

SISU, exploring in Ethiopia

Sisu is a Finnish concept that means something like “perseverance, insistence, an iron will to complete a specific, often long term task” especially when everything seems to go against you.

There are those missions where I know - when I am planning them - that it will be important. There are missions where I feel doubt and where, until the last minute, I look for a way out. The trip to Ethiopia is one of the first kind but with the uneasy feeling of the second.

However, things look good as I will be working together with three friendly organizations to improve the care for children with hydrocephalus in Ethiopia. Dan Poenaru of BethanyKids and Charles Howard of CURE Hydrocephalus connected us with “Reach Another Foundation” (RAF) of the twin brothers Dick and Jan Koning.

When it involves the care for children with spina bifida and hydrocephalus, Child-Help works together with everybody who wants to contribute in a positive way. This is so important, neither IF nor Child-Help could have accomplished so much without the cooperation with other organizations like CURE or BethanyKids.



Reach Another Foundation, dr. Dick Koning is third from left

The brothers Koning are both retired surgeons and focus on hydrocephalus and autism in Ethiopia. A strange combination of disabilities. However this choice is understandable as they have been confronted with these disabilities in their own children. The link with Ethiopia is coincidental.

Dick wanted to be a “flying

doctor” from a young age but didn’t get into the programme. After his retirement he applied for Nigeria but got Ethiopia. That’s how simple life can be. The fact that besides surgeons they are also involved parents like me is an inner motivation that can move mountains. The intelligent twin brothers have something sympathetic in a disarming way. Jan lives in the Netherlands and wears hip and fashionable blue glasses, Dick has the American casualness of a field worker. An ocean separates them and RAF brought them back together again. They are surgeons so their approach is surgery. RAF has been active here for several years and they pay the surgeons a top-up fee of 120 euros per spina bifida or hydrocephalus operation as they take place on a Saturday. That’s when the operating theaters are free. Jan makes simple calculations. Operating on 13 children per week, 52 weeks per year, makes 676 children a year. In 2009

we had only one neurosurgeon. In 2020 we will have 25. If they all place 100 shunts a year it means we can help 2500 children per year. Jan Koning tells us how he has organized series of the same operation per day in the Netherlands. He called them streets where the series contributes to the quality of care. The surgeon occupies a lonely position explains Jan. If the operation is successful everybody is happy, if it is not then it is his fault. The “Reach Another Foundation” (RAF) has organized a trip with 30 volunteers from America and the Netherlands. They do this every year and this is the way they build a support network. They try to involve them in the programme. As observer or to work with them from their own background. Linda, who is a member of the board of RAF, has received a large donation from the Rotary to work on prevention. She is going to inform midwives about spina bifida and folic acid. A physiotherapist tries to give advice to parents, surgeons participate in operations. Besides this, they organize home visits specified for each group as well as a tourist programme.



Pierre Mertens and Dr Dan Poenaru

Child-Help hasn't done much yet in Ethiopia. The first time I visited was in 2009 when I participated in a miller's conference for the FFI and made a plea for food fortification. I used the occasion to look at the care. They presented me with a waiting list (documented with photos) of 3 to 4 hundred children who needed shunting. A lot of these children were probably already dead or the hydrocephalus had stabilized and an operation was no longer needed. I met parents whose children had survived this improbable situation and encouraged them to start a support group. However, this hasn't happened yet.

Dan Poenaru from BethanyKids has been trying for the past two years to make a difference in Addis. He lives back in Canada but visits Ethiopia a few times a year. I spoke to Dan only two weeks ago at the opening of a new hospital of BethanyKids in Kenia. At his request Child-Help financed the education of two nurses of the MCM, the Korean hospital where he works. That's how they learnt of the continence management programme that we have extended in Kijabe. I am curious what it has produced. When I asked Dan what had happened to the education of the nurses he looked to the sky. Those nurses stopped working there a long time ago, but one might have educated others. Dan warned me that what I would see in Ethiopia would be very different from the Kenyan setting. The situation for our children would be terrible there. Dan visited our “House of Hope” in Kenya and believes that in Addis this formula can make a difference in Ethiopia too. He had understood that Child-Help's only mission was to build “Houses of Hope”. I explained to him that Child-Help does the same work IF does in developing countries, but can contribute more means and also can work in other countries than those for which IF has found money, via Scandinavia. Child-Help now also finances the whole out-reach team in Kijabe. The “Houses of Hope” are only a small link in a larger entity. No simple solution for a complex

