another yard where we were ushered into a large room with dirt floor carpeted by sweet-smelling straw .

In one corner of this chamber was a regal chair and pictures on the wall, religious and personal, of an orthodox priest. In the adjacent corner was a large table with chairs where we were told to sit. In the opposite corner a large sack was marked *Blé (wheat, in French)* from Canada. A kitten meowed at our feet, perhaps the first I'd seen in Ethiopia.

This was apparently the priest's house and we were soon joined by the priest himself, a handsome man with hazel eyes, light brown skin and black beard, black cap, and long camel-colored robe covered with a light yellow wrap. His voice was soft, his Amhara hospitality generous. He spoke kindly in Amharic of America and especially President Kennedy. In the meantime his people fed us much-appreciated enjera and tea.

He told us that once a month a grain truck came up that difficult road. Hard to imagine! Apparently people have been affected by famine up here, too.

He also explained that women could not go into the tan church where a piece of Jesus I cross is supposedly buried. There is a story that once a woman dressed in trousers (apparently trying to look like a man), entered, and was turned to stone. The stone supposedly still stands in the courtyard. He implied he didn't believe this story, but women simply were not to enter . They could go into the Gishon Mariam, however, as that was Mary's church.

We thanked him for his warm hospitality, gave him our address - es should he ever come to the USA, and then went into the courtyard of the Jesus church where, remarkably, a guard stood by me with a rifle, keeping me on the path away from the church. Later we were all shown the stone of the woman and the men entered the church while I waited, guarded, outside.

It was a beautiful octagonal, tan building with a doorway that looked very Islamic. There was mosaic on the outside wall; a wind chime on the cupola rippled softly in the breeze. Just inside the open door, on the wall, seemed to be a small grandfather clock.

In the outside courtyard there were three stones apparently connected to the tunnel where the cross is supposedly buried. As it turned out the men never were shown the cross; instead they were taken around the inside of the church.

As I waited outside, women prayed in the courtyard and women and children in tatters spoke to me in Amharic, asking for medicine, begging for money. Some of the children were pathetically thin, one especially. I gave her a birr but where could she spend it? What she needed was food and lots of it! Nonetheless the poor skeleton wrapped the money in her hand and didn't murmur as the other kids pressed me. Hunger is everywhere, even at the top of the earth. It was amazing people even lived here!

Finally the men emerged and we were all escorted to Gishon Miriam. There we took off our shoes and entered the brightly-colored church. In the center of the building were four walls painted with stories of the Bible, martyrs and other religious tales in bright primitive colors. Behind the inner walls was

an altar, perhaps containing the host.

Outside, as at the Jesus church, women bowed on their faces, in prayer.

We crossed the yard, thanked the people, negotiated the cliff and made our way to the gate, then went down the rock face to the Land Rover. As we descended the tortuous road in our vehicle, clouds dumped sunlight and rain in glorious drama across the green mountain panorama below us.

Finally arrived in the valley, we stopped at the feeding center (Finnish/Swedish) with a message from someone on the mountain.

We didn't make it back to Desi till after dark.

#### AUGUST 19, 1985 MONDAY

We arrived in Geweha midday to relieved friends and patients. They had worried since they'd expected us yesterday. We hadn't known Gishon Mariam was so far from Desi, and it didn't make sense to drive back to Geweha in the dark last night, especially with the government midnight curfew. There had been no way to let them know.

Kinfe was back in Geweha and was sorry he had missed the trip.

#### AUGUST 20, 1985 TUESDAY

The Afar boy with possible meningitis died today, just as he seemed to be getting a little

better.

One of our carpenters also had a stroke today and Eileen drove him to Desi where his family lives. She is in Desi tonight.

Kinfe has gone back to Addis.

It hasn't rained for a couple days, but now it's thundering ...

AUGUST 21, 1985 WEDNESDAY

It rained most of the night and the river was rushing audibly this morning. I climbed the hill behind the camp and noted the river now has two large forks. The air is clear and the hills (mountains) across the valley are easier to see than usual.

I've had diarrhea (mucusy, yellow, and possibly- bloody at times) for several days now, many times a day for the last few days. Today I started Flagyl 250 mg. three times a day for possible Giardia (parasite). I haven't been feeling so well, and two other members of our team have self-treated for Giardia and improved.

This morning a healthy-looking toddler was brought in dead. He had fallen into water at the bottom of a latrine pit which was being dug and drowned. We tried a little CPR to no avail.

This evening the Danish nurses brought a

17-year-old with supposed placenta previa in labor. It turned out the head was crowning and we delivered a healthy baby girl in our camp office tent. (FUN!)

AUGUST 22, 1985 THURSDAY

Today was my birthday. (Happily, no one knew so I was spared the fanfare of a party.)

This morning, sadly, one of our handsome two-year-olds in intensive died of probable anemia from malaria—the usual. Another heart - break.

It was an unusual day in that in the afternoon a Danish nurse came to say she'd brought a patient to Bete who needed a doctor. Eileen drove me to Bete to check on the patient since there is no doctor there right now. Earlier in the year there were apparently several doctors (surgeons) at Bete; more recently there has only been one but now there is no doctor at all; the nurses are doing everything.

The patient was a 15-year-old with massively swollen face from probable allergic reaction to a possible sting three days ago. The nurses had already given Adrenalin and Benadryl. We added Solu-Cortef; then took him home to our office tent.

