

# **THE METTU JOURNALS, 2004**

**William Burslem**

## Week of May 10-16, 2004

Thursday, May 13

After three days of errands, meetings, and shopping for towels, sheets, pots, pans, silverware, and a kerosene stove (I felt like a much belated wedding shower would have saved us a great deal of trouble) it was good to leave behind the chaos of the streets of Addis Ababa this morning. We drove about 325 kilometers to Jimma in seven hours with a lunch stop. The road is like a two lane super highway for the first 100 km., but then rapidly becomes the equivalent of off roading at 35 miles per hour while actually driving on the sometimes paved Jimma Road. The asphalted stretches are randomly studded with pot holes and lumps that best resemble narrow high US speed bumps while the dirt portions are slightly less rough. But then you confound the problems with dust. The rains are just beginning and the dust remains all pervasive. Your mouth feels like dried mud and the luke warm bottled water only cuts the effect for several minutes. After arriving in Jimma a cool Coke (cool because nothing in Ethiopia is cold) and a glass of Ambo (mineral water) cleared most of the dust. A short walk from the Temke Pension (motel) to a restaurant did wonders for the cramps in my legs. Dinner tonight was a good sish kabob, and will probably be my last "farangee" (foreigner) meal for several months. The temperature dropped nicely at dusk, giving relief from both the moderate heat and the intense sun but dusk also brings the problem of mosquitoes (and Jimma is malaria country.)

The countryside is beautiful this time of year. The first rains have come and though the grass is still short it now has the yellowish green color of new growth. The Green Hills (of Africa, ala Hemmingway) are a stark contrast with dark brownish black plowed areas. Farmers are everywhere with oxen and wooden ploughs cultivating for the soon to be planted teff, corn, and sorghum. Easily identified acacia trees are outlined on the distant mountain ridges, reminding you this is Africa. A few gray clouds are scattered in the sky but none seem intent on coalescing into an actual thunderhead. The rains bring the promise of renewal and the cattle, goats, and even the normally frantic sheep seem to graze somewhat peacefully as if they understand the time of plenty is coming. There are more birds than I have seen on previous trips, but I am able to identify only a few of them. Some trees and shrubs are flowering and the roadside and yards are sprinkled with yellows, reds, and orange with the occasional lavender thrown in. The corn and sorghum reaches a foot in height in some fields. The streams and rivers are all brick red from mud and it is strange to see people bathing and washing clothes in this muddy liquid that passes for water. They also drink directly from the streams and carry home large plastic jerry cans of this water for cooking and drinking with no filtration or purification.

The roads are filled with people and animals, cattle, sheep, donkeys, and goats, particularly around the villages and towns. The incessant honking of the car horn of seems to create a wedge in the mass of animals and people and at times it feels like the car is an ice breaker working in a frozen sea. Most livestock seem to recognize a potential threat in the honking horn, but the occasional young donkey will stop in the middle of the road to satisfy the discomfort of fleas (or whatever causes itching in donkeys.) This brought us to a noisy halt with tires and horn screeching simultaneously. His worldlier mother kept plodding along, well out of harms way. There was less heavy truck traffic than usual on the Jimma Road as the bridge over the Gibe River is damaged and heavy trucks are not allowed to cross. This helps to reduce the dust somewhat, but there is still plenty to blow around. With no heavy trucks, there is no diesel fuel to be had in Jimma, but fortunately Alemayehu knew this and filled up at the last town before the Gibe Gorge.

In Addis and Jimma many of the women favor western style dress. The younger women wear skin tight jeans and calf length stiletto skirts. (In a country where obesity is far outside the norm, if not a

wild aberration, such tight clothes look remarkably good.) In the countryside women wear long flowing dresses and many Oromo women dress in spectacular colors. Hot pink is a favorite dress selection and today I saw a striking combination of a hot pink calf length dress with a long lime green wrap thrown loosely around the neck and over the shoulder. This contrasted with the royal blue and red jerry cans the woman was carrying to fill with water. Other Oromo women favor black dresses heavily decorated and embroidered with bright yellows, greens, orange, and reds about the sleeves, hems, and bodice. In the cities you occasionally see the Moslem women in the full length burka, all black, including the veil covering the head and face. Most of the men wear western style clothing, though many Moslem men wear the distinctive light colored or white skull cap, and in the rural areas many men wear a head dress or turban like affair. A gobi, the long white loosely woven cotton wrap is often used as a protection from dust, sun, and the early morning cooler air.

Tomorrow will include a 5 to 6 hour drive to Mettu and then trying to set up housekeeping and hopefully hiring a cook and housekeeper.

Friday May 14

While the night was warm in Jimma, it rained in the highlands and the road from Jimma to Bedele is wet, and livestock are drinking from the potholes in the middle of the road (making driving even more of an adventure.) The gullies beside the road show signs of the recent heavy rains and there is red sticky mud everywhere. The air has the clean smell and appearance that sometimes follows a heavy rain and the smog/haze on the distant ridges is visibly reduced. Thankfully, the dust is almost nonexistent! However a new problem has arisen, there is no diesel fuel to be had. The old bridge over the Gibe River is badly damaged and impassable and the newer bridge is also damaged and unsafe for heavy truck traffic, hence no fuel trucks. We expected to get fuel in Bedele, but the petrol stations were closed. With several hours of driving to get to Mettu and only a quarter tank of fuel Alemayehu knew it would be very tight, but with no alternative we pushed on. We arrived in Mettu with the gauge on dead empty and though Alemayehu and Mersha did not appear worried I was relieved to see the Sor River and the hill leading to downtown Mettu. In Mettu, Mersha was able to get a ration ticket from the Zonal Transportation office for 50 liters (about 12 gal.) of fuel. That solved the immediate problem and Alemayehu will be able to drive on home to Gore (where he is the director of the Gore Children's home.)

After meeting Fanuel and Yadeta at the IBS office we went on to the Mettu Karl Hospital compound and I explored my home for the next three months. It is a cinderblock house with three bedrooms (two are still locked as they have not been cleaned), a bath with hot water, a small rough kitchen, complete with a badly leaking hot water faucet and drain and a refrigerator. There is a huge living/dining room with a fireplace (I am not sure why anyone would want a fireplace in this climate) and plenty of windows (but no screens.) There is a bed and nightstand, four hooks on the wall in lieu of a closet, and the living room has a desk, sofa, several chairs, and a dining table with chairs. This will be more than ample room for me. It is fairly clean by local standards, but a 50 gal. drum of Clorox would be useful. With the all pervasive mud in town, the tiled floor immediately became spotted with dark red globs.

Yadeta and Fanuel showed up in the evening to take me to dinner accompanied by a new face, Addise, who appears to be in her late twenties. She was the cook for a Finnish missionary couple for years, and was unemployed after their return to Finland for sabbatical leave. In short order I hired a cook and housekeeper, three meals a day, seven days a week for the sum of 200 ETB (about \$24 US) per month. She begins with the Sat. evening meal.

It rained moderately about dusk, promising more mud for tomorrow.

Saturday May 15

Last evening Dr. Mulugeta, the assistant medical director came by several times wanting to chat and be helpful. Something went wrong with my computer power supply and it would not charge the battery. Early this morning a man appeared at the door explaining that Dr. Mulugeta had sent him. He turned out to be the hospital medical instrument technician. After assessing the problem in his workroom

he reappeared stating that there was a short in one of the power wires that he thought he could fix if I was willing to let him cut the wires. I readily agreed, pointing out that I had less than an hour of battery time left and without a repair the computer would soon be dead. This afternoon he came back with the cords and transformer and I am back in business with a fully charged battery and fully functioning on the local wall current. In the US I would have had to buy a new power supply.

Today I had my third meal of tibs (fried mutton and injera) in two days, so clearly the farangee food is history! Tonight Addise fixed pasta and a meatless tomato sauce. She has cleaned the refrigerator (a very badly needed job) and mopped the floor (the red globs are gone!) She spent several hours cleaning the kitchen and new dishes and then arranging them in the single cabinet to suit her. She seems very competent on the single burner hot plate and the kerosene stove we bought in Addis. (You have to have both stoves as either current or kerosene supply may fail.) She has been to market and the refrigerator now contains peppers, carrots, potatoes, eggs, and cold bottled water (my sole contribution.)

Bekele and Fanuel came by for afternoon coffee and Fanuel stayed for dinner. The evening finished with a lengthy discussion with Dr. Mulugeta about medicine in Mettu and social factors and problems affecting his practice. HIV/AIDS is a very complex issue with many social and cultural issues complicating education programs. Monday promises to be increasingly challenging.

Sunday, May 16

I went to bed without the traditional Saturday night shower as there was no water and situation has not improved this morning. Addise came to fix breakfast and I sent her home. With no water I will have neither breakfast nor a shave. She seemed embarrassed personally that the water was out, a common trait in Ethiopia where such mishaps are common and the people seem to feel that government failures reflect on them individually.

The Mettu Church service was warm and lengthy. Despite Fanuel's intermittent translation I had trouble staying awake during a three hour service, including an eighty plus minute sermon in Oromyfia. Kes Kinessa preached. I was able to recognize the Lord's Prayer in Oromyfia and could clearly hear the word injera (the flat pancake like fermented bread that is the major dietary staple.) Fanuel later confirmed this was in the phrase "Give us this day our daily injera."

Fanuel stayed for lunch, bringing dura wat from his mother's house nearby. It was excellent! We then spent two and a half hours discussing the Bethel Church and EECMY history and origins.

The water came on temporarily this morning, long enough for a shave and hand washing, but after church services we were dry again. It is off all over town, so presumably it is some type of pumping problem. In the meantime the kitchen sink is full of dirty dishes. It is shaping up as a second straight day without a shower. I ate alone this evening, first time in a long time, and even though eating is a very social occasion here, the solitude was nice, if it does not become a habit.

### **Week of May 17-23, 2003**

Monday, May 17

We have water again; it came on late last evening. Now if we can get a plumber to fix some leaking pipes and restore hot water to the shower, things will be in order.

I spent the morning making rounds on the medical ward, seeing problems I had not thought about since medical school and wondering about the accuracy of many of the seat of the pants diagnoses. With little lab support and no imaging beyond PA views of the chest and uprights of the abdomen, diagnostic criteria are hard to fill.

Tuesday, May 18

I had lunch today with the IBS leadership. We discussed the guest house fire and I presented them with the checks from iCARE and Winchester First. They were speechless about the money for the guest house rehabilitation and did not know what to say in regards to the larger gift. The leadership will discuss various health projects and other projects and we will try to have more definite proposals well before I leave. They are very excited and thankful for the support for the guest house restoration.

I now have a cleaning and laundry person. His name is Addisu (no relation to Addise) and the two of them thoroughly mopped and swept the house today and I was amazed at the dirt that went out the door. It looks much better and cleaner than when I arrived.

Kes Yadeta, Fanuel, Amanuel, Bekele, and Mulaku came by for coffee after work and are still somewhat speechless after our lunchtime discussion, but have obviously been discussing it all afternoon. Amanuel stayed for dinner and we had a wide ranging discussion about politics, churches in Winchester, and some stumbling attempts on my part at Oromyfia language.

The plumber showed up late today and promised to be back tomorrow with “much new parts.” We will see.

Friday, May 21

This week was spent trying to get used to medical practice in Mettu. Lessons learned or reinforced include:

- Never expect anything or anyone to be on time.
- Never bet that a given lab test or chart will be available when you think you need it (and it may be next week before the reagents come or the storekeeper returns with the key for the room where the EKG machine is locked up.)
- Never think that you really need any lab test or chart.
- Ethiopians have a better knowledge of their medications than the typical US patient (but they only have 1 or 2 to keep track of.)
- When in doubt, (which is most of the time) strongly consider TB.
- When in doubt, treat empirically (often for TB.)
- When they say a given outpatient clinic will be busy, that may mean 30 to 50 patients for two doctors to see in an afternoon.
- Never refuse an invitation to “have coffee” (even though you may have cold Ambo or a Coke.)
- Ethiopians have a wonderful sense of humor about themselves, their friends, their foibles, farangees, their hospital, and other institutions, but this humor does not extend to the government.
- Expect at least one visitor to drop by each evening and politely refuse to stay for dinner (do they know my cook?)
- The water will always be off whenever you finish morning rounds and before the noon meal when you badly need to wash your hands, but usually be on in the late evening.

The medical ward is full of common place pneumonia, tuberculosis, diabetes and heart failure, but also contains cases of tetanus, malaria, and tuberculous peritonitis. Patients here are very sick and with the limited investigational and treatment resources, the human misery index and the in hospital mortality rate are very high. I suspect the post hospital mortality rate is higher than we would like to admit.

Late this afternoon my friend the repairman returned without the promised “much new parts.” He proceeded to plane down a swollen bedroom door (it is no longer jammed, now it only sticks) and fix the lock. He proudly showed me how I can now lock myself in my bedroom or lock all of us out of the bedroom. I am unsure why locking the bedroom is so important since I lock all the outside doors whenever I leave. I have also found it is frequently a good idea to lock the front door when I am inside. Some visitors knock softly at 5 to 7 second intervals until you come to the door, but others, including some whom I have never met, assume an unlocked door is an invitation to walk in and (maybe) verbally announce themselves.

After all the door locking demonstrations, the friendly repairman again examined each of the plumbing problems we investigated several days ago and proudly announced after each inspection “much new parts-Monday.” He seems to be the only repairman I have met in Ethiopia who uses new parts; others are very adept at actually repairing things. He is probably smarter than I, since there are limited new parts for anything in this country, thus he has developed a built in excuse for procrastinating. He has successfully hoodwinked me.

I had a vivid example of how much particulate matter is in the Mettu tap water last night. I noticed that I was having trouble pumping water through my water purification filter. Cleaning the filter and rinsing it dislodged copious amounts of fine red dirt. The time to filter a liter of water was reduced from 25 minutes to less than 5 minutes. Apparently the same red dust (or something similar) that is so prominent on my clothes is also present in the tap water and was clogging the filter.

There has been no rain since last weekend, so the dust has replaced the mud in the streets.

Sunday, May 23

It has rained the last two nights, so red sticky greasy mud has again replaced the dust. Yesterday Fanuel and I took a walk on the south side of town and returned with a copious supply of mud. Later in the afternoon Addisu insisted on cleaning and polishing all my shoes. Despite my protests that the boots were just polished before leaving home and only needed the mud removed, he felt they needed further work. When he finished the wax was almost as thick as the mud had been.