problem. Lieven Bauwens from IF is only arriving on Monday and in the meantime I like to meet the players on whom I can build or can cooperate with. First I arrange to meet Dan in the MCM. Half the people of “Reach Another Foundation” want to come with me, 20 people in total. However Dan doesn’t think it’s a good idea to walk through the hospital with such a big group. He arranges a visit for them in the afternoon.

In the central hall of the MCM you can see the history of the hospital in photos. Photos of known and less well known people. Ban Ki-moon, the former president of South Korea, church leaders, politicians

The hospital has the reputation of being expensive, of course it is more expensive than the free care provided in the government hospitals but there the waiting lists are enormous. What use is a host who says “take from the fridge what you like” when that fridge is empty. Dan explains that in 1950 Ethiopian soldiers fought under the United Nations to liberate South Korea and that the hospital is a sign of gratitude from South Korea. We walk through the hospital and Dan introduces me to the management and the surgeons who work for our children. Melat, a young woman who is part of a small team of three people that works almost undercover in different hospitals for CURE Hydrocephalus and this is partly financed by BethanyKids. Dan and Charles hope that with the four organizations concerned we can build something that will improve the care in Addis. As always I add to this the indispensable role of the local parent group. In the end it is about them.

I send a text message to Beza, a young mother with a child who has spina bifida. She calls me back straight away. We arrange to meet in a small bar behind the



Beza, mother of Lazarus

hotel. Her son is eight months old. Beza is a young, Western-looking mother who has studied for 2 years in Ghent. Late in pregnancy it was proposed to her to terminate the pregnancy as the child had spina bifida. They would see to it that the child wouldn’t live long. She immediately asked herself the question if God would approve of this. If the child wasn’t viable why not continue the pregnancy and then accept whatever happened? Immediately after the birth her little son was “put aside” and she was told that he was dying.

Three days later she received the news that her son had died. She didn’t want to stay in the hospital any longer and

called a taxi so she could go home and mourn there. They were already in the taxi when she received a phone call and was asked to return. Her child was crying. She was totally confused and returned to the hospital. The baby was fed by a tube but she tried breastfeeding which at first was not allowed by the nursing staff. She kept on trying and her Lazarus started to eat normally. As she knew somebody in the hospital, Lazarus got priority on the waiting list and he was operated on. Now her husband is also very happy with their son. I tell her how similar my story with Liesje is and I promise to give her my book. Beza would like to read it. Because of

complications she camped out in the hospital for three months. “I had to lie in the corridor on the cold floor. I still have back pains because of it. The situations there is inhuman”. Afterwards she formed a group of mothers around her who support each other. They would close the door to the nurses and share their experiences. She learned already a lot from them and now wants to inform other mothers, whatever it takes. Beza hasn’t heard about CIC yet and for her child no preventative treatment for bladder and kidneys has started either. She tells me that the urine of her son looks white. I tell her that her son should be catheterized and supply her with the material that she needs for this.

In a tiny notebook she has listed what has to change and how she wants to achieve this. The list is long and very complete. However, a small new group of parents cannot solve the problems of the country. I suggest 3 priorities: 1.



The overloaded hospital

Strengthening the own organization (registration, fundraising, open bookkeeping, transparency). 2. Giving these children a voice toward the healthcare system and the government. 3. One to fill in themselves. Parents and their associations see everything as important and often hit the wall with unrealistic goals and expectations that are too high. It was a fascinating conversation with a lot of recognition and solidarity.

Beza is a special lady. She is open, critical, thinks independently and has humor. She is a fighter and has a lot of plans. She is a biologist and wants to ask the government for land to plant Moringa trees with mothers who live on the street to give them an income. I know the Moringa programme from Sudan. I have used the Moringa tree as a metaphor in an art project in Belgium. I did research together with immigrant women to find out what knowledge and care was necessary to let this tropical tree thrive in our climate.

