

A Visitor to Ethiopia

Discovering New Sources of Compassion

By *Marvin Olasky*

Ethiopia ranks with Zambia, India, and Cambodia as places I've visited where donors get extreme value for their dollar. But nowhere have I seen in one afternoon the beginning of so much transformation resulting from the altruism of just one man.

The story begins with something most of us take for granted, a face with the right number of holes. For some reason, in some children, the pallets do not fuse properly in development. They have cleft palates or similar marring, extra holes between their noses and their lips. Fixing a cleft pallet is usually not difficult, but it requires medical expertise and money, things not found in abundance in developing nations.

Ethiopia has a per capita annual income of perhaps \$700, according to the CIA Fact Book. It also has one of the highest rates of malnutrition in sub-Saharan Africa: Almost half the children under five years of age don't get enough to eat. Micronutrient problems such as Iodine Deficiency Disorders—which irreversibly reduce children's IQ levels—are common.

So it was unusual this spring for ads on Ethiopian radio to speak of a "cleft clinic," a CURE International program for children and adults with that deformity. And it was a

privilege for me to watch one afternoon as twenty patients, usually brought by their parents, came to Paul Lim, an American plastic surgeon who recently sacrificed security and a colossal income to move with his young family from Minneapolis to Addis Ababa, the east African country's capital.

That afternoon a mother came holding her baby, a baby whose face a mother would love but others would shun. "We'll make his nose better," Lim (through a translator) told her. "We'll make his lip better. Jesus brought us, brought me, here for him." The mom left wordlessly.

Lim is a Christian, so he's familiar with the Eucharistic litany, "This is Christ's body, broken for you. This is Christ's blood, shed for you." As church leaders give out bread and wine during the Lord's Supper, the actor is Jesus, the beneficiary is personal: you. And, although Lim explains later that he wasn't aware of how what he was saying in some ways echoed the sacramental works, the provision of God's mercy in both church and medical clinic struck me.

A 23-year-old who could be very pretty except for her malformation came in, looking ready to cry. She had unskilled surgery as a child and now as a teacher her students sometimes mock her. Lim: "We'll make your nose better. Jesus brought me here for you." She walked out, dazed: Will this miracle come to pass?

A teenaged mom walked in holding a one-month-old with a completely cleft lip. She sat, gazed at her baby, and smiled—no, glowed: She's in love with her baby. The father, a few years older, wearing Michael Jordan # 23 jersey, sat unsmiling. When Lim said, "We will fix his lip," the mom beamed even more broadly, but the father remained stern. Then Lim said, "Jesus brought me, brought us, here for him." The man suddenly smiled, as if just getting it, and enthusiastically shook the doctor's hand.

A 13-year-old girl slipped in, holding a scarf over her mouth. Only when seated before Lim did she uncover—and her reason for hiding behind her scarf was immediately obvious. Lim maintained his composure, examined her, and

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said to the translator, “Tell her that she will need more than one operation. We will do everything we can to help. Tell her that Jesus brought us here, brought us all here”—Lim looked at her—“for you.”

The girl again covered her mouth as she went out. Lim mentioned to me, “That’s the first time I’ve seen this in person. We don’t have this in the U.S.—I only saw pictures before.”

A 12-year-old came, his mouth frozen in a grimace. Malnourishment provided the base for an infection when he was five. He is missing a lot of tissue, skin, and part of his mouth. At times he’s been suicidal, but Lim said, “We can help you. Jesus brought me, brought us here, for you.” The grimace did not, could not (for now) change—but it will.

A father travelled 50 miles with his baby, who was dehydrated and shaking. The baby gets immediate help, and the operation will come later. Lim: “By God’s grace we have an expert here on feeding children with cleft lip. Jesus brought us here for your son. That’s why we are here.”

Communion with St. Paul Lim in Addis Ababa: To a seven-year-old in a Yao #11 NBA jersey, “We will take care of this. Jesus brought me here for you.” Communion with Christ in chapter 22 of Luke’s gospel: Jesus “took bread, and when he had given thanks, he broke it and gave it to them, saying, ‘This is my body, which is given for you.’”