Before we left Bete, however, I helped the Canadian nurses with a marasmic child and two teenagers with possible end-stage *Schistosoma mansoni* (serious worm infestation) . It was gratifying to help.

In the evening I returned again to Bete to look



at one of the schistosomiasis patient's stools under the microscope. I couldn't find any eggs, but left Praziquantel for treatment anyway. Praziquantel is the new, non-toxic medicine for schistosomiasis we'd been waiting for to treat Ali Mussa. We were so pleased when it came! Fortunately enough arrived that we treated not only Ali Mussa but now can treat others as well.

Tonight we all sat around the dinner table and discussed latrines, pumps, wells, and teaching projects that are likely to be started here in the near future. I'm sorry I won't be here for these.

The 15-year-old is in the office tent tonight. Hope he won't need an emergency tracheostomy.

AUGUST 23, 1985 FRIDAY

The 15-year-old made it through the night and we moved him to intensive to be observed more closely. He has changed little.

In the evening we had a team meeting regarding the proposed latrine project. Concern was expressed that the effort should come from the village people themselves and not be seen as our project. Otherwise long-term effect would be minimal.

After the meeting Eileen and I went down to intensive to give the 15-year-old Lasix and Benedryl. We also gave Lasix to a baby with pneumonia who was foaming at the mouth and may have been fluid

overloaded.

AUGUST 24, 1985 SATURDAY

The 15-year-old was a little less swollen today and on oral antibiotics.

In the afternoon, I went to Bete and looked at more stool specimens; this time I found a good schistosome egg.

In the evening we went to Karakela to a party given by GOAL (the Irish) for the feeding programs in honor of their new *tukle* (round house with thatched roof). There was a big bonfire and we all talked at length and sang songs.

AUGUST 25, 1985 SUNDAY

Mulatto of Save the Children drove us all on a fabulous ride up rocky, dirt roads in mountains west of Ataye today. Unfortunately the road became impassable due to mud and we never made it to the top. We noted the fields are full of sorghum and corn but grasshoppers are destroying the teff.

This evening the 15-year-old died. It was a sad shock as he had seemed relatively better and the Ethiopian night attendant only told us he had a urine problem. We had no idea he was critical, but apparently he died just after the attendant called us. Was there a breathing problem? Did we

misunderstand our Ethiopian employee? We will never know...

AUGUST 26, 1985 MONDAY

Today was a Muslim holiday which I think must correspond to the Prophet's birthday. it was celebrated by a day off for some Muslims like our Aromo/A far translator, Abdullah, who invited us to his home. It seems to be a holiday of gift-giving and generosity.

We were escorted into Abdullah's neat little dirt-floor house in Geweha and offered a place to sit on a floor covering. After he had given us water to wash our hands, his wife and he served us enjera, wat, raw meat and a local drink. We refused the raw meat, but did the best we could with the wat which fortunately wasn't too full of pepper. Interestingly, none of the meat dishes were offered to the Ethiopian Christians who were there, as both Muslims and Orthodox Christians will only eat meat butchered by their own laws.

When Abdullah saw we were unable to finish the enjera and wat, he poured all the wat gravy on the enjera, mushed it up into a wet mash and proceeded to cram it into our mouths. Apparently it is an Ethiopian tradition of love to feed one's guests (as if we were too shy to eat). I found the sight of the mash so revolting that it was all I could do not to gag when he filled my mouth with it. In the spirit of the moment, however, I took some mash from the bowl and stuffed his mouth as well: Not traditional, but amusing to everyone.

All in all, we were treated royally and with the genuine love Abdullah always exudes for us. To top it off, he also gave us each gifts of jewelry or crafts. A memorable event ...

This evening we had a nice get-together with the Canadians at Bete in honor of their new doctor, Doug, who apparently will be their only doctor. He had been there earlier in the year and they were happy to have him back.

Prior to dinner, I looked at two more stool slides for schistosomiasis under Bete's microscope and found one positive.

AUGUST 27, 1985 TUESDAY

Looked at two more stool specimens again today. Found a positive on our guard Omar's son, and a negative on Hassan, my little Afar friend (Asa's son) .

Late in the day, the Canadians asked me to come back to help with a cesarean section on a twenty year old primipara (first pregnancy) who had been having seizures many hours. Doug, the new Bete doctor , had requested my assistance. Apparently, unlike their former doctor, he prefers a doctor to assist with this surgery rather than nurses. (We are not set up to do surgery in our feeding center and Bete has been the *surgical referral* center for the area.)

It was dusk when I arrived. The patient was in the dirt-floor operating tent, unconscious and with

an oral airway. Nurses hung IV's from the tent ceiling, and gave IV anesthesia while another held a flashlight (to supplement the light bulb hanging from the ceiling) and Doug did the *section* with my assistance.

Our gloves started out sterile but sponges were old-fashioned paper towels off a roll which we used in the peritoneal cavity; there were beetles in our hair (not far from the wound); nothing was ultra clean. There just weren't elegant options in this dirt-floor surgical tent with dust and bugs, and no suction or sponges.

Doug did a quick, very professional section and the patient was stable at the end of surgery under cover of large amounts of intraperitoneal and IV antibiotics. Unfortunately the baby had been dead.

Earlier today, Chris and Eileen went to Addis, Chris for a break, Eileen for errands and to pick up the new doctor and nurse who will be working with our team.

AUGUST 28, 1985 WEDNESDAY

Treated Omar's son for schistosomiasis today.  
All else was pretty routine.