I tell Beza how I started a parents group at our kitchen table 38 years ago, what I did

wrong and what worked well. What is important when you work with volunteers etc. She writes everything down in her notebook.

Beza has experience in working with volunteers. As a student she started a foundation for fellow students who had HIV. At the same time she was president of an association who helped students who got into difficulties.

The numbers on the surgery waiting list range from 200 to 400 to 1000 depending on who makes the waiting list. A hydrocephalus clinic is held twice a week in the government hospital. Hundreds of parents will line up for a consultation that lasts 3 minutes, during which those people who need an

operation are sent with a referral to a liaison person to be admitted. There they will hear that there is no bed available. Their phone number is written down and the people have to return home to wait for a place on the ward. And what happens then? Most people will never get any news. A lot of these children die while on the waiting list.



The twin brothers Koning assisting surgery

The people from RAF try to get rid of the waiting list by subsidizing 13 operations a week. I decided not to go to the hospital as I knew what to expect. I also want to take some distance from the huge group of RAF volunteers who I see a bit as voyeurs.

However, Dick Koning calls me from the hospital as Charles Howard wants me to see for myself how they organize the clinic. I drive with half the RAF group to the Zewditu government hospital where 12 children with spina bifida are awaiting their operation. The brothers Koning watch over the shoulders of the surgeons and squeeze the group of spectators in a small pre-op room. There the next child is waiting for his operation. It

surprises me how everybody walks in and out of the operating

theaters. Most operations are performed by trainee surgeons. This is how the RAF programme contributes to the education of neurosurgeons in this country. Between the examination table and the wall three RAF people in nurses uniform stand tightly together. The mother is sitting somewhere in the back. I ask the mother to come forward and talk. Because of her age I suspect she is a grandmother. It would be a first child. The child looks well. No over pressure and a small injury on the lower back that is not leaking. I wonder is it not better not to operate on this child, as closing up the back can cause further paralysis of the legs and necessitate a shunt. 30 percent of the children who receive a shunt in this country die. I put this question to Jan Koning, but Dick intervenes a bit irritated "we can't reverse this decision now" and the child disappears into the operating room. I understand this, but the child would probably have been better off without an operation. It's difficult to be witness to something of which you think it could be done different or better. Here I have neither mandate nor influence to stop this machine. Closing up the back often disturbs the existing balance between production and absorption of brain fluid. After closing up, a shunt is

often needed. As long as surgery is not at its best I would close as few backs as possible and hope that there will be no development of hydrocephalus. Another child is carried in and put on the table. Dick, still a bit irritated, sends me, with a group of spectators to a ward where a surgeon from another hospital



Mother and child, too many children die on the waiting list

guides us around. He doesn't know these children so can tell us little about them. Most children have had their head circumference measured but this has not been put on a chart to be able to follow the evolution better. The surgeon assures us that this does happen in the file.

In one child the fontanel has collapsed

and the head circumference has been reduced by 2 cm. I ask if a puncture has been performed to which the surgeon replies no. "I wouldn't operate on this child" I tell the surgeon. He agrees that he would wait too in this situation. There is obviously need for a better selection prior to surgery. If there is a waiting list with hundreds of children on it, only the most urgent cases should be operated on here. None of these children seem urgent cases to me. A neuro pediatrician like Carla Verpoorten would be very useful here. Jan Koning introduces me to Ephrem who has studied public health and who together with Mesekerem and Melat works for CURE and BethanyKids. Mesekerem is a nurse and social worker. She says that working conditions are difficult. You have to inform parents about everything that is wrong without being able to offer solutions. There is no knowledge or material on CIC here.