Today Fanuel, Halleluiah, and Amanuel and I attended services the Katta Church. In the three years since the church was dedicated the congregation has grown so much that they have built a shed outside for the overflow crowd. Today the church was packed and the shed also filled. The liturgist was an elder and he led the congregation in a praise and prayer session that became increasingly fever pitched. Women were ululating while others stood with continuously trembling upraised arms and a few began singing and speaking loudly and very rapidly (probably in tongues, but it is all tongues to me.) A rapid drum beat accompanied all of this. As the fervor increased, Kes Girma stood. (Kes Girma is the young pastor at Katta with a wonderfully peaceful, comforting, and ever present smile but he also has an air of quiet authority. He is very respected and loved by his congregation.) He whispered a few words to the liturgist while the drum pounded and the frenzied pace of many in the congregation continued. The liturgist nodded and immediately held up a hand and said in a very quiet voice said simply: “Halleluiah.” Immediately the crowd stilled and the prayer began again very quietly.

The sermon was delivered rapid fire style in Amharic by a layperson and translated into Oromyfia by the liturgist. It was hard to tell who was preaching and who was translating. They were frequently speaking simultaneously. The translator was easily as animated as the preacher and paced the dais constantly. Both used extensive hand movements for emphasis and the translator’s hand held microphone was in constant motion and he stamped his foot frequently for emphasis. The sermon concluded with a fevered and lengthy prayer, so lengthy in fact that the liturgist motioned for a relief man. Another elder came forward and the preacher and liturgist sat down and mopped their brows while the relief elder prayed on, the exchange hardly missing a beat.

A close friend in Winchester is always ready to delineate the times in the sermon the preacher has repeated a phrase or sentence for emphasis. He would need both hands and an Excel spreadsheet to keep count of the repetitions in today’s sermon.

Choirs must be the same the world over. As usual the choir sang while the collection was taken. They began with endless adjusting of the microphones and directions to move 3 inches here and 6 inches that way. Eventually all were in acceptable positions and the ushers came forward with the wooden handled velvet like collection bags and began their rounds. Somewhat later the choir began its hymn, after the ushers had served about a quarter of the congregation. They, of course, finished long before the choir and stood respectfully in the rear while the choir sang on. The ushers patiently waited while the choir

readjusted and repositioned itself and the microphones before beginning a second hymn. Again the choir sang on. I noticed the usher in the outside shelter was using a partially opened umbrella as a collection plate. The collection is one of the last parts of the service and a goodly number of the congregation in the outer shelter had taken the lengthy prayer following the sermon as a chance for an early exit. (The members have no qualms about entering or exiting the church during a prayer, albeit with a respectfully bowed head.) I wonder if the umbrella would have been full had the collection been taken before the prayer. Maybe the early exit was simply a ruse to avoid the collection! Afterward the choir stood quietly waiting to go back to the loft and I expected to hear the director imitate a Marine Drill Instructor and announce: "Dis—Missed!" I suspect somewhere in the Pentateuch there must be ancient laws defining proper choir deployment.

It readily apparent that this congregation is very devout and their faith is very deep. Their ways of expressing their faith are very different from ours however their service is extremely moving and interactive. Despite my not being able to understand a word of the sermon (Amanuel did translate an executive summary) it is a poignant and stirring experience to see their expressions of faith during the service. One cannot leave without a degree for awe for these fellow Christians, their love of the Lord, their willingness to express their beliefs, and the important part their faith plays in their daily lives.

This evening I had dinner with the elders of the Mettu Church. It was a traditional local spread, tibs (fried mutton), spaghetti casserole, stomach (fried lamb intestine), bones (mutton meat attached to the bone cooked in a pepper stew), an excellent kay wat (lamb in a pepper sauce) and of course injera. The Mettu Church remains committed to expanding both their evangelism and social relief programs in the community and ask for our prayers and help.

It being the seventh day of the week and the Sabbath, both the water and the electric service rested for most of the day, but both are relatively functional after sundown.

#### **Week of May 24-30, 2004**

In the last week the two of the three tetanus patients on the ward died, and a TB patient with massive hemoptysis, an older hyperosmolar coma patient, a post op patient with peritonitis, and a pneumonia patient have also died. A young woman with wide open mitral insufficiency and stenosis, a massive water bottle heart, and end stage heart failure developed upper GI bleeding that will probably take her. (This may be a blessing since she is beyond a valve replacement and would probably require a cardiac transplant if she were in the US.) She has been living on the ward since she immediately went into overt heart failure within several days of her last two discharges. We are discharging two partial paraplegics with urine and fecal incontinence to return to street living in the next few days and they will likely be readmitted with urinary or other infections soon. It is difficult to see these poor folks with no resources and realize they can not remain in the hospital indefinitely, but there is no social service system to help them. If they have no caring relatives they will not last long on the streets, particularly with the cooler rainy season rapidly approaching. There are four probable AIDS patients, one each with military TB, probable TB peritonitis, either toxoplasmosis cerebral involvement or bacterial meningitis, and one with pneumocystis pneumonia who may die in the hospital in the next few days.

Dr. Samuel, the pediatrician, introduced me to two pediatrics patients who reside on his ward. One, a 14 year old orphan, is in the 8<sup>th</sup> grade and has lived in the hospital for 19 months since her parents died. Her 3 year old brother was admitted by the Menschen fur Menschen orphanage, but the older girl was considered too old for M. f. M. Dr. Samuel is unwilling to put her on the street because of the obvious danger to her and she has no alternative and no known relatives. She has no medical problems and Dr. Samuel keeps her only for her safety and nutrition. We will try for the second time to get her into Gore Home for Children. The second girl I met is a 10 year old diabetic with 3 episodes of diabetic ketoacidosis who has now lived in the hospital for almost 5 years and been ketoacidosis free for this time. Her family has little to do with her and rarely visits despite living just outside of town. Unlike the older child she does very poorly in school, and is currently not attending classes. Both of these girls have unbelievably bleak futures in this cultural framework. The social problems facing these patients are overwhelming, and you

realize this is only a small fraction of the individuals facing similar problems throughout the developing countries. It is common in this country for a family to give food and shelter to extended family members, often entire families, as well as unrelated orphans. Unfortunately orphans are too often used as servants or worse in the household. How fortunate the patients are who have supportive and caring families!

Electricity problems have come home to the hospital compound. The compound has two generators, a large one that serves the whole compound, hospital, support services, and residences, and a smaller one that serves only the hospital and its immediate support facilities. I was told I would be lucky to live in the hospital compound where the power never goes off (the large generator is supposed to cut in within 15 seconds of power loss.) Recently, when the city power goes off (an almost daily occurrence,) only the smaller one is used, but on Monday when power went off all surgery had to be cancelled. There was one hour of diesel fuel left for the smaller generator and none for the larger one. The decision was to save that fuel for a truly emergency procedure. Last evening Bekele said that he understands the Gibe River Bridge is repaired and heavy truck traffic will resume. Maybe that will alleviate the fuel supply problems, though the price of fuel has dramatically risen and will undoubtedly not fall to previous levels. Sounds like Western capitalism at work.

Friday, May 28

Today is a national holiday, the Ethiopian equivalent of the Fourth of July I guess, this being the celebration of the liberation of Addis and overthrow of the communist Derg regime in May of 1991. The hospital is quiet, and I have the day off. Tomorrow is the opening of the new Youth Center Café, and Mersha has been busy all week getting ready. Amanuel said with a smile: "That is job of the Executive Secretary to supervise the implementation of a project." Amanuel said while the planning and ongoing work was his responsibility, it was Mersha's problem to see that the final work was accomplished in time for the opening. At any rate I have not seen Mersha since Monday morning. Interestingly, the water and electricity have worked all day without a hitch, and water pressure seems higher than normal today. Maybe it is in celebration of the government's success in 1991, or alternatively, the power and water facilities have fewer problems when the staff is not on duty.

A German microbiologist/hygienist, Dr. Peter Schiller, and his assistant, Katerina Heist, have been at the hospital for several weeks, working on the bacteriology lab and examining hygiene procedures within the hospital. They have given several presentations on hygiene to a few of the medical staff, very nicely crowding into 100 minutes what could be more easily be said in 35 minutes. He brought with him, from Germany, a bathing stretcher, a large gurney made from heavy PVC pipe and equipped with wheels. In place of a mattress there is a heavy flexible plastic tub about 15 inches deep. It has a drain that is attached to a hose, in order to drain the tub into what Dr. Schiller refers to as a "floor sink," meaning a floor drain. The idea is that the sicker patients may be put in the gurney at their bedside, wheeled into the common bathroom and bathed by the nurses in the mobile tub and then return to their bed in the apparatus. A good idea but unfortunately the apparatus is about 8 inches too wide to go through the bathroom door. One morning last week Dr. Schiller had the head nurse, Sister Rosa, and the medical director, Dr. Alemayehu, in the hall of the medical ward for a lengthy session berating them about how the door frame and part of the wall would have to be torn out to accommodate his portable tub. Later both Rosa and Alemayehu told me independently, amidst great laughter on their part, that they could not tear out the wall. The gurney/tub has been sitting unused in the Medical Ward hall for 2 weeks. Sister Rosa seems much less than pleased with the whole business. Her humor did not improve noticeably when she received an official letter from Dr. Alemayehu, complete with signatures and purple hospital stamps (all important documents have purple stamps from some governmental or other agency) appointing her as chairman of the new Hospital Infection Control Committee organized by Dr. Schiller. Dr. Schiller and Ms. Heist leave tomorrow for Jimma Hospital, probably to lobby for additional construction projects and committees there. We will wait to see if the wall here is breached.

I talked with Dr. Schiller about water quality in Mettu, and of course he has inspected the water treatment plant. He feels the water is safe to drink, though admitting that on at least two occasions when he was at the treatment facility; the chlorination process was flawed, on one occasion putting far too much chlorine into the water, and on the other too little. Apparently the chlorine is just dumped in with little if

any regard to the necessary quantity. Despite this, his tests indicate no fecal pathogens in the water, though he has not tested the water from the hospital tap, only at the treatment facility (an interesting sampling technique for a hospital hygienist.) He says due to the local geology the water has a high iron content and he doubts significant chemical contamination because of the rural drainage area of the Sor River. He insists he drinks water directly from the tap and feels particularly during the rainy season with higher river flows that fecal contamination is unlikely. He admits there are major problems with the aluminum sulfate flocculation process (that process precipitates suspended solids out of the water) and he feels the discoloration or cloudiness of the water is from the iron and the aluminum sulfate. One of the local doctors responded that good water should be colorless, tasteless, and clear, none of which describe the tap water here. I will continue to filter and iodinate my water despite what he says, though the aluminum flocculation problems may explain my filter clogging up rapidly.

Sunday, May 30

It seems to rain every evening or night now, and avoiding the all invasive mud is impossible. Last evening I had dinner with Chaltu and Bekele and it poured rain as we started dinner. Their home is in a newer area on the edge of town and a good ways from the partially paved main street. When Bekele drove me home even the Toyota truck in four wheel drive was spinning and sliding in the mud. I felt sorry for him as they do not take the Synod vehicles home at night and after taking me home he returned the truck to the Synod compound and then walked over a mile home in the mud. They seem to take such hardships in stride and never complain about them. I assume it will only get worse as the rainy season progresses. At least now the water table is low and as soon as the sun comes out the surface begins to dry. For now, we do not have to contend with dust. As long as I stay in the hospital compound the mud is minimal as almost all the central area of the compound is paved. But oh the mud immediately after a thundershower in the town itself!

We went back to Katta Church today as Chaltu was preaching there. She is a beautiful quiet charming woman with an infectious smile in social settings. But she plays second fiddle to no one as an evangelist in the pulpit. The quiet manner and voice became commanding as she began her message with a 10 minute prayer and dove into the 50 minute sermon. If it were not for the overflow shed outside I am not sure she would need a microphone to be heard. She finished with an almost 20 minute prayer (no relief man this time.) (When you can not understand the prayer or sermon except for the brief intermittent translations, it is hard not to look at your watch and time portions of the service.) When she finished the translator was drenched in sweat but she appeared dry and fresh. I told Bekele later: "I saw a different side of your wife today. You better stay out of trouble because I think that lady can hold her own with anyone if need be!" He had a good laugh, but it is obvious her calm quiet demeanor can change to suit the occasion.

Apparently the outside congregation appreciated the message and prayer today as I did not see anyone leave during the post sermon prayer. I also noted the outside usher used a fully open umbrella for the collection plate so she apparently anticipated increased contributions.

After the service a large number of children came forward wanting to shake hands with and touch the "farangee" and we exchanged the usual protracted greetings. I guess I am being accepted by the older ladies also after several visits to Katta. One came forward with the traditional greeting, chin to shoulder, alternating sides 3 to 5 times and today she began intentionally brushing my cheeks to hers and then kissing each of my shoulders. Immediately there was a stream of older women waiting to repeat the performance. Eventually Amanuel rescued me by pulling me out a side door. I have never had my shoulders kissed so thoroughly.

Yesterday at 7 AM the Illu-Green Café and Pension opened in the new Youth Center, serving coffee, tea, soft drinks, and bread. The lodging rooms are also open now and a restaurant will follow later as funds and training allow. The Youth Center is being funded in large part by a gift from Opequon Church. It will provide a meeting place for youth as well as be a source of employment and on the job training for IBS youth and hopefully become an income source for the Church. Two of the waiters are graduates of the Gore Children's Home and iCARE program. The dream is to build a library for student use on the adjacent vacant lot, but the city still has not approved this use of the property.

## Week of May 31-June 6

Yedeta, Mersha, Bekele, Sarah, Mulaku, and Tariku left Monday for Addis for the three times a year EECMY executive committee meetings. They will be gone for about two weeks. Fanuel and Amanuel are left to hold the fort here and make sure that I am still breathing, thus one or both stop in daily. The Guest House walls are down and they are breaking up the block walls and hauling debris off in preparation for rebuilding. Materials are being ordered from Addis, so that project is moving along. We understand that Yonas arrived safely in Addis from the US but he was informed yesterday that his brother, who had been terminally ill, died Tuesday. Yonas is to meet his wife, Ayantou, in Aira for the funeral today or tomorrow. This is a difficult homecoming and our thoughts and prayers are with Yonas and his family.

This appears to be the week of water problems, too much or none at all. The nightly rains cause the windows in the house to leak, and after heavy storms I have minor flooding in part of my bedroom and major pools of water in one corner of the living room. Despite this surplus, the city water is non functional. It went off early Sunday morning and came back on briefly and performed in a dysfunctional manner for about two hours Monday night. It remained off all day Tuesday. Today, Wednesday, the pipes are dripping, sputtering, and belching large amounts of air. (The pipes in the house sound like the inside of an elephant with gastroenteritis.) At least the noise suggests that some water may be arriving in the system in the indefinite future.

Wednesday, June 2

At morning report, Dr. Alemayehu said that the water was intentionally cut off by the city because of discoloration and fear of contamination. I fail to follow that reasoning since the water is usually slightly red or cloudy white. When it is off for any significant period of time the people use the runoff in ditches and stream water, both of which are discolored and undoubtedly have bacteriological contamination. I suspect with the rain, there will be continued problems with water clarity and color from the Sor River. This morning enough water came to fill the toilet reserve tank, allowing flushing, but before lunch the tap was lifeless again. Addisu filled the kitchen reserve bucket with water from somewhere; I did not want to inquire too deeply. He pointed to the west and said: "Out there." In a lot of things limited information seems best. One can hope it came from a barrel under a downspout, and not from the local stream at the bottom of the hill. I hope Marta boils it well in the cooking as they both agreed it did not come from the water tap.