I've had a cramping stomach ache last three days since I stopped the five day course of Flagyl. Can't figure out why.

I recently admired the fingernails of Bizu, our worker now being treated for TB. Today she caught me

As I was walking by her house and one of her friends painted my nails red with silver speckles. The design doesn't exactly go with my work clothes, but that's all right.

AUGUST 29, 1985 THURSDAY

There were 184 patient encounters in clinic today including delivery of a healthy baby boy to a young woman in her second pregnancy. The Ethiopian health assistant did most of the delivery. There was no episiotomy or tears. It went easily and mother and baby returned to Negesu on the tractor-drawn wagon which had brought her. ( I was told tractor and wagon belong to the Farmer's Association.)

Most babies are delivered at home in this society It would be better not to have births in our not-very-clean clinic full of desperately ill people.

AUGUST 30, 1985 FRIDAY

We've seen five cases of jaundice this week. A child about eight died with it today. Her mother died two months ago supposedly with the same thing. We drove the weeping father to Bete with the body; from there he'll start his long trek back to Sherrafa. He still has three younger kids in our intensive.

Later we took two jaundiced men to the hospital in Bete.

Back home, I had just finished showering in preparation for retiring, when Doug, the Canadian doctor, drove from Bete to ask me to come help with another cesarean section. This one was a Gravida 2 (second pregnancy) with placenta previa and shoulder presentation with a hand hanging out the vagina.

When we arrived, I was struck with how macerated and blue the protruding arm was. It was a left hand and we decided the head was wedged' in the right pelvis. An obstetrics book said decapitation was in order if the baby was dead (which it was), but we couldn't see the neck to do such a procedure.

Instead, we did a C-section with delivery of a macerated dead baby with small head flat on one side.

I believe the nurses gave the mother 30 mg Valium IV, 75 mg Phenergan IV and 30 mg Talwin IV for anesthesia during the whole procedure and didn't even use an oral airway. (I was amazed at the doses!) With this she was completely sedated and had no respiratory problems. Beetles were careening off the light but with help of paper towels all went well and the whole *section* took only an hour. When all was finished she was given 0.2 mg Narcan to *lighten* her up and seemed fine. Of course, she received large doses of intraperitoneal and IV antibiotics.

AUGUST 31, 1985 SATURDAY

Today the wife of one of our carpenters miscarried, bled and fainted in the clinic and half the population of Geweha crowded into the clinic, worried about her, as I tried to extract the retained placental membranes. Finally we transported her to

Bete where Doug did a D & C (dilatation of cervix and curettage of uterus).

Arrived home, I had just sat down to dinner when one of our employees came to say there was a boy with a gunshot wound in our clinic. It turned out to be in his left chest with possible pneumothorax.

Back to Bete we went, where Doug put in a chest tube after a futile search for the bullet. The chest tube was made of a Foley and hard rubber tubing stuck into an IV bottle (vacuum) . The boy was gurgling blood when we finished. Hopefully he will be all right.

Apparently he had been shot as he tried to steal a piece of sugar cane on the way home from the feeding center. The farmer who shot him came with him to clinic and was taken to jail.

Just as we had been rushing to see him in our clinic we had passed our Land Rover bringing our new doctor and two new nurses.

We had a chance to get acquainted later at a party at Bete which went ahead as planned despite all that had happened during the day. It was good to meet the new people and also see Eileen and Kinfe who had returned.

SEPTEMBER 1, 1985 SUNDAY

Mary and I got up around 6:30 this morning and went to the church next to our camp to attend the service. I put a sheet over my head and Mary wore a "shama (women cover their heads with white shamas) and



we huddled with the women at the south wall. (This Ethiopian Orthodox Church is rectangular instead of the usual octagonal shape).

Inside the men were chanting and occasionally ringing a gong or bell; now and then the women would bow and kiss the doorsill or the wall. It appeared the women were never invited in, although an officiant sometimes emerged with a book which the women would kiss, or with water with which he touched their faces or which they drank. At the end of the service, the priest and men came out and prayed with all of us, then bid us good-by.

Later Mary, Gerry, Eileen and the new people went to Bete where Mary and Gerry got on a helicopter (which was already carrying Chris from Addis) and they all went to see a grain drop. In the meantime, Eileen and the new people returned to Geweha and the Canadians picked up all except Eileen to take them to a waterfall near Debra Birhan. I didn't go with them since there was a chance Mulatto of Save the Children would be coming to take me to an Afar area. This didn't work out but I had a relaxing day in the camp.

Late afternoon, Eileen flew to Addis in the helicopter which returned Mary and Gerry, and after dark the group at the waterfall arrived back at camp.

SEPTEMBER 2, 1985 MONDAY

I spent the day orienting the new doctor (and the nurses part of the time). At day's end we took a boy with a retroperitoneal abscess (probable TB) to

Bete where Doug drained a huge amount of pus from his back. (The pocket of infection was so big that when the abdomen was pressed pus oozed out the incision in the back.)

The boy with the gunshot wound is doing all right. The second cesarean section patient is also allright, but the first has died. She never regained consciousness after her sustained eclampsia (seizures) .

SEPTEMBER 3, 1985 TUESDAY

There was more orientation for the new people today, then Stan, our new doctor, and one of the new nurses and I hiked over the hill in back of camp, past the Afar graveyard on the edge of town, to the river . Boys continue to jump into the water and the river is still pretty full.

We then walked back into town where Haraguy, the owner of the little town hotel, invited us in and gave us wine.