Two millennia ago Israelites asked Jesus why a man was born blind. He responded: “that the works of God might be displayed in him.” Why are some born with a cleft palate? Paul Lim’s answer could be similar: So that God will be glorified through the works of those He calls to help.

Two Ethiopias

Lonely Planets travel guide to Ethiopia begins, “Once an icon of misery, Ethiopia is coming out of the shadows.” But in the country’s most populous city, shadows are still deep: Although Addis Ababa means “new flower,” wilt is common—yet so is grace.

At the gated and well-guarded entrances to the Hilton and the Sheraton hotels, beggars lie like Lazarus. It’s a ten-minute walk across dirt paths from one hotel to the other, with lush gardens giving way to corrugated metal/cardboard shacks and open sewers before the walker returns to more comfortable terrain. The only brightness on any of the shack walls is a taped-on poster of Britney Spears.

Concierges urge Americans to taxi between the posh hotels: That advice suggests the existence of two Ethiopias, one of which diplomats, international organization executives, and tourists generally ignore. It’s easy to go to conferences, travel by taxi, and shop at shiny malls on the road to the airport without seeing the country’s abject

poverty. But those who follow the affluent agenda also miss the sacrifices some have made for the opportunity to save and change lives.

The challenge is daunting. Ethiopia has a population of about 77 million (43 percent under age 15) in an area twice the size of Texas. But life expectancy in Ethiopia is only 48 years for men and 50 for women: Since the typical Ethiopian woman has five children, the average age of Ethiopians is 18, and only three percent are over 50 years old. Most cannot read or write.

Estimates of religious adherence vary, but roughly half of Ethiopians may have some connection with Christianity, and half with Islam. Most of those loosely designated as Christian have a connection with the Ethiopian Orthodox Church, which claims to go back to the Ethiopian eunuch schooled by Philip in chapter eight of Acts. Evangelicals make up perhaps 10 percent of the population.

Those who help choose between conventional and unconventional approaches. Press releases regularly shout out the standard issue solutions: “WORLD BANK LAUNCHES NEW ASSISTANCE STRATEGY FOR ETHIOPIA.... WORLD BANK PROVIDES FUNDS TO ADDRESS NUTRITION NEEDS OF VULNERABLE GROUPS IN ETHIOPIA... WORLD BANK/GLOBAL ENVIRONMENT FACILITY TRUST FUND SUPPORT EFFORTS TO REVERSE LAND DEGRADATION IN ETHIOPIA.”

Typical stories I examined in April emphasized the World Bank’s support for the Ethiopian government’s Plan for Accelerated and Sustained Development to End Poverty: “The Bank will support the country’s macro-fiscal stability as well as key sectors such as agriculture and... large-scale infrastructure. A particular emphasis will be placed on strengthening supply responsiveness of the economy... greater economic engagement of women and youth.... protecting and restoring ecosystem functions and diversity in agricultural landscapes... institutional strengthening and capacity building.”

All of that could be very useful, but Ethiopia has long been one of the largest beneficiaries of the World Bank and other transnational organizations. The International Development Association had 24 active projects in Ethiopia (valued at \$2.3 billion) at the end of last year. Two years ago the World Bank cancelled 100% of Ethiopia’s IDA debt, so Bono and associates can’t complain about that. Ethiopia never was under European control, except for a four-year incursion by Mussolini’s Italy that ended in 1941, so imperialism cannot reasonably be blamed for the country’s problems.

Ethiopia was one of the 51 original members of the United Nations, and Addis Ababa hosts the headquarters of the UN Economic Commission for Africa (UNECA) and of the African Union—formerly the Organization of

African Unity, of which Ethiopia was the principal founder. But when Mercer Human Resources Consulting last year ranked 215 cities worldwide based on their levels of air pollution, waste management, water potability, infectious diseases, hospital services and medical supplies, Addis Ababa was the sixth worst.

