

# Addis Ababa Fistula Hospital



Newsletter | March 2007



## FROM DR CATHERINE HAMLIN AC

Dear friends in Australia,

How thankful I am to be back in sunny Ethiopia with blue skies overhead instead of the greyness and darkness of England. I arrived here on 1st February, to a heart-warming welcome party, from all the staff! There were lots of speeches, hugs, food and drink, and flowers in abundance. It was a very special occasion for me.

For a few days I was treated as an invalid! But was soon able to demonstrate my complete cure from a bad bout of pneumonia. Now I have started operating again every Thursday and enjoy the time in the theatre so much.

I usually work with another senior doctor at another operating table, and often too, a Trainee. We will soon have five operating days, as our load of patients is so great! Today nine fistula patients arrived from Kenyan Somalia! Sent by World Vision and nowhere to put them! So we have been using some houses at Desta Mender, as waiting hostels!



Dr Hamlin, photo taken just before her recent illness

May I thank so many of you for sending me messages while I was in hospital in London, and then convalescing for two weeks with my son and his family. I had wonderful treatment and care, and was touched by all the cards and letters. I was indeed very spoilt. Richard and Diana said they had never had so many flowers in their house, in the depth of winter!

## MIDWIFERY COLLEGE

Over the last few weeks, at the Hospital, we have had many visitors. Ruth Kennedy has been especially busy, she never misses an opportunity to put a word in for the midwifery training and the impact this will have on prevention. We are making some good progress toward starting the Training School, and have already received written permission from the Ministry of Health to start. We have asked the Ethiopian Government for extra land adjacent to our Desta Mender compound, and hope this will be granted to us.

Our plan is to build a teaching block, which has already been partly designed by our architect – Ato Yoseph. I would particularly like the students to be accommodated in small houses built in the style of Ethiopia – perhaps four students to one round house, and a communal eating house! Then we could build more houses as we expand.

We hope to open this "School of Community Midwives" towards the end of the year. The intention is to start in a small way with ten students for the first year, then next year increase to twenty, and so on as we progress. The students we plan to select will be from the countryside around our new functioning outreach centres. They can then be supervised from those Centres.

For me, this plan to help prevent obstetric fistulae, is a particularly significant development. When my husband and I first came to Ethiopia, it was to set up midwifery training for nurses. It is exciting, now to be able to continue doing this, and to help prevent these devastating and tragic injuries, which we have been treating for all these years. It will also make a difference to the appalling maternal death rate.

The need for this midwifery school was brought home to me vividly when I was in the ward yesterday. Lying in one of the beds was a young patient from a distant province. Her life was in ruins after her first and only experience of childbirth. One kidney was totally destroyed and the other was failing. Her bladder was non-existent. All, the result of her long obstructed labour and her fistula injuries. Surely the need is urgent, to save these poor girls and women from such appalling injuries.

### DESTA MENDER

The work being done under our fairly new manager Ato Ephrem is very encouraging. The morale and attitude of the residents is high and the progress made in training is praiseworthy.

Some of the residents are learning to be seamstresses. On a visit recently, I saw a cupboard full of their work then four of the girls appeared wearing outfits they had made, and looking quite charming. Other residents are being taught some agricultural skills and are working in the extensive vegetable gardens or in the dairy or in the orchard. I was given some apples to sample from this first crop.

The windmill is now working and pumping water from the lake to a tank high up the mountain above the orchard and a drip irrigation system has been installed. It is a great success.

Other residents are being taught cooking and catering and able to practice their skills on the 'waiting' patients and the visitors that come to Desta Mender, from time to time.

Another innovative work at the Village, is the growing and drying the leaves of Artemisia. This is a herbal plant and an effective treatment for malaria. The women package the dried leaves which are then sold at some supermarkets. They are doing a similar 'trade' with sun-dried tomatoes.



Some residents working in the extensive vegetable gardens

The Village has two resident elderly nurses who are looking after the health of this big community. The nurses act like mothers for the girls, often reading and praying with them before they retire to sleep and generally helping them with any problems and anxieties they may have.

### BAHR DAR

The three outreach centres that are open are all very busy. Andrew's Centre at Bahr Dar is the oldest and Andrew has now developed an expertise in how to manage these centres. His work at Bahr Dar is exemplary. He is also training some of our out-of-country trainees who enjoy his teaching and surgical skill. We shall miss him when he goes with his family in March for leave to Australia. He deserves a good rest and time with his extended family.

### MEKELLE

It is just one year since the opening of the Centre.

Dr. Melaku is also doing good work in Mekelle. After he had some intensive training in fistula surgery here in Addis Ababa, Dr Melaku started at the Mekelle Centre mid-January.

In the last twelve months 201 patients were seen at the out-patients' department and 171 were admitted for different treatments. Obviously these numbers will increase now there is a resident fistula surgeon at the Centre. In his first report, Dr Melaku draws attention to the fact that in the Tigray Region the prevalence of obstetric fistula is very high compared to other regions. They will treat patients from the Afar and Amhara regions.

The two Toyota vehicles, provided for the Mekelle Centre from Australia, have been delivered and will be a great help.

Often as I pray, I thank God for our Hamlin Trust in Australia and for so many of you who give generously enabling us to expand and do more for these deserving and forgotten mothers. Your love and concern for them warms my heart, and I thank you for all you do to help us to look after these beloved women.