Out in the street again, we met Daniel who greeted us warmly .

Up by the feeding center we found Mulatto of Save the Children talking to some of our staff. He introduced us to a woman who will be teaching health assistants how to do operations on eyelids damaged by trachoma. Important projects are being started...

SEPTEMBER 4, 1985 WEDNESDAY

I had an adventure today. Stan decided he could

handle the center without me, so Mulatto of Save the Children took me, the police chief from Ataye, and a water technician on a three hour drive to see some Afar<sup>3</sup>.

The road started at Shah Robit and wound around through the hills southeast of Geweha. It was dirt and full of rocks and ruts. We went through an area called Rasa where the fields looked rich and full of tef f and sorghum, until we arrived at the last village of the Amharas. There two villagers got on and we kept driving east.

Gradually we descended a gentle slope and then there in the distance was a great valley like a huge dead sea with mountains rising out of it on the other side. This dramatic sight was the Rift Valley! Down we went into savannah land with dry shrubs and acacia trees, yellow flowers, wild boars and dry air.

Finally at the edge of the valley floor, we pulled into a partial clearing near a big bramble-branch building. Large numbers of Afar men emerged and greeted us with handshakes and hand-kiSsing.

One of them had thick curly hair cut short on his neck and looked like an Australian aborigine. He was supposedly brother of the group leader. As he approached me he reached out his hand and felt my chest, apparently to check if I were female. His wife, as if to see for herself, did the same thing. Probably they had never seen a white woman before, especially one as slight as I with short hair and, of course, wearing a shirt which hid my chest.

Apparently I passed the test, for the woman then took my hand and led me down a dusty path. I checked to make certain Mulatto and my Amhara friends were

following.

We passed an Afar who was assisting a goat deliver a kid.

Soon we reached a compound containing four rectangular houses made of branches. They were about four feet high and covered with woven mats. Inside there were rocks for cooking, beds made of wood, and piles of skins.

We were led then to a kind of *tukle* (round house) made of tree branches and offered a seat on large stones on the ground. Meanwhile the Afars brought us gourd after gourd (or wooden vessels) of what appeared to be melted butter or *yellow milk*, as Mulatto called it. He kept refusing, insisting they bring white milk which they finally did. Determining it was cow's milk rather than that of camel or other animal, he suggested, nonetheless, that I drink little or risk diarrhea.

The wooden vessel contained curdled milk or possibly yogurt and a couple of ants were floating in it. The one swallow I took tasted of sour milk or yogurt and had a burned wood flavor; maybe from old charcoal on the bottom of the gourd. Then they brought out a bread patty of bulgar wheat which was delicious and which they had me dip in the *yellow milk*. I thoroughly enjoyed that, but the others ate little -

Our hosts had taken our hesitation well I thought and were delighted by my attempts to say "Thank you" in Afar ("Cofelesayu") and "Peace be with you" ("Salaam Alekum") in Arabic which as Muslims they also say.

Save the Children has been delivering grain to this group for three months. Perhaps they are just

now learning to prepare the bulgar wheat since grain is not traditionally part of the Afar nomad diet. They generally eat animal products. I Must say, however, that these people looked well-nouri3hed and relatively healthy (as had the Amhara3 in the last town), probably a tribute to the good work of Save the Children.I understand Mulatto was the first Amhara to have ventured contact with this group of Afars in a longtime and that these Amhara3 and Afars were not previously friendly.

Interestingly, this Afar group seemed to have a rather large permanent settlement with many families ( did someone say 2000?) scattered over this area. I was told they graze elsewhere but always leave a guard here. Supposedly there is an enemy tribe of nomads much like them, called Issas, across the Awash river who sometimes attack them.

In any case, these Afars had cattle, goats, and camels and from the size of their huts, large pile3 of skins, abundant milk and butter , appeared rich compared to my Afar friends, Asa and her family, east of Balchi. Those people had had absolutely nothing to offer us when we visited.

After we had been fed, a large group of Afar men met with Mulatto and the police chief and the Amharic / Afar translators under a far tree. They met there for at least an hour , apparently discussing administrative problems regarding grain delivery . In the meantime, the water technician and I waited in the shade of the vehicle and played with a large group of Afar children who had congregated to look at US. Many were fascinated by the mirror on the side of our vehicle.

Inter est i n g l i n the group of children and

adolescent boys, there was one Amhara woman who apparently had fled her own society with her husband and lived among the Afars.

It was an unforgettable afternoon.

On the way home, we stopped in Shah Robit for papaya juice and dropped off the technician, arriving back in Geweha after dark.

Mulatto and the police chief then went on to Ataye.

SEPTEMBER 5, 1985 THURSDAY

I spent part of the day in clinic while our new staff went with Eileen on a tour of the other CRDA camps. It was hard to do much work since everyone knows Mary (one of our nurses) and I are about to leave. We were given numerous gifts by employees—mostly necklaces—and kept getting involved in photo sessions.

As I've mentioned before Ali Mussa has been treated for schistosomiasis and continues on TB medicine. He has been doing fantastically well, gaining weight and looking better every day. Today, in preparation for my departure, I gave him and his mother a matching pair of my clinic shirts which fit them fairly well.