One of the reasons things are so bad is that Ethiopia from the mid-1970s through 1991 suffered under a Marxist military dictatorship funded by the Soviet Union. Dictator Mengistu Haile Mariam expelled Americans, welcomed Soviet and Cuban troops, banned many church activities, instituted military conscription and curfews, and created People's Committees to report any individuals who murmured against the government. Mariam and his associates executed about half a million people during Ethiopia's Red Terror in the mid-1970s.

Live by Soviet aid, die by its removal. When the Soviet Union disintegrated in 1991, a rebel coalition rolled into Addis. Mengistu fled and took asylum in Zimbabwe. Meles Zenawi, a Communist who publicly changed his views when his patrons were no more, became the "transitional" head of state after the dictator was overthrown in 1991. He is still in charge.

Some say conventional international aid hasn't really helped. I walked to the compound of the United Nations World Food Program on a street named Josif Tito (after the late Yugoslavian dictator). The compound sits next to a metal, cardboard and mud shantytown where children kicked around a deflated soccer ball. I'm not sure whether the long-term results of the program are positive, but there are no indications that it has loved its immediate neighbor.

I did see, in an alleyway adjacent to the compound, nine identical white Toyota Land Cruisers, each with "UN" in blue on the side and special UN license plates. Later that day four of the Land Cruisers had moved several hundred yards to the Hilton, where the U.N. was cosponsoring a three-day conference on "Advancing Agriculture in Developing Countries Through Knowledge and Innovation." The following day a new conference, "Supporting Good Governance in Africa," began, and the Land Cruisers were again in evidence.

This is not to say that UN programs and other big international efforts don't do any good—but many observers have noted that program executives, often shuttling back and forth between Hiltons and Sheratons within capital cities, do well. I was more impressed in Addis Ababa with a joint program of SIM ("Serving in Mission") and Mission to the World (part of the Presbyterian Church in America) that distributes anti-retroviral drugs provided by PEPFAR, the President's Emergency Plan for AIDS Relief.

The SIM/MTW program in Addis, headed by Andy and Bev Warren, also provides food, rent subsidies, and school

expenses for 400 beleaguered families. Lives change: One woman, forced as a child to wed husband #1, and then helped to escape by HIV-positive husband #2, was bedridden and demented four years ago, until the SIM/MTW program gave her sustenance and new hope.

I went to the home of one HIV-positive recipient, Gebeyanesh Shigute, 42: a two-room house near the top of a muddy hill where she and her two-year-old granddaughter live. Her husband is dead and her daughter is "away," a term suggesting spiritual as well as physical distance, and perhaps some disreputable activity.

There's no toilet, and outside the house sits a yellow bucket of water for washing and a blue bucket for drink-

Its waiting rooms are packed with patients, including a child with a fractured arm who waited for days without receiving medical attention.

ing water. But she and the child are alive in a city where death comes easily. Just down the hill I visited another recipient, Lemelem Gereyoharisa, 40, who has an upstairs bedroom for her two sons and two daughters. Without the SIM/MTW program they would be orphans, and probably homeless.

These Addis residents don't have much but they share, particularly during the coffee ceremony, a daily social ritual that includes popcorn and allows full participation by women who roast coffee in the living room while others sit and converse with them. Ethiopia's largest evangelical denomination, the Kale Haywet Church, has adapted the coffee ceremony to its HIV/AIDS prevention work: it provides opportunities to discuss health issues.

Furthermore, when outreach workers drink coffee with an infected person they help to restore that person to community life. When children see home workers hugging their parents or sharing coffee with them, it helps relieve the shame they feel about their parents' illness.

A tale of two hospitals

The love evident in Paul Lim's cleft palate clinic and Christian anti-AIDS programs contrasts powerfully with the mess at Addis Ababa's top government hospital, Black Lion. Its waiting rooms are packed with patients, including a child with a fractured arm who waited for days without receiving medical attention. Those in the waiting rooms were better off than those in a dim corridor where beds lined one wall. And those in the corridor were better off than the multitudes waiting outside.