I have a new cook as of Monday. Addise developed recurrent back pain (a long standing problem) and has retired in favor of Marta. Marta was apparently happy to quit "an abusive job with another person. You don't want to know too much about it, it will make you too sad," Fanuel explained. Marta is very friendly and smiles a lot more than Addise, who was in pain a lot of the time, I guess. Marta appears in her late teens or early twenties but is attending the ninth grade in the afternoon, so she must finish lunch in time to get to the high school. She returns after five in the evening. She reportedly rents a room somewhere "over there" Fanuel says with a wave of his arm. "You don't want to know about, it will make you feel bad," he adds. I gather that she has had a very tough life as an orphan in Mettu. She and Fanuel hope there will be a position for her at the Illu-Green Pension when I leave. They are getting requests for food service already and hopefully it will be busy and need extra help in two months. She made an excellent shiro (a bean or chick pea based sauce or wat) for lunch. Eaten with injera it would have been plenty, but apparently she felt I needed meat. She fried five excessively well done hamburgers, each about an inch in diameter to go with the shiro. Unsure what I was to do with them, I broke them and mixed them with the shiro and ate them with injera. The shiro was better by itself! Addise thought I ate only beef, she never bought any other meat, and I have asked Fanuel to make clear to Marta that I am fine with lamb and chicken. We will see, as of now we are still working on Addise's beef supply. My meals have been tasty but plain, with potatoes, rice, and pasta as the staples. The only other vegetables are cooked carrots, occasionally beets, and some cabbage and onions in soups. The beef, potato, carrot, onion, and cabbage soup is very good. To have more than one dish at a meal is unusual except every meal is accompanied with

bread. We are able to get bananas, oranges, and mangos, the only things I eat raw. I was finally able to convince Addise to buy some honey (the real stuff, complete with an occasional bee leg or assorted body parts and other black debris.) It is very good on bread or the “porridge” (oatmeal.) I would have porridge for breakfast every AM if Marta and Addise had their choice. We have, after two weeks of negotiation, instituted a policy of some day to day variation in the breakfast menu.

Saturday, June 5

Water seems to come and go, but later this week it has been on at least once a day for an hour or three and usually both in the early AM and again about dinner time. For some reason it stayed on all night last night (probably the employees had Friday night off and thus left it alone.) This AM is died briefly and then came back on albeit without much pressure. Whenever you think they have become set in a pattern, something changes it. It rains nightly and often in the afternoon, so a water shortage is not the problem. I have learned to take quick showers, always wondering if I will get the soap rinsed off before someone turns off the water. So far I have been lucky and not run out at an inopportune time.

Amanuel and Fanuel are spending considerable time at the Illu-Green. They are involved in the day to day operations but it is obvious they enjoy “hanging out.” I hope they are not the primary source of revenue for the café, though when I was there one evening there were a number of persons drinking coffee, tea, and Cokes that I did not recognize and who seemed to be local customers. Of course, part of the reason for the café was to have a place where friends could hang out in an alcohol and chot free atmosphere. (Chot is a locally grown plant that is widely chewed for its stimulant and addictive properties).

Sunday, June 6

Today Fanuel, Halleluiah, Tameru, and I went to Hurumu to attend the “birth” of a new congregation. The new church is the third one in the area, the other two being on opposite ends of the town and the new one is near the center of town. Hurumu has a special place in the hearts of Oromo Christians as it is the home of Onisemus, the former slave who first translated the Bible into Oromyfia in the early twentieth century. The new building is partially completed, the concrete block walls are finished, the roof is in place, and electricity is present, though only by extension cord, the conduit for the wires still hanging out of the walls. The floor is still dirt and the window frames and glass are not installed yet. Today was the first service in the new building. We arrived five minutes late for the service that we thought was to begin at 9 AM. After extensive greetings, hand shaking, chin to shoulder greetings, and obligatory: “How are you?” “I am fine thank you.” “Are you well?” “Yes, nagaa galata Waaqayyoo (I am fine. Praise the Lord.)” “How is your day?” “Fine thank you.” “How are you today?” This protracted conversation between only one person and myself and is likely to be repeated, with slight variation in wording, by everyone who greets me in the morning, if he or she has any command of English. After taking pictures of the church, the children, and standing around for a while the pastor suggests we go for coffee, saying the service will begin at 10. A few minutes before 10 we climb in the truck to head back to the church, but before we arrive at the turnoff the pastor says the congregation has not arrived and we should drive towards the older church. After driving a mile or so we see a huge procession of several hundred people being led through the muddy streets by two white robed pastors and a large choir. Having found the missing congregation we return to the new building to await their arrival.

Part of the congregation assembled at the original church to symbolically shepherd the new church members to the new building. After some time we can hear the singing and drum throbbing and later the large procession arrives amidst joyful singing and clapping, and proceeds to enter the all ready crowded church. It is beautiful symbolism and a very moving ceremony. Somehow most of the procession seems to get in the building, or at least near a door or window. (One benefit to the partially finished church is that they can not close the windows, as the members often like to do no matter what the temperature.) About 10:30 they finally find enough benches for the choir to sit and the service begins. The choir numbers sixty members (I had plenty of time to count them) and their robes are various colors, some green, some purple, others orange, and many blue. When the time comes for the choir to sing, there is insufficient room in the front of the congregation for this large body to stand. The pulpit and alter are moved, extension cords are

tugged on and the amplifier and its chair are squeezed to one side and eventually the entire choir is empanelled before the congregation and proceeds to sing.

Fanuel is the guest preacher and he gives a twenty minute sermon in Oromyfia with brevity that would make an American Presbyterian minister proud. (His sermon rates an A from me, but we both suspect some of the congregation felt short changed time wise.) Of course we are over an hour into the service when he goes to the pulpit to begin preaching. After the sermon the choir is resituated in front of the church for the offertory hymns. By the time the choir is through their hymns, the ushers have collected the offering, brought it forward, spread a blanket in an open spot on the dirt floor, and they have almost finished counting the offering. They conclude the counting and financial entries during the pastoral prayer. After I "deliver greetings" from First Church Winchester and Shenandoah Presbytery the service concludes with the Lord's Prayer. As the congregation disperses, the choir sings and dances, accompanied by joyful clapping and several large drums.

We had lunch in a Hurumu restaurant with the pastor and several elders. The duro wat was excellent (I am told Hurumu is known for its duro wat.) It is now four weeks since my arrival in Addis and over three weeks since our drive to Mettu. In the interval the corn and sorghum has grown markedly, some now being almost shoulder high. Everywhere you look there is either the deep red plowed soil or the dark green of well watered grasses and forests. The Sor River, which was a cloudy white three weeks ago, today was an orange red and at the top of its banks. The city water comes from the Sor and it has made intermittent appearances most of this week. Yesterday the tap water was the most reddish color yet, and even many of the local residents are not drinking it today.

Last night Marta proudly made duro wat for me so I invited Fanuel and Amanuel for dinner. I knew Fanuel could not turn down an invitation for duro wat and all three of us enjoyed it. Marta did a great job! We all congratulated her and she seemed pleased. Yesterday afternoon I had a live chicken, fresh from the market, hopping around in the kitchen, in preparation for the duro wat. I had the leftover wat again this evening, making three meals of duro wat in two days. I hope she saved some of the chicken for something besides duro wat.

The e-mail, internet service, and fax service have been misbehaving (apparently on a national basis) for a week now. There has been no service for any of them since last weekend. Presumably Ethiopian Telecom is having major problems on a widespread basis.

#### **Week of June 7-13, 2004**

The medical ward work continues to be, simultaneously, exciting, challenging, and depressing. Patients die practically daily, from fulminate malaria, tetanus, tuberculosis, and complications of AIDS. Severe anemia is probably the most common problem complicating everything else on the ward. Relatively simple problems like nose bleeds may be life threatening when your hemoglobin level is dangerously low to begin with. Every day I see hemoglobin levels lower than I thought were compatible with life when I practiced in Winchester. Knowing there is nothing you can do that really changes the ultimate outcome in so many cases is very hard to deal with as a physician. Sometimes all you can do is try to look reassuring, but in the end you turn and walk away from the hopeless and pleading looks in the eyes of the family members. On the other hand this week a young lady with AIDS who was comatose ten days ago is awake, eating, smiles at me, and clearly recognizes us. When she slipped into a deep coma with a rigid neck I thought she would be dead within thirty-six hours. Somehow she has responded to anti tuberculosis drugs and/or treatment for cerebral toxoplasmosis. With the limited diagnostic capacity, it is anyone's best guess as to what caused her coma. Given her surprising improvement we are continuing both treatment regimens. We also sent home two patients this week who survived bacterial meningitis and we have a tetanus patient who at almost four weeks may survive this usually fatal illness. I am becoming much more comfortable dealing with malaria, hookworm, giardia, and other common tropical infections. I am amazed at the amount of moderately severe hypertension that we see here in the thirty to forty-five year old population. The diabetic clinic is a challenge. You adjust doses of insulin solely on the basis of symptoms; only occasionally will you have a single fasting sugar or a single urine dipstick, done the day of

the clinic visit, to help. Obtaining a history and symptoms is difficult for me, even with a good translator (and some are very borderline translators.) It can be a problem for the native staff also at times. There are patients who speak neither Amharic nor Oromyfia, but instead use one of many disparate tribal languages. Between several nurses, family members, and a staff doctor a common tongue is usually found. Occasionally there are two translators and three languages between the patient and me. It is a rare pleasure when the nurse translator occasionally says to the patient: "Speak English to the doctor, he can understand you." This week there is a meeting in Addis Ababa for the medical director and all the specialists, so the GP's and I man the fort. An ENT specialist from Jimma Medical School is here for two weeks to cover surgery and ob while the others are away. Yes, the ENT surgeon will do appendectomies, caesarean sections, and other emergency surgical procedures. Since Dr. Solomon, the anesthesiologist, is gone I guess he directs the anesthesia also.

With the ongoing and minute by minute changes in water pressure and availability, taking showers and getting laundry done becomes increasingly problematic. When the pressure is low I have no hot (more likely warm) water as it takes higher pressure to push it through the tank and malfunctioning hot water faucet. In fact the only way I have found to get hot water in the shower (and only then when the tank pressure is high) is to turn the faucet all the way on and then pull handle as hard as I can away from the wall. I discovered this technique after Mr. "Much New Parts" worked on the faucet and gravely pronounced: "New parts, Addis." I took that to mean there would be no repair and began tugging the faucet stem out of the wall. At least part of the time, if I pay attention to the pressure, I can get a hot shower. You quickly become adept at judging the pressure by simply turning the sink faucet on. Even then several times the pressure has dropped precipitously while showering and suddenly there is only a cold dribble. It adds some excitement to an otherwise routine chore.

The almost daily rains make drying the laundry even more challenging. It seems we never have both sun and functioning tap water simultaneously in the morning. Or the water may be too reddish in color for Addisu to wash the white clothes. Addisu or some of the women in the neighborhood are adept at getting everyone's laundry in when the rain begins, usually in the late afternoon. (The women in the backyards are commonly referred to as "servants" but I avoid that appellation. I am certain they are not doctor's wives as the large majority of the doctors are not married.) Frequently I will see an unfamiliar woman hanging my laundry out the next day so that it may finish drying. Between the clouds, rain, and humidity it always takes at least a part of two days to dry. The water is now back to only slightly rusty in color, much clearer than earlier in the week, but it is a roll of the dice as to whether there is any water pressure at any time you turn the tap on. Marta keeps a large plastic bucket in the kitchen that she dutifully fills to the brim whenever the faucet is functioning. I keep hoping she boils it for use in cooking, but am afraid to ask. At least to date I seem to be tolerating whatever she does without significant problems.

Bicycles are becoming a frequent sight in the countryside and the towns. There are a number here in Mettu, while you saw none three years ago on my first trip. I wondered why they were not used more and assumed the rough roads simply would destroy them. For whatever reason, they have become available and increasingly popular. Many of the proud owners have used plastic and bubble wrap to cover the frame, presumably for protection from the mud and rocks. If American car owners need car bras to protect their vehicles from bugs and rocks it seems reasonable for the East African to similarly protect his investment.

The Telecom e-mail service continues to misbehave. It is almost two weeks since I was able to send out anything. Incoming mail is no better.

Sunday, June 13

Fanuel, Amanuel and I worshipped at Kolo Korma today, my first worship service there. Today the teacher's college students are sponsoring a "conference" (actually more like our church revivals) here in town and invited all of the Evangelical Church members in the town to attend. Because of this, attendance was much less than normal at Kolo Korma. Kes Tollassi preached for fifty minutes on the great commandant (Deuteronomy 6:4-5.) He began by asking the congregation if each could "hear in Oromyfia" so that he would not have to translate into Amharic. I should have raised my hand to indicate I did not

“hear” Oromyfia, but he quickly added that Fanuel would translate for me. Despite the sparse attendance and the absence of a choir (a male soloist filled in admirably) the service was nearly two and a half hours. It was wonderful to see the church in use and to attend a service there. I was present when the foundation was first excavated and First Church Winchester has been heavily involved in financing its construction. It still functions as a satellite of the Mettu Church, but will likely become an independent congregation at the next IBS Convention.

While greeting the congregation I realized that the early Presbyterian missionaries to Western Ethiopia failed to teach an important tenet of American Presbyterian church decorum. The back three or four rows of the church were empty! Having grown up in the Presbyterian Church, I assumed the Shorter Catechism or the Book of Order somewhere specified appropriate seating arrangements for Presbyterians. Furthermore, I always thought that somehow certain church members were predestined from birth to occupy the back rows and cheerfully accepted this burden. In addition, I simply assumed (without ever really considering the issue) that the rest of us understood it was our duty to fill in the back if they are absent. Obviously the Mekane Yesus membership has misunderstood this pillar of Calvinism. Humor aside, it is refreshing to see a congregation so interested in the service as to fill from the front rows backward. As a faranjee guest, I am expected to sit on the front row where my pale bald head will be easily visible to all. Unfortunately, sitting in the front row does not allow me to easily assimilate the normal cues in the service, like when to bow your head and when to close your eyes in prayer. Visual cues become all important when you can not understand a thing from the spoken word. There is frequently a group of children in front of or beside me, staring at me, but they seem to miss or ignore the cues also. I can not depend on them to indicate when to bow or close my eyes.