I also gave shirts to Asa and Hassan and an earring to Halima who visited the center today. When I put earrings into Asa's ears, however, she looked quite unhappy. Apparently new Afar widows aren't

supposed to wear jewelry and she hasn't been widowed long. (I understand her husband was found dead in the bushes three days after his disappearance, cause unknown. I asked once if she and the other young widows in her family compound had been married to the same man—since Afars are Muslims, this would have been possible—but apparently not.)

This was supposedly Afar day for supplemental food but few came and few were eligible for faffa since most children were over 85% weight for height. (Thank goodness they're doing better!) Nonetheless, this group of Afars is not being served by Save the Children yet. (They soon will be, hopefully.)

In the evening, Doug from Bete came with our Land Rover. The Canadians had taken it to Addis to transfer the boy with gunshot wound who had worsened. He had been coughing blood and may have hemorrhaged. Sadly, he died on the way. He was only a kid (maybe fifteen) and killed for trying to steal a piece of sugar cane. The man who shot him is reportedly already out of jail.

We had more American visitors tonight.

SEPTEMBER 6, 1985 FRIDAY

Stan asked me to come down to clinic today to see a woman with seven months pregnancy, premature rupture of membranes and prolapsed cord.

He and Doug did a cesarean section promptly at Bete. The baby died but mother was all right.

Abdullah and Hailu (guard) in clinic gave me more gifts today .

Mary and I wore our huge number of gift necklaces and I put a gift shama on top of my head and we went to Shah Robot market today .

Gerry dropped us off there, and we waited while she and two of our Ethiopian employees did errands.

Standing there by ourselves, we attracted a mob of curious women and kids. Everyone seemed friendly, but then two women spit in our faces and we decided to retreat to find our Ethiopian friends. Later it was explained that these women spit not because they were upset with us but rather to protect us from the evil eye.

The market was very crowded and even accompanied by Ethiopians, we were a curiosity and crushed in the crowd. One of our friends finally hurried us into a café to escape.

Eventually Gerry came to pick us up. She had taken three blood smears to Shah Robit prison where the lab technician had diagnosed vivax malaria on all three, one of whom is our thin little Hassan (Asals son) , who has a chronically large spleen and frequent fevers. He has already been treated for vivax but will need to be retreated. He also has Giardia.

In the evening there was a party in our camp for Mary and me. Save the Children and the Canadians also joined us. It was a fun time with dancing and farewells. Mulatto brought me an Afar knife which I will treasure. My times with the Afars have been lovely.



SEPTEMBER 7, 1985 SATURDAY

Blinded by tears, Mary and I bid good-bye to our workers, patients and friends this morning.

There was emotion in the eyes of Hedair, our campguard, Daniel and Hailu were crying, Abdullah sad. Mothers of children in intensive kissed me multiple times and began to wail. Ali Mussa was sobbing at the door of our Land Rover and poor little Hassan was bewildered. I tried to get him to repeat “I love you” as he has before, but he was unable. I looked around for Asa but she was nowhere to be seen.

Somehow, this was an extraordinarily difficult departure. Finally we climbed into the Land Rover and backed out of the feeding center . Hassan was in Chris’ arms and everyone was waving and crying.

Gerry drove the vehicle toward Bete where we picked up the wife of one of our patients to take her to her husband at Black Lion Hospital in Addis.

As we came back through Geweha, I glanced one last time towards the center and saw three Afar women walking away from the road in that direction. Perhaps one of them was Asa. I would have liked so much to say good-bye ...

The road was winding across the river outside of Geweha. Vision still blurred, I noticed people bathing in the muddy swirl. Off we went through the beautiful green hills of Balchi, Zuti, Shah Robit, up to Debra Sina where we stopped to see Eileen on business there. A tear was rolling down her cheek as we pulled away.

What an emotional day! I have learned a lot about myself here in Ethiopia; new worlds have

opened. Good-bys are never easy; the *feranghis* I will likely see again, and Daniel and Kinfe I can write, but those Ethiopians with whom I have no language in common: Abdullah, Hailu, Hedair , Ali Mussa and his mother, Asa, Hassan, Halima, and others will now become *unreachable*. Perhaps I Will return one day and see the employees, but the patients will be gone. I comfort Rly3elf that love prevails and perhaps in the life to come all who've loved are brought together again.

Outside Debra Birhan we took a dirt road for about ten minutes and parked the Land Rover by a river Then we hiked one and a half hours over pastures and f fields of barley to a huge gorge and a three-tiered waterfall, only one tier of which we could see very well.

Back at the Land Rover we headed of f to Addis where we dropped off passengers and checked into the Ghion hotel.

To our delight Kinfe, who had been in Addis, met us for dinner .

September 8, 1985 SUNDAY

Kinfe picked up Mary and me at 6:15 this morning and we went to get our Ethiopian friend, Salaam, for a special annual Ethiopian OrthodoX service at St. Gabriel Is Church.

The outside walls of the octagonal, yellow churchwere surrounded by large tombstones and small crypts. Inside the courtyard were mass - es of people, women covered with white shamas (which we were

wearing also.)

Kinfe parked the Land Rover and Salaam, Mary and I headed to the women's entrance of the church where we took off our shoes. The crowd was close and our feet wet and cold on the concrete steps. Shoes in hand we squeezed into the door and made our way through the crowd to a spot where we could stand like other women facing the inner wall. Male chanting and prayers could be heard over loud speakers; now and then women responded with mumbles. A lady nearby fingered large prayer beads.

Finally we sat on the cold floor as others were doing, the service being too long to stand.

Then for no obvious reason" young women with babies and the elderly started pushing to the right. At Salaam's direction we joined this group, inching through the crowd.