As this is my first letter of the New Year I wish you all joy and God's blessing in your lives,

Catherine Hamlin

**THE FOLLOWING IS AN EXTRACT FROM AN ARTICLE PUBLISHED IN THE NEW YORK TIMES, 25TH FEB 2007, AND WRITTEN BY COLUMNIST NICHOLAS D KRISTOF**

Ms. Simeesh\*, a warm 21-year-old Ethiopian peasant with a radiant smile, married at 19 and quickly became pregnant. After she had endured two days of obstructed labour, her neighbours carried her to a road and packed her into a bus, but it took another two days to get to the nearest hospital.

By then the baby was dead. And Ms. Simeesh awakened to another horror: She began leaking urine and faeces from her vagina, a result of a childbirth injury called obstetric fistula.

Ms. Simeesh's family paid \$10 for a public bus to take her to a hospital that could repair her fistula. But the other passengers took one whiff of her and complained vociferously that they shouldn't have to share the vehicle with someone who stinks. The bus driver ordered her off.

Mortified, Ms. Simeesh was crushed again when her husband left her. Her parents built a separate hut for her because of her smell, but they nursed her and brought her food and water. In that hut, she stayed — alone, ashamed, helpless, bewildered. She barely ate, because the more she ate or drank, the more (body) wastes trickled down her legs.

"I just curled up," she said. "For two years."

Ms. Simeesh was, in a sense, lucky. She wasn't one of the 530,000 women who die each year in pregnancy and childbirth — a number that hasn't declined in 30 years. In Ethiopia, a woman has one chance in 14 of dying in childbirth at some point in her life.

For every woman who dies in childbirth worldwide, another 20 are injured. But because the victims are born with three strikes against them — they are poor, rural and female — they are invisible and voiceless, receiving almost no help either from poor countries or from the developed world.

So Ms. Simeesh huddled in a foetal position on the floor of her hut for two years, thinking about killing herself. Finally, last month, Ms. Simeesh's parents sold all their farm animals and paid a driver to take her to the hospital in a vehicle with no other passengers present to complain.

So now Ms. Simeesh is lying in a bed here in the Addis Ababa Fistula Hospital. The hospital is run by an Australian



gynaecologist, Dr. Catherine Hamlin, whom I've written about before. Dr. Hamlin is the Mother Teresa of our age.

The doctors here will try to repair the fistula, but first they must strengthen Ms. Simeesh, who is skeletal. Her legs have withered and are permanently bent into a foetal position, so that she can't straighten them or move them.

Dr. Hamlin .... deserves the Nobel Peace Prize for showing the world how to turn the tide of maternal mortality and morbidity, and for offering comfort to some of the most forlorn people in the world.... I was deeply moved by the sight of Ruth Kennedy, a British midwife at the fistula hospital, comforting Ms. Simeesh and bringing a lovely smile to her lips.

"They think they've been cursed by God," Ms. Kennedy explained. "And we tell them that they haven't been cursed by God and that they're beautiful and that the only reason that they got a fistula is because we failed them as health professionals.

(\* Not her actual name, Dr Hamlin has advised that the patient is having continued intensive physiotherapy and preoperative care. She is improving well, but it may be some time before she is strong enough to be able to undergo fistula surgery.)

You and your friends are invited to

**ART FOR ETHIOPIA**

an exciting and eclectic exhibition of well priced works to raise funds for the Addis Ababa Fistula Hospital at

**THE RED DOOR GALLERY**

24 Morris Street, Summer Hill Sydney

Friday 27 April 10am to 4pm, Saturday 28 April  
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Enquiries: Sue Loane (02) 9797 7862 or Winsome Tong (02) 9488 8824  
All proceeds to the Hamlin Fistula Relief and Aid Fund.



## FROM THE BAHR DAR HAMLIN FISTULA CENTRE

### DR ANDREW BROWNING WRITES



It has been one year since Stephanie, William and I moved up to Bahr Dar. It has been a very rewarding year with so many changed lives and happy patients. It has been a privilege and joy to be able to help so many of these lovely patients.

One of the biggest joys has been the implementation of our teaching program. In July last year, we were able to employ three godly and gentle ladies to be our teachers. They teach for four hours each day and the day begins with a Bible story, followed by literacy lessons, then numeracy and after a short morning tea break, health & hygiene.

During this lesson they learn all about their condition, how they got it and what to do to prevent it if they get pregnant again. They also learn about simple things like scabies, diarrhoea and malaria. The afternoons are filled with craft, knitting and basket weaving. Twice a week there are videos showing an educational documentary about a fistula patient made in the hospital in Addis and also the Jesus video in Amharic, which is the local language.

As well, we have two American ladies who come twice a week to read stories to the patients - all the patients sit around a

tree outside to listen. They also have some "animal therapy" where the two volunteers bring their dogs who perform tricks for the girls. It is a real hit and each week the patients keep asking when the dogs will come back! These poor women have been through such an awful ordeal and come to us very depressed. All these activities bring them such joy and excitement. It is wonderful to see all the patients sitting in our little teaching room each day being taught so well by our staff. Nearly all of them have never been to school before or even held a pencil.

When they leave the hospital, they not only get their new dress but also their literacy and numeracy books, a pencil and a little certificate saying that they have been through the three week education program.

Many of the women come back to us six months after their operation. They are so excited to be cured and they tell us how their lives have changed so much. They also tell us of how valuable the short period of education was for them. To learn their alphabet, to learn how to count and maybe add, and to hear of how Jesus loves them, has really touched their hearts.



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