Today I finally was invited to visit the former home of Brian Gilchrest, now occupied by Fanuel. It took four trips to Mettu to be granted this invitation and the addition of a very fine duro wat cooked by Hallelujah made it an even more memorable occasion. Brian’s weight lifting equipment, truck, and dog are gone, but the dog’s deep scratches are still very visible on the kitchen door. It is a very comfortable two bedroom home, equipped with a TV, a WorldSpace digital radio receiver, an extensive library, and beautiful curtains, specially made for Brian out of local cotton from a woman’s dress.

Tomorrow a changing of the guard is scheduled. Kes Yedeta and others are to return from Addis. Kes Mersha and Bekele will follow later in the week as they are to attend the formal transition of part of the Tollay Project into government hands. The Tollay Project has been one of the largest of the IBS development projects and a very successful one. The IBS development staff will be transferred to other projects, like Tepi. Fanuel leaves tomorrow for Addis. He needs to get exit visas approved for planned trips to a conference in Ghana in August and to Finland in the fall. Fanuel and Amanuel have been very faithful in ascertaining my breathing status almost daily, working out minor questions with Marta and Addisu, and keeping me well stocked with bottled water and other necessities. I will miss Fanuel’s ever present smile. With Fanuel’s anticipated departure for a week or so, he has loaned me his digital radio. Five weeks ago tonight I arrived at Bole Airport in Addis and I celebrated by listening to the first actual news broadcast I have heard since leaving the Dulles Airport waiting room. (Fanuel and Amanuel have been good about bringing major news items like Regan’s death.) It seems strange to hear Wolf Blitzer and CNN on the radio and to hear that the NBA season continues to drag on. In fact it is strange to hear any news broadcast.

#### **Week of June 14-20, 2004**

It was good to see Yonas this week. He is well and glad to be back with his family. He has finally reached home after attending his brother’s funeral, finishing some class assignments for UTS, and dealing with issues in Addis. We had a wide ranging discussion for almost 4 hours Thursday evening. This AM we walked across town to Illu-Green Pension for coffee and met Kes Mersha there. He has just returned from Addis and Tollay. Kes Yedeta, Kes Tariku, and Amanuel are in Seylam for an evangelism school. Seylam is one of the remote areas of IBS. To get there you go by car for about 100 km., and then continue on horseback for six hours. Sounds like a trip I am happy to miss. They will be gone for a week.

The weather this week has ranged from bright sun to overcast, but no rain came until last evening. It seemed as if the heavens had been saving up for this shower, as it poured steadily for over an hour then rained heavily off and on for three more hours. The carpenters had replaced a rotten area of the front porch ceiling and cleaned the front gutters and downspouts earlier in the week. The rotten area was from overflow from the blocked gutters and after the cleaning they seemed to function well in last evening's test run. The fact that the front gutters were full of dirt and other accumulated debris did not suggest to the workmen that the same might be true in the rear gutter. With last night's deluge, the rear gutter overflowed and more water than ever came in the corner of the living room. When the front gutter was cleaned, it was full of a black sticky mass that I assumed was just damp dirt. However the local boys thought different and immediately began sticking their fingers in it and tasting the awful looking stuff. They made faces and continued putting their fingers in it and licking them. Fanuel later explained it is a form of "honey" made by an insect that likes metal roofs. Apparently it has a somewhat sour taste, hence the faces the boys made. I will take Fanuel's word for it; it does not look like anything I will taste in the foreseeable future.

The weather here is very pleasant. The sun is quite bright at midday and early afternoon and it gets warm in the sun. After all we are only eight degrees north of the equator. The elevation (5400 ft.) makes the climate quite temperate. The day time highs are in the mid 70's, occasionally as much as 78, and the night time lows near 60. This evening it rained for a little while, and the cool breeze and falling temperature made it distinctly and pleasantly cool on my back porch. Unfortunately I am frequently not able to use my porch for reading, except during school hours. If it is not raining the local children are out (and it takes a relatively hard rain to send them inside) and when I appear they descend on the porch to try out their English skills. "This is a watch, I am a boy, that is a sofa, that is a door," etc. If I leave the door open they troop inside and examine everything in sight, and there is more "that is a camera" etc. It is entertaining for a while, but the show frequently runs longer than my interest span.

This week we lost two more patients to tetanus, one a 14 year old girl. It was awful to see her lonely father return to the empty bedside and sit down and cover his tears and grief with his headdress. Tetanus is an entirely preventable disease with proper immunization and booster shots. Unfortunately only infants and women of childbearing age are eligible for the free vaccine supplied by the government and WHO (World Health Organization.) Thus most of our cases are seen in men, who probably never had adequate, if any, childhood immunizations. Still our one long term survival is now over four and a half weeks, his sedatives are being tapered and he is eating a little, and may yet survive the illness. We also admitted a young woman, twenty weeks pregnant, comatose with fulminate falciparum malaria. She delivered a stillborn infant and she died within 48 hours, despite large doses of IV quinine. Despite the international attention given to HIV/AIDS, malaria, a treatable and in part preventable disease, still takes a huge toll in lives and misery in the developing world. We also admitted to the surgical service a woman with a lower leg amputation and infected wound, the product of a crocodile bite. Though there are no crocodiles here in the highland streams, there are plenty in the Baro River in Gambela, just a few hours away. Gambela is in the lowlands, is known for malaria, and is near the border with Sudan. It is a major patient referral source for many different problems coming to the Mettu Hospital. It is also the scene of the recent tribal warfare between the Anuaks, Nuers, and various highland tribes in which a number of people, including several UN workers, were killed.

We also see a lot of "settlers" or refugees in the Mettu Hospital. They are brought to the Bedele area by government resettlement programs, coming principally from the eastern regions of Ethiopia where famine is rampant. These folks are extremely impoverished, malnourished, and are now living in difficult circumstances, frequently without a safe, if any, water supply. They are subject to all of the usual tropical illnesses that we see in the local population here in Mettu. Their illnesses are usually more severe, because of problems with travel to the hospital, their malnourishment, and their inability to afford any medication or outpatient health care. (Patients have to buy their own medication from the hospital pharmacy, while they are in the hospital, and payment is required before the drug is dispensed.) There was a twelve hour delay in obtaining the penicillin and tetanus antitoxin for the young 14 year old girl with tetanus because she was a settler and indigent. We had to get the hospital administration to approve emergency funding for her treatment. Given the severity of her tetanus, the delay probably had nothing to do with the outcome, but you would certainly prefer to begin treatment immediately. Patients in America and other Western nations

have no concept how fortunate they are to have adequate health care or how many people die every day in developing countries from lack of appropriate health care and unavailable treatment. Patients in the Mettu Hospital have to have a family member or other attendant to stay with them to feed them, obtain (and pay for) their drugs, help collect (and pay for) their urine and stool specimens and take the specimens to the laboratory or the patient to X-ray. We take all these services for granted in the West, as they are part of our insurance coverage. Life and survival in the “other world” can be very hard indeed.

There was a brief interlude of functioning e-mail service for several hours this week; otherwise it has remained in a deep coma.

Sunday, June 20

Yonas, Kes Mersha, and I attended the Mettu Church today, where Getachew, the evangelist, preached. The service began with an extended musical prelude, led by Kes Kinessa. It included hymns sung by the congregation as the church gradually filled. Most hymns are accompanied by hand clapping, a large drum, and a very audible electronic keyboard. The relatively small Purple Choir sang beautifully, proving that numbers are not necessary for volume in this sanctuary. The hymns and music tempo are quite upbeat and joyful, a contrast to the funeral dirge tempo of many traditional American hymns. It is interesting to watch the seating in the front one or two rows. There are always places left for pastors and a guest or two, like myself. The remainder of the front row is frequently occupied by older women who are very involved in the service, clapping, singing joyfully, bowing their heads to a knee level during some of the prayers, and frequently ululating. It is not uncommon for an older lady who arrives late for premier seating to point at one of her juniors, who will quietly move over, or take a seat in the second row. Clearly there is a pecking order in the seating. The drummer has a reserved seat on the front row. Several young children are often on the floor between the front row and the steps leading to the altar. Several times during the sermon a toddler will begin crawling up the steps toward the pulpit, often pulling on the ubiquitous PA system cords. One of the older women will walk up and quietly bring the toddler back to the congregation. If he persists in crawling, one of the ushers will pick him up and return him to his parents.

Walking in town or attending church with Yonas is like accompanying a much loved celebrity around town. In the Oromo culture greeting others is very important and I suspect, to avoid greeting acquaintances is a major faux pas or more importantly, an insult. Yonas knows an amazing number of people on the streets of Mettu and carefully and with obvious sincerity cheerfully greets each, including the repetitive chin to shoulder bowing motions followed by a handshake. He is clearly highly regarded in the community and it is interesting to watch him interact with friends and acquaintances he has not seen in a year.

The water problems in the town are worse. The water is very discolored most of the time and the city has been warning the residents by radio announcements that all drinking water from the tap must be boiled. They have acknowledged a major lack of maintenance at the water plant. They have stated the repairs will take two months. There is a rumor the water will be cut off completely for two months, though that has not happened yet. (Well I think it has not happened yet, though the water is off as this is being written. It is usually on for a part of the day at least.) Imagine a city of 35,000 people with no city water for two (or more) months!

#### **Week of June 21-27, 2004**

This week has been a new challenge on the medical ward. Dr. Muhammad, who is assigned to the ward, has been in a workshop all week. The doctor who was to substitute is primarily an administrative physician, and was rarely free to see patients. Thus I found myself the ward physician for the week. This would not be a problem, except that all the native physicians are general practitioners who are quite comfortable with post partum psychotic episodes, removing foreign bodies from infected wounds, etc., things internists rarely deal with in the US. Trying to make the diagnoses of a psychosis, when the patient speaks a foreign language and the customs and culture are so disparate from ours is not easy. However the treatment is easy once you reach a diagnosis, since we have a grand total of three psychotropic drugs,

Valium, Mellaril, and Thorazine, available in the pharmacy. The head nurse, Sister Rosa, has been a godsend, both as a translator and reference. It is challenging to suddenly be in charge of the doses for all the tropical medicine drugs, something the staff physicians were easily able to correct and help with before this week. It is also interesting to discover that a drug extensively used here may be identical to one I commonly used in the US, however not only is the trade name different from the American counterpart, but the generic names may be totally different. A computerized medical reference called Up To Date, which I have on my laptop here, often knows the “funny foreign” generic terms. I type in a name like paracetamol, and find out it is acetaminophen, plain old Tylenol. But no one here ever heard of either Tylenol or acetaminophen. Dr. Zinabu, who was the ward physician last month, has been great about looking in every morning as soon as he can escape the outpatient clinic, to see what is new on the ward and to help whenever he can. He is one of the bright lights in the physician staff here, reads extensively, and will challenge me regularly with quotes from Harrison’s Internal Medicine, a standard American text. He is a very competent physician.

Today I took Bizunesh Getnet, the fourteen year old orphan who lives on the pediatric ward, to visit the Gore Children’s Home. The Home has accepted her as a resident, to begin with the fall school term in two months. Dr. Zinabu and I talked with her two days ago about living there and I had a great deal of difficulty determining what her reaction was. She seemed very downcast, would not make eye contact with either of us, and was obviously upset. Zinabu said much of it was cultural; she was embarrassed in front of two doctors. Last night I left word with one of the pediatric nurses that I would come this morning to pick her up (she was at church and not on the ward.) I was not sure what reception I would get this morning (or even if she would be there.) She was waiting for me, helping the nurses, and I was pleased to note she had a shy but very pleasant smile on today. She speaks very little English, so our communication is limited. She was very quiet on the ride to Gore, though Yonas and Mersha were so busy catching up on a year’s conversation that neither Bizunesh, Mary (Yonas’s daughter) nor I had time to say much.

Alemayehu, the director of the Gore Home, quickly introduced Bizunesh to a girl of about her age at the Home, and they disappeared into the girls’ dorm. She had the noon meal with the students and remained there for an hour or two while we went to the farm to see the new bee keeping project and the newly planted coffee trees. We found the bees quite upset (the workers took the honey from the hives last night) and both Alemayehu and I were stung-I guess they thought we were the honey thieves. The corn was over twelve feet high in places and everything was prospering from the rains. The coffee trees are heavy with green beans. Even the foot trail into the farm seemed to be celebrating the rains with a very lush crop of deep mud. (Brian Gilcrest told me he could not understand how the local people could walk in the mud with only minimal mud stains on their pants. Today my pants looked like I had been wading in mud to the mid shin level, while Yonas, Mersha, and Alemayehu seem to have it only on their shoes. We walked single file, each stepping in almost the same spots, but the spots seem to stick to me, not them.) Brian’s iCARE truck spun and slid in four wheel drive in some of the mud holes, but it never bogged down completely. When we got back to Gore we found Bizunesh and her new friend deep in discussion over a meal of injera. I was pleased to see that Bizunesh seemed happy and comfortable, and I hope this radical change in place of residence will be good for her. After being orphaned and living in the hospital for about 18-20 months this will be a big change for her. She is fortunate to be able to go somewhere where she will be safe, be able to attend school, and be otherwise well cared for and supervised. Of course she will be living with other students, not in a hospital setting where her only peers are there for illnesses. It is encouraging to feel that we, through IBS, the Gore Home, and iCARE, may be able to make a small difference in one individual’s teenage years, but sobering to realize how huge the orphan problem actually is.

I wanted to take a picture of one of the iCARE girls for her sponsor in Winchester, and there was a problem finding her. It turned out she was getting her hair done, and when she came out, two thirds of her hair was neatly done in “corn row” braids while the other third was freshly washed and quite fluffy. It makes an interesting picture!

Sunday, June 27

Today I had planned to attend Kolo Korma where Yonas was to preach. It rained during the night and continued raining this morning. Mersha arrived in the truck without Yonas and announced that the preacher would have to walk in the mud as the “road” to Kola Korma was not passable. We went to the Mettu Church where Kes Damie preached. Damie is not known for brevity in the pulpit. I was anxious to see how long he would last since his sermon topic was “God’s Gift of Grace,” certainly a topic without bounds. He sallied forth into this boundless sea and kept the wind in his sails while he tacked back and forth exploring the expanse. Mersha tried to translate for me but with Mersha quietly whispering in my left ear in his accented English and my right ear being bombarded simultaneously in Amharic and Oromyfia, my comprehension was limited. As Damie reached his important points, Mersha would begin whispering, but Damie is not a laid back soft spoken preacher. Whenever Damie’s voice began to crescendo to a strident level, I knew an important point was coming. Mersha would begin translating, and the stereo clamor would recur. Damie’s mainsail began to suddenly lose wind some fifty minutes into the task and he closed and Mersha gave a short prayer. A new (to me at least) choir sang, the Blue and White Choir. Their robes are white with royal blue sleeves and shoulders, making me think of Duke’s team colors. One of the ladies in the choir had her young daughter in the “choir loft” and whenever we stood for a hymn or scripture reading I could see this small round tan face staring and smiling at me from across the sanctuary. Periodically we would make eye contact, her face would beam, and I could see her mother quietly admonish her. As we were leaving the same small body squirmed through the throng and appeared right in front of me with her hand extended, a huge smile on her face, offering me her personal greeting.