That night I am invited to a briefing of the RAF group. They all get two sentences to give their impressions. An anesthetist and a surgeon are upset about what they have seen. They could have made a difference but were witness to – in their eyes – bad medicine. They don't want to stay and leave the group two days later to take holidays in Zanzibar. They did make contact with the Korean hospital to arrange that they would perform several surgeries there on a yearly base. Most of the other people are positively impressed by the programme. Especially the home visits evoke great emotions. A physiotherapist shows Jan Koning a photo of a child. It is the girl with the large stabilized head. They have performed an



The Reach Another Foundation briefing

ETV on her and concluded after surgery that the child has little or no chance of survival. The selection of who gets what treatment can and should be better. On Sunday there is a meeting with the 4 organizations. Dan, Charles and myself meet beforehand and discuss how we will handle the discussion with RAF. We want to discuss and especially ask if they can have more influence on the pre selection. Charles tells us that most surgeons after their studies don't find a place that offers the possibility for neurosurgery. I find the circumstances in which the surgeries take place unacceptable and prefer not to be part of it. I look for ways to do something for the children on the waiting list and for those children that survive their surgery. I am convinced that we can do a lot without surgery while waiting for RAF to improve the circumstances for surgery.



Lunch meeting with all organisations involved

At the meeting Dan is frank and tells it like it is. The brothers Koning are open to the remarks, however it remains a question if they can jump from a train which is now going at full speed. Charles has invited neurosurgeon Tony Magana from Melekke in the north of Ethiopia to tell us how things are going there.

He holds a promotional

chat and comes across as quite arrogant. He doesn't ask who we are or what we do until he hears that it is Child-Help that delivers his shunts and gratefully shakes my hand. It sounds a bit like he is making things up. His figures seem improbable. 60 spina bifidas in 1000, or did he say 16 or was it 60 in 10000? Hardly any infections, etc However, if 20% of what he says is true, then the treatment in his hospital is 10 times better than what is happening in Addis now. They have a CT scan, MRI and sufficient beds and operating theaters, hardly any

waiting lists and all urgencies are dealt with in time. Hardly any infection and the local government pays almost all the costs.

After his departure I hear mainly disbelief and outrage from the others. I want to see for myself what he does and decide to fly to Mekelle on Wednesday and come back the same day to see what is true and what isn't.

Lieven arrives in time on Monday morning to be able to visit the site of Mother Teresa. Dan Poenaru is in touch with them as the sisters asked him for help regarding treatment of children in the Korean hospital. We wait for sister Marialala. Another sister distributes money to the sick people who travel in minibuses to their respective hospitals. It is a real dispatching. Dan Poenaru laughs: here they never ask for money, they distribute it here.

They have 700 beds here and they are only for those people who can't afford to pay. You can't take photos and they don't raise funds. Psychiatric patients, homeless people, pregnant girls, street children, HIV patients, dying patients, everybody is welcome. The place is extremely clean.



Mothers of kids on the waiting list are doing what is possible

The people who are healthy enough have to go outside in the morning and will be welcomed again in the evening. Sick and dying people are allowed to stay. There is help here for everybody who asks for it. 700 people live peacefully together here. There is the necessary medical care, medication costs a lot of money but money is not discussed here. Every night the police picks up the sick and dying from the street and leave them at the gate of the enormous complex. There the sisters pick them up and bring them inside. The dead are being taken care of in a dignified way, the dying receive care and rehabilitation if this is still possible. If not, they are taken care of in their last hours, days, nights and weeks. Bart Peeters

sings "love is what is left when everything is lost". This organization doesn't raise funds, the money just arrives. I understand this, I would also like to bring money here. Here death and new life exist next to each other. The sisters have reserved a place at the gate for everybody who wants to take a shower, wash their clothes and have something to eat. Afterwards the people disappear into this city of millions.

The Polish sister Marielala is a big, sturdy woman dressed in the typical Mother Teresa robe in blue and white. She looks happy. She quickly picks up some things in the adjoining apartment for the community of 18 sisters. They are not



The Mother Teresa- site is clean and nice

paid but the staff is. It is fascinating to see how this organization has for years been working like clockwork thanks to this small group of strong women. They don't go on strike like the jailers in Wallonia or the baggage handlers at Zaventem. They enjoy their work. Job satisfaction is their salary. Sister Marielala steps into our bus with another sister and brings lots of things. Transport is utilized to its full capacity here.