We were apparently trying to squeeze through a door to an inner circle. As I crossed the threshold, I noted the inner walls were brightly colored, some brilliant red, with murals of St. George and the dragon, Jesus, Mary, and Bible stories.

It was getting hot and Salaam began to feel faint; the crowd had stalled. Finally we made it to the apparent goal, an area where priests were waiting with a large communion cup and something that looked like sugar. We did not partake; instead we made our way back to the outer circle where robed men huddled and chanted, stamping crooked canes in unison.

Outside, the pavement was cold and wet but it was a relief to be out of the heat and crushing crowd inside.

The courtyard was jammed with worshippers, elbow to elbow. We found the Land Rover in the yard and

waited for Kinfé. Meanwhile a steady stream of blind or maimed beggars, lepers with no fingers, and merchants selling religious items tried to persuade us to part with our money.

Finally Kinfé came. As we drove out of the churchyard there were gaily-colored parasols, perhaps with priests under them, moving around the outside of the church. We passed large tombstones in the yard. Then in the adjacent street Kinfé stopped and jumped out to get us free bread given by the church on feast days.

A couple hours later, having dropped Salaam at home, we picked up Gerry, and arrived for the end of the service at St. Matthew's Anglican Church. One reason for going was to obtain permission from the priest to visit the Anglican orphanage in Adissalem.

Permission obtained, we went back to Salaam's where her mother fed us an ample injera lunch, then all headed out many kilometers through green countryside to the bucolic setting of the orphanage in Adissalem. The place had been a former school for monks now turned into housing for sixty to eighty kids of all ages - These were true famine orphans with no living relatives. None had been adopted. They were very well-mannered. The grounds were beautiful and included a huge garden/farm with a glorious view of the valley below.

Nearby was a former palace of Menelik II, recently turned into a museum housing his crown jewels and those of Haile Selassie, along with royal clothes, books and furniture.

Adjacent to this building was a church built by

Menelik in honor of Mary. It was square inside with gaily-painted, renaissance-style religious murals. Someone noted that all the religious figures looked white-skinned; only Menelik and his family were dark. Kinfe explained that when we become spiritual we are ultimately *white*.

As we stood in the church, the chimes began to play the familiar refrain often played in the west before a clock strikes the hour .

Making our way back through the churchyard to the car, we saw monkeys scampering in the yard.

#### SEPTEMBER 9, 1985 MONDAY

This morning at 7:00 Mary and I were dropped off at the airport for a one and a half hour flight in the cockpit of an RAF Hercules transport plane which flew northwest of Desi and dropped four loads of grain. It was thrilling to see the crew push sacks of grain out the back, so close to the ground! The flight was low and smooth the whole way, not unlike the helicopter. I greatly appreciated the low altitude and comfort of the flight since I have a bad head cold.

#### SEPTEMBER 10, 1985 TUESDAY

This was our morning to leave Ethiopia. (Mary and I were going to Kenya for a brief holiday before returning to the States. We would be meeting my parents in Kenya.)

One of the CRDA employees made a special trip to our hotel to say goodbye to us at breakfast.

Arrived at the Addis airport, we discovered I had been bumped to stand-by despite assurances of Ethiopian airlines yesterday that all had been taken care of. Mary got on as did a large crowd of stand-by passengers. After a long and apparently arbitrary selection process, only one man and myself were without a seat. I was told the next flight to Kenya would not be for three days, but that we could get on this plane if we bought first class tickets. To do this we would have to go back through the gate to the airport bank in the main lounge to get Ethiopian birr. The plane, however, was already fully-loaded and over an hour late for departure.

We ran with great sense of urgency past the guards and through the gate to the bank which seemed to take forever to change the money. On the way back through the checkpoint, the woman guard wanted to frisk me again, but when she saw how desperate I was let me through. The other man had been far ahead of me and already was nowhere to be seen. As I ran down the corridor, hand luggage bouncing, inflamed mucous membranes dry and parched from my cold, I heard a plane revving up and saw an airlines official walking away nonchalantly. I thought they had abandoned me; now I would have to go through the red tape of getting proper permits to reenter Addis and bide my time there for three days while Mary and my parents were left waiting for me in Kenya in a quandary.

When I got to the gate, panting and barely able to breathe, there was no one there except a woman visitor. She suggested I run down the boarding

corridor where I finally found some officials. Apparently the plane was still there. My mouth so dry I could hardly talk, I pushed 120 dollars worth of birr at them. Someone disappeared with it and then came back and returned it to me. It seems they had found a seat for me in coach after all! Assuring me my luggage was on the plane, which I doubted since I had seen it sitting on the tarmac not long before, they told me to take my seat.

Passing a worried Mary, I went down the plane aisle and plopped in my place breathless, weak, and thoroughly exhausted. Physically and emotionally spent, I had an overwhelming desire to cry . What a harrowing end to a physically difficult but wonderful three and a half months!

And cry I did: For myself, for Ethiopia, a difficult but beautiful country with still so much hunger and suffering, for Afar , Aromo, and Amhara friends, for a life experience I will never forget. All that was worth far more than a simple cry ....

ADDENDUM: NOVEMBER 6, 1985

I made it to Kenya. As I suspected my luggage wasnot on board, but Ethiopian Airlines in Nairobi waswonderful and sent it on the next plane three dayslater.

I got over my last Ethiopian cold (I had had four colds in three and a half months) but not till I had given it to every - one around me unfortunately.