After the service Mersha told me there would be a short congregational meeting. That seemed unlikely in my experience, since brevity is an almost unknown concept in the Oromyfia tongue. I frequently want to interrupt a hospital patient’s extended response to a simple question and say: This isn’t an essay question, but a simple true/false/yes/no format. Amazingly the congregational meeting lasted only ten to fifteen minutes, with only several modest comments from the communicants. Maybe the Mekane Yesus Book of Order discourages the congregation from significantly questioning decisions of the session.

As I write this, I am listening to NPR on the digital radio. The Sage of Lake Woebegone is holding forth on Prairie Home Companion about slugs and goose poop on the greens of a Seattle golf course. Earlier over an injera and wat lunch I listened to the news on the European Version of CNN. They are covering the disaster in southwestern Sudan in Darfur where Colin Powell and Koffe Annon will visit in the next few days. They admit that the news media has been wrapped up in Afghanistan, Iraq, and Israel, thus ignoring the intentional ethnic cleansing that has been occurring in the Sudan for several years. Unfortunately this is an old story that is just somewhat worse at present than in past years. The US badly botched its attempted famine relief effort there in the mid 1980’s. At that time Gadaffi had visions of annexing the region into Libya and was agitating the local situation. Though Gadaffi was unsuccessful (because of French military intervention), the Moslem Arab government in Khartoum as been systematically harassing the predominately Christian indigenous population in southern Sudan for years. More recently the government has ignored (if not actively supported) the Arab militia that is simply murdering the indigenous peoples. Meanwhile the Western powers largely ignore the problem. At the same time we, the West, indirectly profit from the oil being pumped from the southern Sudan and not surprisingly we have remained quiet. Of course our legislators will piously claim that no American owned oil companies are pumping oil from Sudan. Do they really think that world oil prices completely unaffected by this production? Now the Fourth Estate, the UN, and the State Department have all decreed a disaster of mammoth proportions looms. As always in Africa, famine is a political tool, and in this case the famine may be entirely a tool of the government, as there is no significant crop failure. Robert Kaplan describes the problem in his book Surrender Or Starve, stating that though only “God may cause drought, famine in Africa is caused by the power relationships among Africans.” All too often the well meaning western powers intensify the problem while offering meager aid.

Somehow this afternoon I was roped into attending my second two and a half hour service today. I fully expect to attend one lengthy service each Sunday delivered in some (or several) foreign languages, limiting my active participation to clapping during the hymns. But two in the same day is more than I signed on for! The Bible School had its graduation this afternoon, so I spent the majority of the service in my personal reverie (I was able to clap during the hymns) while the Oromyfia service proceeded on. The fourteen member “Aqua Choir” sang for this service. Mersha later told me he decided not to translate

Yonas's message to the graduates since Yonas could give me the summary himself later. At least my reverie was left undisturbed. Afterward, much to Mersha's dismay, I walked back to the hospital, in part to see how slippery the mud was in the town, this being my longest jaunt on the unpaved side streets in the mud. It was not as bad as I expected, though it would have been much worse several hours earlier while it was still raining. I did spend the entire trip carefully scanning the ground in front of me, trying to avoid the deepest and slickest mud as well as other pedestrians. I made it without falling, which I considered an accomplishment, and it appears I can get at least one more walk before consigning the pants to the laundry (yesterday's pants are already in the laundry pile.) Yonas insisted on accompanying me and gave me the English version of his sermon to the graduates. Interestingly he pitched the message to the whole congregation, discussing how each of us must serve the Lord and Church with our individual and varied talents, and not serve only as evangelists.

As we left the church this morning, I received more shoulder kisses from persons completely unknown to me.

#### **Week of June 28-July 4, 2004**

This week three more AIDS patients have died on our medical ward. One was the young woman who was in a deep coma a month ago and appeared to respond to therapy for toxoplasmosis, a common complication of AIDS. At least she woke up and was able to converse with her two sisters for about two weeks before quietly passing away. Her high fever returned and her jaundice deepened, but she was alert and spoke to me on morning rounds about twelve hours before her death. I hope we were able to help her have at least some quality time with her family in her last several weeks. Another AIDS victim came in comatose, failed to improve, and died about five days later, a much more common sequence.

During the week I saw one of the church elders at the outpatient clinic with a family member and later I asked how the patient, a young man was doing. The church elder related an all too common story. The distress and resignation were readily apparent on his face as he talked. The young man is his nephew and he grew up in the church. For about six years he lived in another community and did not attend church and lived a lifestyle all too common among young people in Ethiopia and around the world. About six months ago he married, and several months later he began developing various medical problems. He was unable to work and came to live here in Mettu, and is now living with his uncle, the church elder, since he was the only family member with room in his house for a relative to stay. The young man has been diagnosed with HIV/AIDS and has been to Jimma Medical School where he was started on anti retroviral treatment. His savings will soon be exhausted on drug costs, and so far his several AIDS complications have not responded to therapy. His wife continues to work in another town, and has not yet been tested for HIV. His uncle plaintively told me that he had counseled the young man about AIDS risks when he stopped going to church, but "he did not listen." The couple has no children; at least the uncle is not aware of the young wife being pregnant. It is easy to envision the rest of the story. The young man will likely face a down hill course and leave a widow in her early twenties, possibly also infected. This man is a prototypical victim of AIDS, young, a breadwinner, now no longer able to work, leaving his family unsupported. Not only is the family devastated, emotionally and financially, but the community will very likely lose another working and self sufficient member of society, lost at the peak of his wage earning capacity. This illness robs the community of the potential wage earner at the very time he or she is most able to benefit society in terms of earning capacity, and very importantly in this agrarian society, at the very time when he or she is most able to help feed his family and the larger community. I can not recall a single AIDS victim in the Mettu Hospital since I have been here over about forty five years of age. How long can a community sustain itself, particularly in terms of food production, given this rapidly increasing mortality among its young adults and the highly labor intensive farming practiced in developing countries?

There are bright spots in the practice of medicine here also. This week we discharged two young men, one after over six weeks of hospitalization, the other with just under five weeks in the hospital, both fortunate survivors of generalized tetanus. When I left the ward that morning the sixteen year old from the town of Darimu was leaning against the hospital wall, enjoying the sun, fully dressed, with a huge grin on his face. I waved and said: "Home-Darimu!" His smile appeared to double in width; he waved back

enthusiastically, and nodded vigorously. I replied: “Ishi, ishi (OK)” and his grin seemed to broaden even more. I am sure he has no concept how fortunate he is, though his brother and father, who sat at his side for almost all of the five weeks probably have some limited understanding. The other young man was almost as pleased to be “liberated.”

The Green Café is a local establishment a hundred meters or so outside of the hospital compound gates that is frequented by hospital personnel as well as many others for coffee, tea, and soft drinks. (I don’t know where the name comes from since the tables and chairs are pink and black, the walls white, and the roof blue.) It is relatively clean and quiet, and when sitting in the courtyard under the blue and white awning, it affords an excellent view of the busy street leading to the hospital. I enjoy sitting and watching the crowds go by particularly on a Saturday morning, market day. Apparently I am well known there now. The chairs are locally made in a metal shop and though they appear identical, they are random widths and only three or four are wide enough for my western posterior and thighs. Now when I appear the waiter immediately begins scurrying around looking for one that will fit. Though I doubt he understands much English, he flashes a huge grin when I thank him for “my fat farangee chair.” Another of my eccentricities is becoming well known at several local coffee and tea establishments. My “buna” is now frequently served without the traditional bottom quarter of the cup being solid sugar crystals, a decidedly unusual cup of buna by local standards.

Telecom now readily admits its e-mail service is functionally deceased, claims to have brought in a group of Chinese technicians to Jimma to correct the problem, and claims it will be working by the end of this week. Yonas is so reassured by their claims of impending operability that he leaves on Tuesday for Addis so that he may e-mail a term paper, now due, to Richmond.

Sunday, July 4

Not surprisingly the Fourth of July was relatively quiet here in Mettu. CNN mentioned the US celebrations, but otherwise the event passed unnoticed.

I attended church at Mettu Church today since Yonas was preaching there. He and Mersha showed up in the truck a little before nine, slightly earlier than usual and as we pulled up beside the church Mersha announced: “Yonas will take you home, they called at 8 this morning and I have to go to Kolo Korma and preach.” I guess he wrote the sermon while driving across town. I asked him later how long the sermon was and he said about forty minutes, which I thought was very good, considering he had only an hour to write it. Yonas began his sermon by introducing Amazing Grace, and he and Bekele (the translator) led the congregation in singing the Amharic version. The congregation joined in, but the level of participation reminded me of attempts to introduce entirely new hymns to our congregation in Winchester. Even the ever present keyboard, though playing, was in a very subdued volume and somewhat tentative sound. The Aqua Choir joined in but clearly felt more comfortable later in the service with their traditional hymns. I am told the Aqua Choir is really the Katta Choir, but Aqua seems fitting.

Kathleen, Ben, Jessica, Telile, Hara, and Rebecca arrived in the early afternoon from Jimma. Thankfully they had an interesting but uneventful trip from Addis. It is great to see Ben, Jessica, and Rebecca on sensory overload with the myriad of new experiences. When asked what was the neatest or most unusual thing he had seen, Ben could not identify a single event; it was a mass of overwhelming experiences. Like my first days in Addis and Jimma in 2001, no amount of pictures or description from other visitors can prepare you for the cultural shock. Apparently Jess and Rebecca were happy to finally be in the relative quiet and beauty of the IBS compound after the noise and chaos of Jimma and particularly Addis.

I closed out the day watching the European football (soccer) tournament finals at Dr. Mohamed’s house with several other doctors. It was good to see an underdog, Greece, win though everyone else there favored Portugal. But they all favored the Czech’s over “Greeks” (no one seems to call the country Greece; all say “Greeks” for both the people and the country.)

### Week of July 5-11, 2004

This week has been a pleasure to see additional white frangee faces coming to the door, and many of the hospital employees have noticed the additional northern European featured peoples around my house. Ben spent a night here with me and went on hospital rounds the next morning. It was a real eye opener for him to see how a hospital in a developing country works. No single rooms or private bathrooms here. The unscreened windows allow birds to fly into the rooms. (In the medical wards, unlike church services, virtually everyone appreciates the need for improving air quality by opening the windows.) It has taken me a while to realize the small figure moving about on the floor is a bird, not a rat.

Saturday Rebecca, Jessica, Telile, Hara, Ben, Kathleen, Amanuel, Branu, and I took a trip to the Sor River Falls, an adventure to say the least. The drive to the river takes increasingly poor roads after leaving the main road to Gore. Initially the road was in great condition as it was built and maintained by Menschen fur Menschen. This portion of the road services the community (it is hard to call it a town) of Becho where Menschen built a medical clinic. After we left Becho, the road became noticeably "less maintained." Long deep mud holes became more frequent, often with detours around them, the detours being only slightly less wet. But many times it was roll up the windows and plow through the middle, with the truck sliding sideways and wheels spinning. Branu, the driver, was obviously well experienced with this type of activity and never even looked concerned. At one point we came to a modest sized creek where the truck spun and stalled out in the middle of the stream. Fortunately it restarted, and after backing up and hitting the ford at a different angle we spun across. Finally we came to a rocky steep downhill grade where the "track" (it no longer qualifies as a road) became a footpath only. It was plain that to go further by truck meant not getting the truck back up the hill.

We parked the truck and immediately were surrounded by children and several men, the latter offering to be employed as guides. They carried machetes and after some initial negotiation between the men and Amanuel and we set off down the hill. A young man immediately decided to adopt me, probably assuming I would need help before the hike was over. He tried to walk immediately beside me, always crowding my left elbow and frequently walking close enough to be pushing on my arm. We descended through farmland and walked beside a number of tukles (the native homes), eventually coming to a heavily forested area. By now the trail was single file or less, though the guides with the machetes were constantly widening the narrowest areas. My adopted shadow remained at my left elbow, and when the trail became less than single file he would jump ahead or drop back, only to return to my elbow as soon as there was a hint of the trail widening. We descended through coffee groves, largely overgrown by the forest, and finally came to a steep grade where the machete wielders began to chop occasional steps in the wet dirt. After a lot of slipping and some tumbles we began to hear the roar of the falls and finally came out on a steep bank several hundred feet above the river, looking upstream at the falls. We were several hundred yards from the falls, but even there the spray was heavy enough that raincoats and umbrellas came out and you can clearly see the droplets of water on the camera lens in photos. We did not try to get down to the river or closer to the falls as we were getting wet enough as it was and it was obvious the trip back up the wet muddy trail would be a real pleasure. The bare foot traffic of our accompanying tribe of children, guides, and would be guides had extensively massaged the path into a slick mass of red muck and with each foot step the trail became even more slippery. Our machete swingers continued to hack steps into the mud and to whack back the foliage, but it was tough coming up the steep slippery hill for an old out of shape and fat farangee. I made a lot of stops just to puff and blow a bit, while my self appointed shadow stood at my left elbow and looked on with interest and concerned anticipation. Actually he was probably waiting for me to collapse so he could be paid for carrying my corpse out. After the steepest part of the trail was negotiated, several of the local farmers met us with horses and some of us rode the rest of the way back to the truck. There was further negotiation with various members of the accompaniment over the fees for the guides, discussions over who actually were the agreed upon guides, and the prices for the horse rentals. Of course each one who walked with us, even if he was only eight years old, felt he deserved a full guide's fee.

The falls were very impressive, somewhere I read how high they are, but it was several years ago and memory dims. I would estimate they were two hundred feet high and with the river full to its banks with the rains, it was a spectacular sight! Rebecca was a real trooper on this jaunt. She fell several hundred

yards after the start of the hike, spraining her ankle, and after sitting for a few minutes, she got up and insisted on pushing on, claiming it didn't hurt much. I never saw her limp, never heard her complain, nor would she admit it was bothering her. The next day the ankle was quite swollen and I knew it hurt her a lot more than she would acknowledge. I think she walked all the way out instead of riding one of the horses.

On the return trip, we stopped in a grassy area for a "picnic lunch." It was apparent that livestock also appreciated the grassy area as they had left numerous calling cards. Lunch was a covered pail of spicy rice and vegetables and a few chocolate bars. The latter precipitated an ecological discussion as wrappers were simply discarded on the ground by our hosts and driver. Our younger Americans picked them up with subtle hints about littering. Littering is an inherent trait here, even among the educated, who generally throw any trash down wherever they happen to be. It is bad enough with paper products, but non degradable products like flashlight batteries and even worse, tires and car batteries are not uncommon wherever there are roads or homes. When I moved in my house the front yard weed plot was about fifteen inches high. This week the ground cover (it should not be called grass) was harvested by several men on their knees with hand sickles and packed into large gunny sacks. The men and one woman threw the sacks on their heads and walked off; presumably the "harvest" will be used for feeding livestock. As the "pasture" was cut about six well rusted gallon cans appeared, previously submerged in the overgrowth. My neighbor's housekeeper has a profuse accumulation of potted plants and flowers on the porch, all in tin cans of varying sizes. I presume the rusted ones in my front yard were simply discarded into the weeds when they became unusable. I am sure it is a cultural norm and not considered littering. The very thoughtful housekeeper (the doctor would say his "servant") sent her small sister over shortly after I moved in with three potted plants to decorate my porch. I have discovered that if I put the plants out on the steps so that the rain might water them, the sister (she appears to be about ten years old) will return them to the porch and she regularly comes over and waters them with a pail.