Disorder was evident even in the wall clocks—each

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showed a different time. Doctors acknowledged that a lack of sterility leads to many infections. Limited budgets lead some nurses who drop an IV to use it anyway, even at the risk of infection to an already compromised population.

Ethiopians say that Black Lion was a better place when it opened four decades ago, but government priorities have differed in recent years. When government officials, including the president (or their family members) need operations, they fly to other countries. The Ethiopian government pays its doctors only about \$260 per month, so many graduates of Ethiopian medical schools leave the country, often heading to the U.S.

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What remains is the love of parents for their children. One morning this spring a baby lay on a table in a hospital ward. A botched spinal surgery had left him unable to move his legs. A visiting American put his hand on the baby's head, prayed for him and asked the mother for his name. "Exodus," she said. "I've been praying that Jesus would heal him." The American and the Ethiopian woman prayed together.

Do Ethiopian hospitals have to be as bad as Black Lion? No. At the non-governmental Addis Ababa Fistula Hospital across town, young women come by the hundreds with a problem not seen in the United States: Each has a fistula, a hole between her birth passage and bladder or rectum. The hole develops over many days of obstructed labor, when the baby's head pushes against the mother's pelvis and cuts off the blood supply to delicate tissues, which then fall away. One common cause: pregnancy among very young mothers—sometimes at the time of their first ovulation.

With no doctor present to perform a c-section, the laboring mothers are left with a dead baby and a fistula, which leads to the leakage of urine and feces. By the time the women reach the Fistula Hospital often they've been shunned by their families and communities. Sometimes they lie on their sides so long, in a desperate attempt to control the leaking, that their muscles atrophy.

But when women arrive at the Fistula Hospital, lush gardens surround them. Clean wards house them. Nurse aides who are themselves ex-patients comfort them. The hospital maintains a farm outside of town for those it can't admit immediately. The hospital demonstrates the value of each patient in small ways as well: Each patient receives a

colorful crocheted wrap made by volunteers from around the world.

Every patient can participate in Bible studies or listen to Bible stories in any of 24 tribal languages on a Walkman. She can learn about women such as Samuel's mom Hannah who wept about her barrenness and received God's comfort. And it's all because Christian doctors Reginald and Catherine Hamlin not only sympathized with the young women but showed true compassion by operating on hundreds since opening their hospital in 1974.

More such hospitals are needed. The World Health Organization (WHO) says that over two million girls and women in sub-Saharan Africa and Asia suffer from fistula. One reason is the forcing of adolescent girls into arranged and forced marriages, with the expectation that they bear children well before their birth canals are fully developed. Another is the second-class citizenship of girls and women, who receive less than their share of even the small amount of medical care their societies can provide. Female genital mutilation, a custom in some cultures, also plays a role; WHO suggests the practice may increase the likelihood of fistula sevenfold.

Fistula is an unnecessary tragedy. Emergency obstetric care can prevent it, and simple surgery costing no more than \$500 per woman can repair the condition over 90% of the time. The Hudson Institute's Michael Horowitz has proposed an anti-fistula campaign involving a consortium of American medical schools. They would train African physicians, nurses and health educators; rotate US surgeons and surgical residents to Africa; and develop U.S.-African hospital collaborations.

In the countryside

One day I headed out of Addis Ababa, going southwest for three hours past donkeys, goats, scrawny cattle and buzzards, to an area in the Gurage mountains that is 95% Muslim. There in Yetabon sits Project Mercy, which offers Christian and vocational education to 1,500 children, and also provides a medical clinic and a variety of economic development and agricultural training projects.