On my return to New York I had a physical and had lost more than ten per cent of my body weight.

It later turned out my TB test had turned positive (no surprise with the heavy TB exposure I had), but as far as I know I have no active TB; I just developed immunity. My chronic diarrhea has stopped and I have been enjoying the incredible abundance and variety of foods we have here in the USA and am gaining weight again.

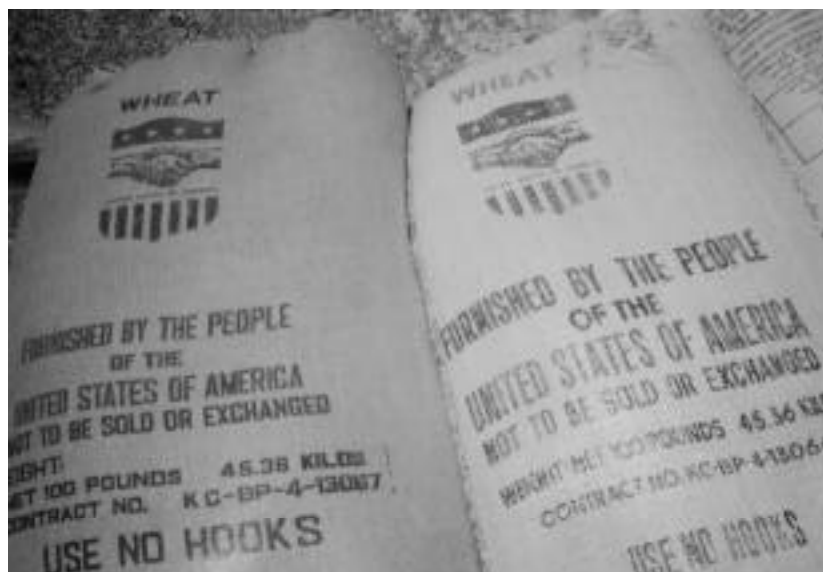
I look back at my experience in Ethiopia with wonder and gratitude for the people I met and the blessings being there gave me.

Recent news from Geweha is both good and bad. Save the Children is taking over the feeding programs and bringing food and developmental programs to the people which should be good; CRDA will probably close its feeding camps soon. The bad news is that the rains stopped and the crops are reportedly drying up and blowing away. When I think of those long-suffering people, I can only wonder how much more they can take.

It is urgent that we in the west do not forget them! We, the fortunate of the world, don't know what it's like to be chronically hungry. It is our aid that feeds them. Our grain is their main food, in many cases their only food. Without it they will die. It will take good rains and more than one good harvest to bring them out of this crisis.

**WE MUST NOT FORGET!**





*Wheat From The U.S.A.*

## EPILOGUE

Early January 1986 the Church World Service medical team in Geweha had a reunion in the United States. Two of the nurses had just come from Ethiopia. They gave the following report:

The Big Rains lasted two months instead of four . There was a partial harvest in places but not enough.

CRDA feeding centers in northern Shewa closed (Save the Children was going to be feeding their kabeles) except for Geweha. Geweha now gives supplemental food to 3000 kids every two weeks instead of 16,000-17,000 as in summer 1985. The intensive has dwindled to a few patients looked after by one American doctor and nurse.

Save the Children continued its energetic program of taking food to the kabeles in northern Shewa. In December, however, “they ran out of food!” (Reason given: Food aid had been cut back.) Supposedly having insufficient food, they are switching to a *food for work* program.

My conclusion? There may have been temporary improvement for some based on the harvest, but meanwhile, food aid has diminished (perhaps due to change in calendar year) and feeding programs are cutting infrastructure, all of which seems painfully premature. Without early rains, the people will soon be out of whatever food they have and the situation will deteriorate again. Even now there are 3000 undernourished children in the Geweha area and severe



*Church World Service Medical Team  
Reunion in the United States, January 1986  
L-R Standing: Back Row: Bill, Mary, Betty  
Middle Row: Pam Betsy, Gerry, Eileen.  
L-R Kneeling: Terri, Chris.*

malnutrition in other parts of Ethiopia. The needs of Ali Mussa and Hassan and their brother@ and sisters do not depend on artificial dates on international aid calendars but on the reality of insufficient rain and daily hunger.

The world community has done so much. We must not reduce aid till food supplies are secure. it will take more than one partial harvest and scaled-down relief programs. We must not be tempted by temporary improvement to think we can in good conscience turn away . The struggles of our Ethiopian brothers and sisters are far from over .

## ABUSH

It was unlikely Abush would survive.

Abandoned in the midst of Ethiopian famine by parents who could not get along, the physically and emotionally starved three-year-old was brought by his grandmother to the Church World Service feeding center at Geweha, Ethiopia.

Abush was the epitome of starved, wounded humanity: tiny frame shrunk to a sack of bones; skin blistered with infection; muscles so weak his rectum would fall out and hang there, red, exposed to the outside world until reinserted by an adult.

Abush was hungry, desperate, and afraid. He clung to his grandmother like the infant he had been not so long ago and sucked constantly on his grandmother's empty breasts. Probably he had already been weaned, but starved and emotionally distraught, rejected by his mother, he held tight to this grandmother and strained for life-giving milk.

His grandmother held him and let him do whatever he needed; her love was unconditional. She fed him feeding center foods and medicines; let him suck, pull, maybe even chew the dry nipples on those empty breasts.