I discovered another interesting cultural disparity here in the hospital compound this week. It seems I am the only doctor who does not have an unmarried woman living in my kitchen! Each morning these ladies appeared as if by magic in the backyards and commons areas between the houses. I wondered how they seemed to just appear, but now I know-they live here! Most of the houses have the traditional separate building for a kitchen a few feet behind the house. All these single female housekeepers, cooks, and girls Friday, live in the very small kitchens! They do the entire cleaning, cooking, shopping, etc. and in return get a small stipend, their food, and kitchen sleeping rights. My house was originally built for Dr. Clark, the American Presbyterian medical missionary who served the hospital for many years. Since this house was built for an American, my kitchen is inside the house rather than being a separate building. Separate building or integral kitchen, I am just as satisfied that Marta goes to her own room across town at night. My wife would probably not understand nor appreciate a single woman sleeping in my kitchen, regardless of the local cultural norm.

This week our mortality from AIDS continued among the ward patients. It becomes easy to recognize many of them before confirming the diagnosis. They are inevitably in their twenties to early forties, frequently emaciated, and chronically ill appearing. They are usually admitted with pneumonia, an abrupt onset of paralysis, coma, or the suspicion of tuberculosis. Often they are somewhat withdrawn and depressed appearing. Few of the patients on the medical ward look happy, but there is a distinctive haunting look to those with AIDS. The history is frequently obtained from the family or "attendants" (the hospital term for the family and friends.) Attendant may be the best term as the family is expected to feed, bathe, provide personal care, empty bedpans, collect laboratory specimens, and transport the patient to and from x-ray and the laboratory. Recently the diagnosis de jour is tuberculosis. Almost half of the patients have proven TB or findings highly suggestive of TB. Several weeks ago everyone had malaria, and before that it was heart failure or peritonitis complicated by ascites. Our third tetanus survivor should go home before next weekend, but our many of the AIDS patients are slowly slipping away. These losses are so common that each morning when we finish rounds I try to visualize who is missing that was alive and in a bed yesterday. Even when we send the occasional AIDS victim home, it is with a handful of prescriptions that all too often they are not able to afford and the haunting stare rarely disappears.

Sunday, July 11

We worshiped at Katta today where Kathleen preached. It was very good to hear a complete sermon in English, and to know it was my fault if I missed part of the message. The lectionary was from I Samuel 16 in which a young David is anointed by the prophet Samuel and from John 1:35-42 when Jesus chooses the first disciples. Kathleen drew parallels between the first questions that John's followers asked Christ and the questions the Mettu students asked of the English instructors from Shenandoah this week. Jessica and Rebecca were both excited to see their first worship service and very interested in the intense congregational participation and devotion. Kathleen pointed out the order of the service is almost identical to a typical Presbyterian service in the US. The Katta Aqua Choir sang in their home turf today-I feel like I know them very well by now. Kes Girma has left for English school in Addis in preparation for entering the Mekane Yesus Seminary in Addis for the fall term. Though he has completed Bible School Training and been ordained, it will be great for him to have the opportunity to attend the Seminary.

Ben and Hara elected to have tibs (the traditional fried lamb/mutton) for lunch, so we all went to a local restaurant in town. It is neat to see Ben enjoy the "national foods" though he and Hara seem to prefer eating it with bread, not injera. He does use the bread in the traditional manner instead of a fork or spoon. Bekele and Chaltu had asked us to "coffee" at 5:30 PM this evening. Since several of the IBS staff frequently stop by about 5:30 and we go to the Green Café or to Illu-Green for coffee or Ambo, I assumed the "coffee" invitation was for pre dinner coffee. (Dinner is often as late as 9 PM for many families in Mettu.) Knowing that Kes Mersha's wife was visiting their daughters in Addis I invited Mersha for dinner at 7 PM. When we arrived at Bekele and Chaltu's home it soon became apparent that she had much more than coffee in mind. I quickly cornered and questioned Amanuel as to what was happening, he tried to avoid the issue of dinner and finally began laughing and said: "You are here for dinner now and you have a guest coming to your house at 7 for dinner." So I had a very good duro wat and kitfo (cooked, not raw, thank goodness) dinner with cabbage, beets, and kale on the side. I made my apologies and came home where Mersha was waiting and I had my second injera meal of the evening, Marta's excellent shiro, kale, and "beans." "Beans" were somewhat new to me but apparently Marta knew they are a favorite of Mersha's. In fact he was nicknamed Beans while a student at the Gore Children's Home because of his love of them. They look like very large lima beans, with a brown or purplish spotted coloration before cooking. When cooked with green peppers and a few onions into a wat they are very tasty and have no taste resemblance to lima beans. The two dinners in one night were both very good, but I will pay more attention to a "coffee" invitation in the future.

After the muddy hike to the Sor River Falls yesterday (when I managed to avoid falling completely down) today I slipped on the wet grass in Bekele's front yard and sat down in the mud. I now find myself running short of presentable, much less clean pants. Hopefully Addisu can wash and the sun will allow drying tomorrow, as I have one only clean pair of pants left. If I fall down again in the mud before the laundry process is completed, my appearance will be less professional than usual!

Tonight I complete about 75% of my anticipated stay in Ethiopia. Last night Zinabu, my best friend here on the Medical Staff, came by very late (he left after midnight) to say goodbye. He left this morning for Addis for his month long vacation (he has worked here in Mettu Karl Hospital for a year without taking a single day of his annual leave.) It is very hard to say farewell to someone that you know you may never see again. It is difficult to tell whether I will return to the hospital, or if he will still be assigned here in a year or two. He has been a good friend, confidant, teacher, and pupil and I will really miss him, not only in the several weeks that I remain here, but long after that. He is an excellent observer of medical practice, of local medical and national politics, and of his and my mutual and independent foibles, all of which he views with a wonderful quiet sense of humor. He has taught me a lot about the medical and the local ethnic cultures and he is unafraid to speak out or approach a difficult subject. He seemed uncharacteristically afraid to talk about my returning, but finally asked if I thought my wife would allow me to come back. I replied I would have to try to convince her to come with me, probably a harder task than obtaining her consent to my returning alone. He replied quietly that he hoped I would be successful one way or the other and I think we mutually dropped the subject, since neither of us were comfortable considering the possibilities.

## Week of July 12-18, 2004

Friday, July 16

Bekele, Gadissa, and I went to the Aremi Clinic and to Alge today. The trail to Arami seemed like a mud slinging adventure but paled in comparison to what was to follow the next day. The clinic looks much the same as it did on my first visit in 2001. There were a few patients on the porch when we arrived about 10:30. The local government was having some sort of registration and the prevailing theory was the usual large numbers of patients were busy being registered in town. We saw a woman with anemia and another woman who came in for family planning. I had just looked at a wall poster labeled "Enough is Enough" with a picture of a man and woman with about four children of varying ages. I asked how many children the patient had and the nurse replied: "Seven." I pointed to the poster and the patient began laughing and nodding her head.

The floor of the main examining room is developing a major crack and the frames for the replacement doors do not fit the opening, exposing the mud and straw wall where the cement facing has been broken away. It is apparent the years are beginning to tell on the structure. In the IBS accounting system there is no allowance for depreciation and little or no allowance for maintenance or repair of the physical structures. Thus there are no funds reserved for repairs. The theory must be that God will provide, because the accounting system does not. We left at lunchtime with two additional passengers who had suddenly decided they had business in Dupu, a very common development when you visit these isolated areas with a vehicle. By noon the sun had made significant strides in drying the trail (you can not call it a road) and there was noticeably less sliding and spinning on the return trip.

We drove on from Supe (which I call "the left turn beside the huge tree" and everyone immediately recognizes the spot) to Alge, gaining in elevation all the while. All the towns and villages are located on the ridges and higher elevations, despite the greater difficulty obtaining water on a ridge. Alge is a typical appearing town at about 6000 feet of elevation and the youth shelter is being constructed on church property. The shelter will house middle and secondary school students from the rural areas who otherwise would not be able to attend school beyond the primary grades. They will live in a communal setting, doing their own cooking, washing, and all their personal chores, with supervision from the local church members. The shelter will have electricity for studying, the traditional small separate kitchen, a latrine, and a well. The Alge Church is doing all the construction, with some supervision from IBS, and iCARE and others in Shenandoah Presbytery have raised funds to cover construction materials. At this point only part of the foundation excavation is complete, some rocks and sand have been delivered, and further progress awaits the much belated arrival of cement for the foundation and floor. The walls will be poles, covered with mud and straw and the walls will finally be covered with a stucco facing of concrete. A corrugated tin roof will complete the building. The congregation leaders still feel they will have it complete and ready for occupancy by the beginning of the new school year in about six weeks, and have a number of students registered as potential occupants. If it is not ready for the new term the students will lose a whole year of schooling. On departing Alge, we acquired an additional passenger who had business in Supe.

Saturday, July 17

Today after bidding farewell to Kathleen, Ben, and Fanuel (Kathleen and Ben are returning to the US and Fanuel is leaving for Ghana) we took off for Leka. Leka is an isolated village about 25 km. (16 miles) by crow and 40 km. (26 miles) by truck southwest of Mettu. Bekele, Yedeta, two drivers, and I went, taking two and a half hours each way to reach Leka. It is the site of a proposed medical clinic and the clinic requires funding for operating expenses. A very wealthy contractor in Addis has offered to fund and build the physical plant. Leka has a village water system from a well, a primary school, and a police substation, but no other infrastructure or government services. There is a phone line but no electricity, and it is served by an unmaintained "all weather road," with no public transportation services.

We took two drivers because Yedeta felt two trucks were necessary, the second in case one truck became stuck. We left equipped with shovels, tow lines, a mounted winch, and jacks. The tip off was subtle though, both drivers wore regular shoes, not boots. They were not planning on being stuck! As we

left Mettu heading towards Becho and the Sor Falls area a heavy rain began and continued for most of the trip to Leka. The road rapidly deteriorated after passing the Gore Water Plant. Numerous long hills were wet and slick and studded with deep ruts; in many places the ruts were deep enough to bottom out the undercarriage of the four wheel drive trucks. Despite the four wheel drive, we frequently went up hill with the body of the truck at a thirty to forty five degree angle to the road direction; nose of the truck pointed to one side, front wheels madly pulling at about ninety degrees in the opposite direction, and back wheels pushing and digging into an entirely different rut than the front ones. Several times the heavy brush guard protecting the lights and grill would dig into the high muddy bank on the side of the road and we would bounce off the bank and keep plowing up hill. Somehow Tameru kept the truck mostly moving, though once we came to a dead stop on a steep hill, and finally with some coaxing he was able to slowly spin up the grade, mud flying everywhere. It continued to pour rain all the while. I am not exaggerating when I claim to have caught trout in a Shenandoah Park stream that has less water flow than the muddy mess streaming down the rutted ditch posing as a road on one uphill grade. At one point Bekele jumped out in the pouring rain and ran downhill ahead of us pointing out the best route. How he ran on that muddy bank in the downpour without falling is a complete mystery to me. The bridges over the small streams were usually equipped with axle deep mud holes on both sides of the narrow concrete span, making the approach to the concrete buttresses an adventure. Frequently I wondered if we would spin sideways into the concrete guard post.

The town of Becho was simply mud from four to twelve inches deep with even deeper water holes. We spun and slid our way through and after leaving town found sections of the road somewhat better. During the communist Derg Regime in the 1980's the road was "improved." Culverts were placed in most of the low areas. (All of the culverts are still in low places and thus are marked by some of the most impressive mud holes on the road, making me wonder whether the culvert was obstructed, or simply couldn't drain the area.) The Derg had hauled in unbelievable amounts of rock from brick to cantaloupe in size, creating a firm if not hard road surface in places. This makes a drivable but very rough road; somewhat like very rough, randomly sized cobblestone paved road. You drive on at about five miles per hour on this. On the hills the rock had frequently washed away, or simply sunk to China or Hawaii and we would spin our way up, eventually coming to an area where the rock was again detectable and the surface firmer. Since the fall of the Derg government in 1991, there has been no maintenance on the road, and it is slowly returning toward a completely unimproved state. Soon the only thing that will signify there was ever a formal road there will be the low concrete walls over each culvert. I was constantly amazed at how Tameru would approach one of the forty to eighty yard long mud wallows and slowly pick his way through, trying to keep the front wheels on the firmest looking part, but finding the back wheels randomly going where they pleased. At times it seemed as if the rear wheels were not connected to the front drive train, but independently spinning and thrashing around back there.

The village of Leka is somewhat more miserable looking than Becho, if that is possible, and on this overcast day it put on its worst face. The roads, town center and market place were a sea of mud, hardly a blade of grass can be seen, and there is no concrete anywhere except in a few of the homes and other structures. The residents came to their doors, smiling, pointing, and wondering what fools brought two trucks to their town in this weather. The appearance of dual trucks seemed to create a stir with adults and children alike. We spun and slid straight through town to a grassy hill outside of town where the local residents had dug up and stacked a phenomenal number of large rocks in huge rectangular piles so the volume of rock could be measured. This was all volunteer labor supplying the rock for the construction of their rumored medical clinic. We then went back into town and asked directions to the proposed clinic site. This question created quite a stir and in no time a sizeable crowd gathered and began running and wading through the mud to follow the trucks as we drove to the site. Obviously the presence of trucks containing strangers and a white faced fraingee who asked about the clinic site and examined the rock, created questions in the communal mind about when the construction would begin. Bekele and I had a similar experience several years ago in Chello when the town elders assumed that our presence in town signified the closing of the medical clinic. It took an extended town meeting with free for all questioning before we were able to disabuse them of the idea that we were closing the facility. With this incident in mind, we took a brief look from the road at the clinic site and beat a hasty retreat out of town as the crowd began to catch up with us.

The rain had ended shortly before our arrival in Leka and the trip home was less eventful. Several times the front wheels of the truck labored mightily attempting to drag us into deep ruts. The driver skillfully spun the steering wheel back and forth. Only two or three times did we have to stop and back up to avoid being sucked into a very deep rut. The road home was largely downhill as Leka is six or seven hundred feet higher in elevation than the road to Gore. The truck skids more, but labors less going downhill. It is much more likely to slide into the deepest ruts on the down grade. The road had dried slightly, at least the hills were sticky muck, no longer flowing streams on top of the mud. The deep mud holes remained lurking like watery chasms, but the drivers seemed to sense which ones were of only modest depth and which ones had a firm bottom. It was good to see the Gore Water Plant again and know that the remainder of the trip would involve only continuous tooth rattling rough rocks, not mud.