Project Mercy is the child of Marta Gabre-Tsadick, a 75-year-old Ethiopian who was the first woman to become a member of that country's Senate. She and her husband Demeke Tekle-Wold fled their country in 1975 under threat of death from the new Communist government. They settled first in Kenya and then Greece before coming to the United States, where they and their children eventually earned citizenship. In the U.S. Gabre-Tsadick missed "the trees, the people, and the landscape" of her native land, which she calls "God's creation."

While they were still refugees, Gabre-Tsadick and her husband established Project Mercy in 1977 to help other

refugees. For years they had to be satisfied with providing help from a distance. But when the Communist government fell in 1991, Gabre-Tsadick returned to Ethiopia while Tekle-Wold stayed in the United States to run his businesses and provide resources for their Ethiopian relief projects.

Gabre-Tsadick began her new Ethiopian work by asking local villagers what they most needed and then setting up the school they requested—but “when the children of the school starting accepting Christ, they no longer wanted us. They threw stones at us. For a year and a half we could not go outside the compound at night.”

Gabre-Tsadick and Project Mercy survived, in part because her extended family has deep roots in the area and in part because the school and clinic were meeting deep needs. She applies her experience to the training of her students, telling those who only want to evangelize that they should develop a skill that will make people come to them: “Go to nursing school and become a public health person. Learn medicine, engineering, business management, law...”

Now the school, with American help, has twelve donated Dell computers; students built the computer tables. American veterinarians are running a cattle-breeding program; students are making bricks; crafting cabinets, benches, and doors; and constructing new Project Mercy buildings.

Student woodworkers create furniture; they made a lovely wooden ceiling in the chapel. Beadworkers from America taught young Ethiopians how to form glass beads into bracelets for sale in the United States; proceeds paid for a beautiful new dorm to house orphans.

And all is done with unabashed evangelism. Project Mercy’s clinic now sees 11,000 patients a year, many of them Muslim, yet that doesn’t keep the staff from asking, “May we pray for you before we treat you? We are doctors

but Jesus is the greatest doctor.” Patients pay 60 cents for a consultation, \$1 for lab work, \$3 for X-rays, and nothing for prayer: Gabre-Tsadick says that patients always say they want prayer.

The clinic and school upset some Muslim leaders, one of whom complained about “brainwashing students with the Bible” —but Gabre-Tsadick recounts that he also admitted, “There’s no use getting rid of you. You have sunk your roots so deep.” From that she derived a principle: “If you want to evangelize a community you should not just put a Bible under your arm and go to them. You want them to come to you.”

Deep roots will be needed not only figuratively but literally over the next year: Drought in Ethiopia has aid workers fearing a repeat of the suffering of 1984, a famine that led to more than one million deaths. The Christian Science Monitor reported recently that about 10 million Ethiopians (12 per cent of the population) need emergency food aid—but the increase in prices makes that food even more expensive.

Sadly, dealing with a food crisis is nothing new for Gabre-Tsadick: In 2003, during another famine, Project Mercy received a request from the government to help feed 200,000 families within 180 miles of Yetabon. Among those needing help were 75,000 children, of whom 1,500 were severely malnourished. Gabre-Tsadick says proudly, “We fed these people and lost only 11 children. Why did the Lord allow us to have the privilege to serve all these people?”

She returned to the U.S. this year to raise awareness, collect donations, and expedite a shipment of admit, a thin gruel made of oatmeal, powdered milk and powdered sugar, fortified with other nutrients. It’s a life-saving elixir developed by Gabre-Tsadick with the help of Indiana University in 1984, during the last terrible famine.

Furthermore, Project Mercy’s agriculture program aims to develop drought-tolerant papaya, mango, and avocado trees for people in the community. Students in the 8th grade and beyond volunteer to go into the community to teach gardening, family planning, and nutrition.

When Gabre-Tsadick no longer has the energy to oversee the many activities at Yetabon, she believes Project Mercy will continue. She tells of a young girl who when asked what she would be when she grows up replied: “I’m going to replace you.”

Where does Ethiopia go from here?