And one day a miracle happened; her breasts were no longer empty. From her nipples flowed milk as if she herself had just given birth, as if Abush were her own child. Now when he sucked he received not only emotional nourishment but physical as well.

Needless to say, aAbush got better. His skin healed and he gained weight. His grandmother finally took him home from the feeding center a well child, new life made possible by donated foods and medicines and her own unconditional love.



*Abush Before Recovery . . .  
The epitome of starved wounded humanity . . .*



*Blind mother, hungry child.*

## CHIGRE YELLUM

Tuesday, June 25, 1985

Geweha, Ethiopia; on the hill behind the Geweha feeding center, overlooking the brown hills.

### CHIGRE YELLUM (No Problem.)

There was a famine, so here I am. Was it your idea, Lord, or was it mine?

Anyway, here I am. Now what?

They beg pitifully at the feeding center door and grab my feet. I wish they'd leave me alone. All I can feed them with is impotence. "Go away; I have no grain or biscuits. Yellum, yellum (no, no), please leave me alone!" I drop my eyes that I see not their pain nor they my frustration, when there is so much else I have to do, so little I can change.

Yet that's not fair. Can I stand so little?

All day long people in tatters implore with outstretched arms, as legions in rags and pain stretched out desperate hands to Jesus centuries ago.





*There is so little we can do  
and still they come.*

Still the poor cry.

But we are not God! And they are so many . There is so little we can do and still they come ...

Yet some are fat and laughing; some sneaky and sleek; some simply normal. Many have been employed by this famine. They are not all suffering or afraid or dying.

Just the children whose ribs can be counted.

Just the children whose legs are sticks and buckle under them.

Just the children with bloated bellies and eyes crusted shut.

Just the children with pus running out of their ears and flies on their mouths.

Just the children with TB crusted on their necks and yellow eyes and concentration camp gauntness; persecuted by being, but smiling still.

Just the children; the infants who've forgotten to swallow; the child whose blistered body is nothing but bones but who sucks desperately on his grandmother's empty breast.

Just the children, burning with fever so hot it makes one's fingertips smart; with spleens to their groins and rales in their chests and no response to the damn medicines, the this and the that which is tried in desperation to save them from death; the death which usually comes anyway in the night. (Whether daylight or dark, it still is the night.)

Just the children with puffy faces and pale skin, with no blood cells due to malaria; the kids with angel eyes who seize and die, whose parents wail

and put them to rest deep in the folds of the earth.

A three year old with the personality of an adult and body of an infant—bones and marasmic skin; fever and a rub. All the medicines failed. Today she died and a nurse bent over in symbolic abdominal pain.

Abdominal colic, colic and pain.

Children starve and die of disease. Pain and colic; colic and pain.

Muslims fast (it is Ramadan) and come to clinic with burning abdominal pain. Eat if they have food? “No, no!” Pain and colic, colic and pain.

For some life-imposed pain, others self-imposed. No food for some, deferred eating for others.

Deferred living for all. We are all lost in our own starvation—empty and in pain.

An old woman, thin as a rail. I start an IV; there is no blood return. She is dead.

Almost daily, the wailers come to the churchyard; they dig graves so frequently I wonder that there still can be room and more people to die.

Drums in the night, chants in the morning. Wailing and colic; colic and pain.

The well-fed and empty all belch. The earth is vomit that has hardened and we are diarrhea, flowing through the cracks on the surface of the sieve of

time, buried in the belly of never, the nothingness, the chasm of the questions, “Why?”, and “So what?”, and “Is there life before death, or after death, or ever?”

Well-fed and healthy, I count my colics and my days, looking always for tomorrow, planning, pulling always somewhere else, and for what and why? The pulse of the earth throbs in the pain and the vomit and the sweat, and the ever-elusive rain just can’t make it, just can’t come down hard enough or wind blow hard enough to efface the colic from the face of the tortured earth.

Yet He said: “Feed my sheep,” those people there, the poor who’ll always be with you, the tattered, the starving, the dying.

We, the ones who’ve been blessed, are strangely the starved ones, sucked juiceless by our delusion of self, dragged down by self-imposed pain. The poor die to their troubles and move to the Spirit; we, the fortunate, are dead to the Spirit till we shoulder their troubles. We must live for His sheep and die to ourselves, before we move on ... anywhere.

“FEED MY LAMBS.”





# ETHIOPIAN JOURNAL

by

**Pamela M. Sutton M.D.**

**In 1985, Dr. Sutton spent three and a half months as the physician in an Ethiopian feeding center sponsored by Church World Service. This journal is an account of that time.**

**Board certified in family practice, Dr. Sutton also has training in nutrition, hospice care, and tropical medicine. In medical school she elected to go to Costa Rica for three months and during her residency worked for the Indian Health Service in Gallup, New Mexico and the Frontier Nursing Service in Hyden, Kentucky. Later she served as physician with the North Carolina Board of Rural Health Services in Appalachian Madison County.**

**A graduate of the University of California School of Medicine at San Francisco and the University of Rochester Family Medicine Program, she also studied at the University of London School of Hygiene and Tropical Medicine.**

**Dr. Sutton lives in Broward County, South Florida, where she has a palliative care (hospice) practice treating terminally ill patients.**

To read more about Dr. Sutton:  
<http://www.PamelaSuttonMD.org>

*Sherwood-Spencer Publishing*

*Box 517 • La Jolla • CA • 92038-0517 • USA*

ISBN 0-940361-70-1