On the way to Leka we passed through the village of Kemisse. Yedeta related an interesting and revealing story about this village. It is inhabited by very tough independent folks with an inherent distrust for government and outsiders. The villagers are almost exclusively Moslem with less than a dozen Mekane Yesus members. About five years ago the Oromo villagers took offense at a small group of Tigray people who made the mistake of coming to town and they killed nine of the Tigrays. The current federal government is composed largely of members of the Tigray ethnic peoples and naturally took umbrage at this offense. Police and a government official were sent to the town and while the official spoke to the villagers the federal flag was raised over the meeting place. While the official made his speech, some of the non attendees took down the government flag and replaced it with an OLF flag. The OLF or Oromo Liberation Front is an outlawed political party, the avowed enemy of the federal government and the Tigray peoples, and is viewed as one of the most violent of the opposition movements. Very likely the local villagers raised the OLF flag more as an insult to the official rather than a statement of their overt support of the OLF. Either way the official was insulted. To further the affront, the villagers took the federal flag, tied it to the tail of a dog, and had the dog drag the flag in the dirt through the town. The government sent in troops and seventy people were imprisoned for "education" for a short period, but the town remains fiercely independent and unrepentant.

Sunday, July 18

Kes Yedeta preached today at the Mettu Church using John 11 to discuss faith in Christ and the resurrection. The passage gives the story of the death of Lazarus and the faith of his sisters. Today was Holy Communion at the Mettu Church, my first communion in a regular service at Mettu in my several trips there. In 2002 I attended a special communion service closing the IBS Convention and I also attended a communion service at the Oromo Church in Addis. I was very anxious to see how the Mettu service differed from our traditional Presbyterian communion celebrations. Communion was served in individual cups, identical to the ones we use in Winchester. The bread was an unleavened wheat bread cut into small squares. Each communicant came forward to the alter to receive the elements which were served by two pairs of pastors, one pair serving each side of the church. It took quite a while for over seven hundred fifty people to file forward and to be served. Each communicant is very quiet and some parents are accompanied by very young tykes who seem to sense the solemn occasion: even the infants in arms are quiet. The elders and ushers are very busy shuttling refilled trays of the juice to the pastors and directing the congregation to the proper queue.

Sitting in the front row I had an excellent view of the congregation as they filed past. The men were almost all in western style clothing, often well broken in sport coats, new appearing black or very dark brown leather jackets, and occasionally in a dress shirt but infrequently with a tie. Dark leather jackets are very much in favor, both in Mettu and in Addis. They are obviously an object of pride and always in immaculate condition. Other men like heavy cotton jackets, often with brand names emblazoned on the back or front pocket. These jackets are of the type we would consider for late fall or light winter wear.

Women are much more eclectic in their choice of Sunday best. A large majority of the younger women wear tight calf or ankle length skirts with a contrasting or matching coat. It is the older women whose garments are interesting in their diversity. They are frequently brightly and beautifully colored, commonly with intricate floral or other patterns, and the dresses and skirts are always full or nearly full in

length. The more traditional middle aged and older women almost inevitably wear a head covering. (I will not try to carefully define “middle aged and older” in a community where the average life span is about forty-five years.) This may be a simple black or a brightly colored and patterned scarf, the latter frequently setting off a plain dress or suit. Many women are covered from the waist up, including their head, with a traditional white cotton gobi or natalaa, trimmed with beautiful contrasting colors, and often the trim is interwoven with silver or gold colored bands or thread. The gobi is a traditional heavy cotton wrap, and the natalaa is a slightly lighter and smaller version favored by women.

Leave it to a podiatrist or rheumatologist, but I look at feet and the front row offers an excellent vantage point on communion Sunday. Virtually all the feet and footwear have mud clinging to the sole or heel. Most men wear dress shoes, with very square toes-plenty of toe room here. A few men wear leather boots to church, and a very few wear rubber boots of ankle height. In the countryside knee high rubber boots are common, often in bright green but sometimes in sky blue (it seems appropriate to shove Carolina Blue deep into the mud) and occasionally in a bright lavender. Women favor heavy thick high heels with closed toes; I assume the closed toes are an acknowledgement of the mud. A few women in the church communion procession were bare footed (as were some of the younger children and the occasional man.) Inevitably the bare footed women and men appear older and poorer. Their feet are heavily calloused and often quite swollen, making even the thought of walking on the rough stone streets with such appendages painful. The misery these folks endure on a daily basis contrasts sharply with our western comfort ridden lifestyle (where we ride for even a few blocks and wouldn't think of walking four or five miles to church, even in our most comfortable Nike's in dry weather!)

Throughout my stay in Ethiopia I have enjoyed the friendly attitudes of the younger children. They frequently scream “faringee, faringee” or “you, you, you” when I walk or ride past. Sometimes I will reply “Oromo, Oromo” (the Oromo being the most common local tribe in Mettu) or “sei, sei” (you in Oromyfia.) This reply may bring a puzzled look but more frequently produces laughter. Though the “you, you, you” becomes tiresome, the children frequently want you to wave at them and a simple wave and acknowledgement brings a huge grin of apparent pleasure. Children of all ages love to shake hands, a few are bold and put their hands out in greeting, but I have found that the constant stare many youngsters give me is completely disarmed by my offering an extended hand. With that gesture, a smile almost always replaces the stare. I often encounter two young children, the older about four and the younger less than two years old, I guess, walking with their mother in the hospital compound. The older runs to shake my hand while the younger peeps out from behind his mother's skirts, and on a good day he will shyly stick part of his face and hand out from the protection of mother's skirt and tentatively wave; on a bad day he simply hides. Sister Rosa, (Sister being the title for a female senior nurse) the medical ward head nurse, has a two year old son named Wenge (which means gospel in Amharic.) Wenge invariably hides in Rosa's skirt or behind her legs when he sees me approaching. I always greet his mother, much to his dismay, but if I turn around as I walk away, he will be waving goodbye. He has no intention of greeting me, but is enthusiastic in his farewells!

This week I was standing in the outpatient waiting area when a young mother and her young daughter walked by. I waved at the little one and she immediately pointed her nose toward the ground while rolling her eyes up as far as she could in the top of their sockets to stare at me suspiciously. After passing me they sat on a bench in the waiting area. Soon the little one was running around playfully and found herself unexpectedly only about six feet from where I was standing. I bent over and offered my hand. She stared askance for twenty seconds or so and then came tentatively forward and finally took my offered paw. Immediately after shaking my hand, she spun around, held up her hand to her face and carefully examined it, apparently to see if it had changed color or if something had rubbed off on to her. Her mother and I both laughed at great length, and a few minutes later she was standing immediately beside my left knee holding up her hand. Later the same day as I walked up the hill toward my house, a small figure ran up beside me and grabbed several fingers and held on. We walked on up the hill hand in hand, her head reaching almost to my hip, and when I turned on the street where I live she grinned, waved, and scampered back across the street to continue on with her mother. I don't think I ever saw her before that brief encounter.

## Week of July 19-25, 2004

The weather is gradually cooling; the rains seem more frequent, sometimes in the morning and at other times in the late afternoon, but almost never at both times in the same day. The daytime highs are in the low 70's and frequently it is in the upper 50's in the early morning. The locals frequently ask me how I like the cold or "winter" we are experiencing. They often ask: "How is the air for you?" It demonstrates that cold and winter are certainly relative terms. I enjoy the early morning; "my air is cool," the hospital compound is quiet, in terms of human commotion, but nature is rarely silent. The only sign of human activity is the chanting of the Muslim priest, giving the call to Morning Prayer. The chant begins well before dawn, and if I leave a window open it will awaken me sometimes, a soft distant voice with a lyrical quality. But leaving the window open allows other visitors beside prayer calls. The mosquitoes are active between dusk and dawn and though it is impossible to keep them out completely, keeping the unscreened windows closed at night helps. (Screens are not in evidence anywhere despite their obvious potential aid in controlling insects.) At times I can hear them faintly buzzing outside the mosquito net Mulugeta loaned me; as if to say: "Where is that warm blood?" Yonas tells me these are the harmless biting types; the malaria carrying varieties only begin to appear at the very end of the rainy season. On the medical ward we have had a number of cases of severe malaria from residents of the Mettu area; so not all the mosquitoes here are the benign types. Whenever I hear the buzzing I momentarily wonder is the harmless variety or is it Anna. Anna is my nickname for the female of the Anopheles species; I guess the male is Andy, but he is harmlessly irrelevant. Among the Anopheles mosquitoes the curse of Eve belongs squarely on Anna's wings, for it is only the Anopheles female's long nose that carries and injects the infective malarial sporozoite. Following Eve's example, Anna helps to perpetuate the Fall of Man by spreading the dreaded blackwater fever and its attendant misery to both sexes. I take my malaria prevention pill habitually on Sunday evening (or sometime close when I remember) but I still slap at the mosquito whenever I sense her proximity (and usually miss-like most females they are hard to catch!)

Just after dawn the air is clear and clean, the primary sound is the plethora of bird calls. At that time of day you hear many different birds calling but rarely see them until much later in the daylight. A number of large charcoal gray birds live in the huge trees behind my house. They have a thin curved beak and an iridescent blue-green shoulder/wing patch. They resemble our ibis in shape and size and they have the most unholy raucous call. Sometimes they awaken me at night when something disturbs them, screeching at each other or something for long minutes, flying a short distance, only to return almost immediately to bring additional noisy disturbance. There are beautiful small olive birds, slightly larger than our sparrows that I frequently see feeding on insects in the grass near the house. A robin sized and colored bird is very common. It appears very similar to our male robin, with a rusty red breast, but has it an orange beak and legs. One of the most intriguing birds to me is an oriole sized bird I have seen from a moving truck many times, but only in the deeper forested areas. I have never seen one sitting still, and I almost inevitably see them flying away from me. They have a slate gray back, the most beautiful russet, almost orange, coloration on the rump, wing patches, and base of the tail, and they have a white breast. It gives a spectacular collage of color as it disappears into the forest. This week a crow sized bird with a long fly catcher like tail and beautiful contrasting white breast and white patch on the head and an iridescent black back made a transient appearance behind the house. I watched it for maybe 15 seconds before it flew off, and I have not seen another. There are many large hummingbirds, the size of our sparrow, but with a longer thin curved beak and the typical incredibility fast wing beat and hovering ability. Most are a dark slate gray to almost dirty black, but some have a faint but distinct olive tint. A small bird with a reddish head reminiscent of our house finch is common and I have seen several "sparrows" complete with white eye streaks and brown streaked dirty white breast markings. I have seen four hornbills, the large black and white bird with the white rump patch and the distinctive huge bill; all at a distance. I would love to get a photo, but distance and lighting have been impossible so far. Doves, very similar to our mourning dove, are common and have the same coo-coo call. There are a large number of hawks and vultures, occasionally in the trees, but usually seen gliding overhead. A good place to see them is behind certain restaurants in town. There is no Waste Management to pick up trash in Mettu, nor dumpsters, so the proprietor of the finest eatery often simply throws the bones and table scraps out the back door. The aerial scavengers and dogs know where the best tibs are cooked in town and are usually waiting for the remnants.

Later in the early morning when the sun begins to touch the trees and grasses, the constant drone of the insect Muzak is cranked up. At dawn the dogs can frequently be heard howling in the distance, but when the sun is up the dogs are prowling. Occasionally I hear a very short fierce fight; one has clearly reasserted dominance, and the vanquished quickly departs with a few yelps of pain or protest. The dogs seem to understand what humans and nations often miss; it is the short decisive but non lethal strike that assures the perpetuation of the species and establishes dominance. We humans and nations tend to join in wars of attrition, depleting our resources, manpower, and most importantly our spirit; a process the dog instinctively understands will destroy the balance of power as well as the community.

The roosters intermittently announce their presence throughout the early morning. Some mornings a flock of six or seven roosters, accompanied by several hens, struts through the grassy area between the buildings. They seem to be assessing the local real estate and taking census of the insect population (a dietary staple for these range fed fowl.) Occasionally one will feel a surge of testosterone and crow loudly. Another will rush over; they will square off, raise their hackles, strut, and frequently peck at each other once or twice. A couple of swats with the wings and the confrontation is over, one or the other becoming more interested in the insect census. These are not trained fighting cocks, but like the dog they seem to understand that living to strut another day is more essential than bloody spurs and casualties. As individuals and nations we could learn from these animals.

The final major early morning act begins with the appearance of the women who live in the kitchens. A faint haze of wood smoke emerges from the kitchens and the dogs and roosters stroll with more purpose. Eventually the clatter of diesel engines intrudes on the solitude as the trucks and occasional ambulance begin their trips to the hospital. Intermittently a deep rhythmic throbbing sound emerges from the kitchen areas as some women use the large wooden mortar and pestles to grind the roasted coffee beans. After breakfast, two or three times a week, I will hear Marta stirring the beans in the shallow steel bowl over the kerosene stove and I know that soon the house will be filled with the intense fragrance and smoke from roasting the coffee beans. On a calm evening the entire town will be covered with a light haze of wood smoke as the smoke filters out through the walls and around roofs of the houses. Few houses have chimneys. Much of the town uses wood for cooking their wat and ingera and the haze of smoke hangs like a nebulous blanket over the town; giving the township an eerie appearance just before dusk.

The despair of AIDS continues to pervade the medical ward. We continue to lose patients each week and the deaths at home are uncounted. This week a young man with pneumocystis pneumonia (a type of severe but partially treatable pneumonia seen almost exclusively in AIDS patients) went home and yesterday his mother told me he was much better and breathing easily. Unfortunately this is likely a temporary improvement, because the AIDS virus is relentless and virtually always triumphs in this undernourished physically stressed population.

Sunday, July 25

Tameru drove Yonas, his son, and me to Hurumu where Yonas preached in one of the two older churches. The young pastor met us and proudly showed us his church, complete with large bags of ground corn under an overhanging roof, part of the congregation's tithed offering. Yonas preached on Luke 14:12-14, but on this rare Sunday there was no English interpretation. Yonas says they taught him at Union Seminary that a good twenty minute sermon requires twenty-five hours of preparation. He must have had spare time this week, as using that formula he spent just over fifty hours in preparation.

After the service we were invited for "coffee" but this time I expected to have a full meal of duro wat and injera as an appetizer before coffee, and I was not disappointed. As usual at these meals the wat was excellent and I had plenty of opportunity to concentrate on it as the entire conversation was in Oromyfia.