Ethiopia remains a predominantly agricultural country, with over 80% of its people trying to survive by growing crops on less than 20 percent of the arable land. Agriculture accounts for over half of the Gross Domestic Product and 90 percent of export earnings, with coffee the main export crop. Some farmers, though, are switching to the

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For further information contact:

Cure International

www.helpcurenow.org

Fistula Hospital

www.fistulafoundation.org

Project Mercy

www.projectmercy.org

Selam Children’s Village

www.selamethiopia.org

Mission to the World

www.mtw.org

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sale of Qat, an addictive drug, a money crop for some hardscrabble highland farmers, and a three-letter word useful in Scrabble. Ethiopia has become a transit hub for heroin from Asia heading for Europe and cocaine heading to southern Africa.

Some statistics are showing improvement. Over the past decade primary school enrollments and access to clean water have increased and child mortality has declined. But it's hard to know what to trust in a society filled with euphemisms: A "supermarket" is a hole in the wall. So is a "Mega Book Store." "Noble higher clinic" is a place where the sick usually become sicker. Signs for "better roads for better Ethiopia" stand next to ancient cobblestones.

Ethiopia's 1998-2000 war with neighboring Eritrea worsened poverty, and an army that had no trouble rolling over Somalian warlords last year also soaks up funds. Meanwhile, Chinese companies are making great inroads in Ethiopia, as in other African countries. The Ethiopian government this year signed an agreement with a Chinese company for construction of an \$800 million industrial zone, and has also authorized China's Zhongxing Telecom Corporation to develop Ethiopian telecommunications. China trades road construction in some areas for mineral rights.

Ethiopians expect growth not only in Chinese influence but Muslim pressure as well. In recent years Islam has generally been a peaceful force in Ethiopia: One sheik financed construction of a park alongside Menelik II Avenue in Addis Ababa. (Menelik was the son of Solomon and, according to Ethiopian tradition, the Queen of Sheba.) But evidence of past aggression remains: About 40 miles south of Addis Ababa sits Adadi Mariam, an underground church carved from stone some 600 years ago, with marks from a 17th century Muslim attack still apparent.

If Muslims now constitute half of Ethiopia's population, many observers forecast a more aggressive Islam, with radicals attempting to institute shariah (Quranic) law. Craig Hammon of CURE emphasizes the importance of

humanitarian care, but also refers to "the struggle going on between Islam and Christianity... This is a strategic, pivotal country in which to serve Christ."

Meanwhile, Christian charities play an important role. Back in Addis, Selam Children's Village educates 350 orphans who live in its shady village, and more than 3,000 poor students from the surrounding community.

The village operates alongside Selam Technical and Vocational College, which trains older orphans and other poor students in auto mechanics, metal and woodworking, building construction, machine technology and electricity. Students build new facilities for the Children's Village and also manufacture items they adapt for use in poor areas of Africa: Last year the school made and sold more than \$2 million worth of threshers, pumps, windows, concrete blocks, ductwork, steel boats, and solar cookers.

Charities in that way can become businesses: Some who are skeptical of international largesse emphasize the need to develop a stronger work ethic and a sense that economic progress is possible. Others say the Ethiopian government should emphasize the development of small Ethiopian businesses.

In Ethiopia, as in much of Africa, the informal "gray" economy that exists under the radar of government regulators provides 90 percent of all non-farm jobs, according to the African Union Labor and Social Affairs Commission—but such small businesses have to keep a low profile, and have trouble growing. Azad Jeetun of the Pan African Employers Confederation says, "The cost of obtaining a permit is very high. There are so many administrative bottlenecks... We have to simplify the procedures to obtain licenses and permits to operate."

The prospect of increased charitable and business activities suggests the need to emphasize compassion and hard work, not politics. Now, the ruling Ethiopian People's Revolutionary Democratic Front (EPRDF) uses its television and radio monopoly, along with fraud, to win elections, with violence as a backup: Government forces killed close to 200 protesters and imprisoned thousands following the 2005 elections. The quality of mercy produces fewer strains.

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