When we climbed into the truck to leave it rapidly became obvious we had a very flat left front tire. Very likely some of the young non church attendees enjoyed hearing the hiss as they allowed the air to escape, a common but unverified phenomenon. The expired tire was of course the lowest of the four and the truck sat on a wet grassy hill. The jack could not lift the axle high enough to remove the flat tire, much

less put on a full one. Numerous rocks and several small boards were placed under the jack, making the downhill cant of the truck more precarious, but still the jack could not raise it sufficiently. Finally the flat tire and its wheel were driven up on a large log, in hopes that the truck could be jacked enough to allow removal of the log and then the tire. Unfortunately the log was positioned directly under the axle, almost exactly where the jack should go. Again an alter of flat rocks and boards was erected for the jack to sit on but as soon as the jack went up the truck began to perceptibly slide downhill. Building these rock cairns made me recall Tom Hay's sermon at Katta about the Israelites building cairns beside the Jordan River. At the time this cairn seemed no less important. A large wooden pestle, used for grinding coffee and made out of a hollowed out tree trunk, was wedged under the transfer case to attempt to stem the downhill slide. That maneuver helped significantly, but when the jack was raised it was apparent the cairn of rocks was sinking into the wet soil, and again the truck could not be sufficiently elevated. A large rough two foot long two by twelve inch board was borrowed from a nearby house, placed under the axle, the alter reconstructed on top of the board and the jack returned to its summit. Again the jack could not raise the truck quite enough for the log to be removed from beneath the wheel. Finally a large hoe and a shovel appeared and the log was excavated sufficiently to allow it to be gently removed. Miraculously the truck remained precariously balanced on the jack and its alter while the wheel was removed and the spare put on. The excavation was filled with rock and dirt and the large pestle and other props were carefully removed. The jack was lowered and all our debris removed and the truck was again fully mobile. The remainder of the trip was uneventful and the well worn spare tire was up to the task of getting us back to Mettu. After this adventure Yonas did not feel up to giving me the English executive summary of his sermon. The only thing I understood in the entire sermon was the frequently repeated Waaqayyoo (Praise the Lord.) The next day no hole was found in the tube, so apparently the local gremlins enjoyed the hiss of escaping air.

#### **Week of July 26-August 1, 2004**

On Monday afternoon I had a long discussion with several members of the IBS leadership about financing medical programs. I tried hard to show them from their own audit figures that the several clinics are operating in a sea of red ink with no solid support in sight. It is difficult to demonstrate that the real problem is the relatively fixed personnel cost, and a necessarily low revenue from minimal registration fees. The pharmacy is not actually operating on a true break even basis as it was designed to do; I suspect price structure has not kept up with rising drug costs and I doubt any real provision was made to cover transportation costs, losses from drug expiration, spillage, etc. I used a statement of revenues and expenses taken from their 2003 audit to try to demonstrate what their actual operating loss was according to the audit figures. My figures were a real shock to one leader, another kept insisting the clinic could operate at a break even basis and should be forced to do so. Hopefully the stark figures will allow realism to intrude on their well intentioned misperceptions. We have the same problem in the States with some benevolent organizations; it is sometimes hard to temper their good intentions with financial pragmatism.

Today, Tuesday, was a particularly difficult day for me on rounds. Last night a pitiful middle aged man with chronic liver disease and upper GI bleeding, probably from varices, bled to death. One of our women with AIDS and probable cerebral toxoplasmosis is increasingly confused and is obviously going downhill. The Medical Director, who is making rounds with me this week, insisted on sending home a woman with gastric outlet obstruction from peptic ulcer disease. He quoted the surgeon who would not operate on her claiming she could not stand the four hour operation. I told him the surgeon would not operate on this problem, but not because she wouldn't survive, but because surgeons never want to operate on this problem. Besides this surgeon doesn't operate on any ward patient unless he is forced to intervene. She needed additional medical therapy to see if the obstruction would open up. The Director discharged her saying there was nothing else we could do. She will go home and vomit until someone readmits her and hopefully she will have different physicians on the ward. Some days we keep patients lying around far too long, and then on certain days, the broom comes out, and the patients who can walk better be ready to run!

Two days ago a woman was admitted for "prostration," accompanied by her son who appears less than three years old. She has no other family or even distant relatives in the area. She is emaciated and is dying of metastatic cervical cancer and clearly has only a short time to live. The boy was all smiles yesterday; I took their picture as she lay there, the boy standing at the bedside; both his mother and I

knowing he would soon be an orphan. He followed me out of the ward and half way to my house and finally returned to the ward, all smiles, after we shook hands and waved goodbye. This morning he was waiting for me where we parted yesterday. He greeted me, hand out, followed me like a shadow to the ward, and then stood outside each room peering in until we reached his mother's room. He proudly escorted us in and stood by her bed. Unfortunately the Medical Director was intent on discharging the woman. We argued over her discharge; he did not accept my comparison with the several "settlers" we have living more or less permanently on the ward. I was unable to convince him to allow her to spend her last weeks with her son in the protection of the hospital. I think his adamant stance was his expression of his frustration at the lack of social support for this woman, and of course in a technical sense he is correct; the hospital has nothing to offer them except food and shelter. I say this as if food and shelter are not important issues, but can (and should) a hospital become a warehouse for society's problems? Do not mistake the issue here, it is not callousness on the part of the physician, it is a fractured social system that is poorly equipped to help and support this woman and child. She was crying as we walked away, while the boy unknowingly continued his huge grin. The contrast between his and her understanding of their future is heart rending.

Today as I begin to make preparations for closing up housekeeping, the reality is finally coming home that I am leaving Mettu, my friends at IBS and the hospital, and the patients. After three months it is hard to accept this break. When I arrived in Addis and a few days later in Mettu, the concept of three months seemed a lengthy ill defined period. I was caught up in the excitement of seeing old friends, making new ones, and beginning work in the hospital. I was busy, and new challenges and experiences presented themselves daily if not more frequently. While I thought frequently about my family, I was too busy and excited to feel even twinges of homesickness or loneliness. After a few weeks passed, I found myself in a routine, working at the hospital, reading a lot, living according to my own schedule and whim, and usually involved in some activity with the Synod leaders on the weekends. Of course there was Sunday worship service, which I always look forward to and analyze intently, more as an observer than active participant, unfortunately. During this middle stage lasting six to eight weeks, the prospect of returning home seemed distant and I think I actively suppressed thoughts about departure and travel. After Kathleen and Ben left to go back I began to anticipate the return trip and to think frequently about how much I missed the family and friends. But this week the stark reality of leaving Mettu is more in my thoughts than my return home. As I type this I have only three more nights in Mettu, and only two days to tie up loose ends and to show my appreciation. On the last several trips to Mettu I left feeling strongly that I would return within a year or two, thus the separation from friends here seemed temporary. This time I leave with no clear cut plans to return; though I certainly hope to work again in the hospital. I am storing my kitchen gear, sheets, iron, etc. and not simply disposing of them, on the possibility of returning. But friends move on, take new positions, and particularly at the hospital, many of my closest friends and acquaintances are unlikely to be here in a year or two. I realize that even if I do return, only the disease and despair will be the same and I don't have to be here for them to haunt me for a lifetime.

Friday, July 30

Today the finality of departure occurred. I slept poorly and awakened before the alarm. There was no water; recently its habit is to go off in the late evening and come on sometime between 7 and 8 AM. No time was spent in shaving and showering as even Marta's big buckets of reserve water are gone. The house is bare except for my bags, the furniture, and a single red fabric rose in a wooden vase I am leaving on the mantel. I stood outside on the front porch and ate the final two bananas, and wondered what to do with the peels. I finally succumbed to the national solution and threw them into the deep weeds. No telling when the single remaining trash basket will be emptied and they will get very nasty if left in the house. The pre dawn air was cool and pleasant, the compound very quiet except for the very infrequent bird warming up for the dawn serenade, and I realized how much I would miss these early mornings in east Africa. I peeled the last orange, packed cool water, and unplugged the refrigerator. Long before six Bekele, Ephrem, and I loaded the truck. We shared the orange, sitting at the dining table one last time. We acquired an extra and unexpected passenger whose mother had become critically ill in Addis. By six fifteen, we had picked up Yonas and his daughter Nardos, said a prayer asking for travelers' mercies, and the six of us were crammed in the truck and were leaving Mettu.

Thursday was a busy day. Marta spent part of the morning packing my kitchen and household goods for storage. I took Marta, Bekele, and Hallelujah to lunch and introduced Marta to the manager of Illu-Green. In short order she accepted the job that we had arranged for her at Illu-Green and she seemed very pleased. She now has a job just several hundred meters from her rented room, at the same monthly pay that I gave her. I felt very good about that as she had done an excellent job for me and I was worried what would happen to her when I left. Last night Yedeta and the IBS leadership took some of the medical staff physicians and me to dinner; the usual obligatory words of appreciation were said by all of us and goodbyes exchanged. Hopefully some of the IBS leadership will be in Virginia in the next few months, making some of the goodbyes less distressing. If I return in a year or two it is certain that significant numbers of the medical staff will have moved on to other positions. Mulugeta came by late last evening and we talked until well after the water went off. He and Mohamed are two of the physicians that I will miss the most, and it is almost certain that Mulugeta will have another position, hopefully in a surgery training program.

We had a long drive ahead of us. At my request we were going to Addis via Aira, where there is a hospital operated by the Western Synod. The trip to Aira was uneventful, except for one incident on a hairpin curve when an oncoming truck took his half of the road out of the middle and our lane. The road was good and after the “left turn by the big tree” at Supe, we hardly saw another vehicle for an hour or more until reaching the road to Denbi Dolo. We ate breakfast in Aira, another meal of tibs.

Aira Hospital was established by German missionaries and has a longstanding reputation as an excellent hospital, as well as a teaching hospital for training nurses and formerly medical assistants. We were taken on a tour by the administrator and then given the medical tour by the medical director, Dr. Samuel. He and Bekele spoke rapidly in Oromyfia for a few minutes when Bekele suddenly looked at me and with complete innocence said: “I think we have to change media here” and immediately began speaking English. Dr. Samuel seemed very competent, dedicated, and had the best English skills by far of any of the doctors I have spoken with. The hospital has eighty beds, three GP’s, and one Swedish surgeon who is working on a two year contract basis. Though trained as an orthopedist, he does everything, abdominal surgery, C sections, and back surgery. The hospital has a well stocked pharmacy, including a number of drugs that were unavailable in Mettu. Dr. Samuel says through prudent purchasing and maintenance of reserve stocks, they are able to avoid the chronic shortages of drugs and lab reagents that plague the Mettu Hospital. The physical plant is well laid out and vaguely similar to Mettu Hospital, probably reflecting their common denominator, German architects and construction funding. It is considerably older than Mettu Hospital, but cleaner by far and appears to have more pride taken in the physical plant. In part I suspect it is a lack of personal “ownership” of the government hospital. (Ownership, not in the property sense, but in terms of personal participation and involvement in the vision and ultimate success of the organization.) In all I was very impressed that they do a lot with limited financial resources. On the other hand unlike Mettu, Aira is remote, the town has no electricity, reliable phones (we contacted the hospital by radio to tell them we were coming,) or city water, and uses a combination of solar power and a diesel generator and a deep well. The town has no amenities except for a bus stop and a “restaurant” or two. Any doctor who remains in this isolated former “mission station” must be dedicated.

We left Aira and drove for over eight hours to spend the night in Ambo in a relatively new hotel, complete with private bath, hot showers, flush toilets, and immaculate cleanliness, even by American standards. All this for the princely sum of fifty birr (\$5.88 US) per night!

Saturday, July 31

We had an uneventful two and a half hour drive from Ambo to Addis, arriving in the late AM. I was pleasantly surprised to find Dr. Mamo and Nola in the Guest House; good friends from my 2002 visit to Ethiopia. Also in temporary residence is Charlotte Trafton (aka Knapp) and Mike Rasmussen, both of whom are new acquaintances. Yonas and I did some brief shopping and Dr Mamo, Charlotte, Mike, and I squandered a perfectly good evening with a lengthy and wide ranging discussion of local culture, mores, misspent American and other western monies and intentions, and our frustration at our own lack of

solutions. Dr. Mamo and I have squandered other evenings in similar pleasant discussions, much to Nola's amusement.

Sunday, August 1

Yonas, Charlotte, Chaltu, Bekele, and I went to Entoto Church today to the Amharic service. It is a smaller congregation in a somewhat makeshift building. Several years ago the national council of EECMY decided that the individual churches should have services in Amharic and at least one other language, depending on the local ethnic groups and prevalent languages. A few of the Addis churches decided not to agree to this multi language policy and subsequently left EECMY. Entoto was one of the split churches and the congregation that we worshiped with remained in EECMY but lost its building to the breakaway members. During the middle of the sermon I noticed increasing numbers of people coming in and sitting down, and I mistakenly assumed they were just on Ethiopian time and late. They were actually coming early for the Oromyfia service and coming in time to be sure they had a seat. The later Oromyfia service is apparently jammed with worshipers. Too bad more of our American churches don't have similar problems (maybe if some of us had a Spanish language service.)

Charlotte and I were, of course, asked to bring greetings and I was introduced first. I began by saying that in my country we defer to women and I invited Charlotte to speak first. This brought laughter and some clapping from the women. After Charlotte spoke, Yonas explained that in Ethiopia, the elder person is given preference. I said I certainly deserved that description and the congregation again laughed. The services in Addis are somewhat more formal than those in the more rural areas, but the joyful atmosphere of Christians worshiping the Lord still is equally apparent.

Chaltu, Bekele, and I had dinner, a typical Ethiopian dish, at a local hotel and I went to bed earlier than last night.

Monday and Tuesday, August 2 and 3

These two days were spent saying goodbye to various friends; Dr. Mamo and Nola left for Dembi Dolo and shortly thereafter Gwen and John Haspels and their daughter arrived. The Haspels will be leaving shortly for six months in the States and will be visiting Shenandoah Presbytery where John will speak at the annual Partnership Dinner. I had lunch with Asfaw and Adonich and a long talk with Asfaw. He seems settled in his new position in DSSAC and I briefly toured the school for mentally impaired children where Adonich works. The school is another outreach of the Mekane Yesus Church. As usual Solomon was very helpful and interesting to chat with. He too will be visiting the U.S. in the next month and I hope he can come to Shenandoah. Despite the many friends I have made in Addis and the many goodbyes, there is something about Addis that makes you ready to leave. As hard as it is to leave Mettu, several days in Addis make me ready to come home. Charlotte, Bekele, Mersha, and I had my last meal of tibs and misto at a restaurant on the way to Bole Airport. It poured rain at the airport, truncating the usual goodbyes, since they must occur outside as only passengers are allowed in the airport building. I pushed my loaded baggage cart up the ramp, waved goodbye in the rain and beat it for shelter. So ended three months with wonderful friends, and I began to try to assess the myriad of experiences that constituted three months of joy, and three months of despair.