The second Mother Teresa site lies outside the city and is a nice complex of buildings with a department for children, a guesthouse, an orphanage for HIV infected children and meeting and training places. The orphanages were meant for children up to 13 years old but thanks to improved medication some orphans have reached adulthood. Therefore the medical care is less intensive than foreseen. That's why they have place for us here. I am speechless watching what is being realized here. The children's wing is being blocked by a disabled woman in a wheelchair who is shouting something while crying and waving her arms in the air. Everybody accepts her behavior and talks to her in a friendly way but she keeps on shouting while crying.



Bart Peeters sings "love is what is left when everything is lost".

The children's wing has been repainted in bright colors. There is a doctor and there are nurses with a heart for children. The place is not fully occupied now that because of medication children with HIV survive longer and need less care. When we see the disabled woman again, she has, with the help of a nurse, a child in her arms.

She has calmed down completely and laughs happily. I understand that this is her child but am not completely sure. In the same ward lies a ten year old girl with a case of untreated hydrocephalus. She has a very big head and her eyes



We pick up parents and children to visit Beza's home

have sunk deep. The nurse tells me that the girl communicates well, that she speaks the local language and is almost always happy. I see an untreated, very disabled girl that lies huddled and is misshapen. However at least here the girl has a name.

After a short tour, we go to a meeting room which in contrast to the rest of the complex is covered in dust.

This is a place where people live and work, a place where not a lot of meetings take place. The nurses and doctor agree with everything and don't ask for money or a plan. "You just come and we will do it". Maybe this place can do what I am searching for. A home for our children where everything is possible when surgery is not available. In the case of spina bifida one can take care of the back so skin will grow over the wound. Then we have to hope that there will be no hydrocephalus and that by using continence management the kidneys stay protected.

Seven years ago I was in New Delhi. There was a waiting list of two years for closing up the back and most children who survived were doing surprisingly well. Of course I don't know how many children died but with a waiting list of a 1000 children I think a non-surgical approach is applicable. There is a doctor here, nurses, there is space and a passion for everybody, also for our children. The nurse is all in favor, they are just waiting for a renewal of their permit as a medical center. Without it they cannot hand out medication and things will be difficult.

In the afternoon, Beza has invited me to have coffee at her home to catch up with some other mothers. Lieven goes with RAF to a meeting about prevention with the local Rotary club. Beza and myself pick up parents by taxi. The first mother has a one year old son with spina bifida. I measure his head circumference and it hasn't changed. However on the head there is a large protuberance from just above the forehead, across the fontanelle to the back. The child suffers from over pressure but the mum was sent home without any help at the last clinic. That's why she skipped the next clinic. She says that pressing on the shunt helps but when we try this the shunt feels very hard. I think that the catheter to the belly is blocked somewhere. But does it make sense to send her back to the clinic? She will only end up at the bottom of the waiting list with already a 1000 children on it.

When it will finally be her turn, the child will be dead or the problem will have stabilized.



Beza looks if pushing on the shunt improves the situation

The second mother has a son of two and a half years old. He can walk and looks completely normal. He has a small injury on his lower back and there is no hydrocephalus. Her husband left her when he saw their son. Her biggest problem is that he doesn't sleep well and she thinks this is caused by his disability. I ask if he eats well. He is only breastfed. Maybe he is hungry at night. I explain that children with spina bifida are also normal children and that not all problems are caused by the disability. I suggest to ask other mothers if they have any suggestions on how to make her son sleep better. At home Beza roasts beans, grinds them and serves Ethiopian coffee. Delicious. The flight to Melekke is at 7 in the morning and I regret having planned to go there. Getting up at a quarter to five, back home late..... I slightly hope that the flight will be cancelled. So much resistance, maybe this will be an important mission. Collins, a Ugandan colleague of Charles will travel with us.

Lieven and myself have collaborated closely now for 11 years. I am glad to be on mission together once again, to be able to catch up and to discuss the expansion of Child-Help international. Lieven travels a lot for IF and to do something completely different he has bought a plot of land where he wants to garden in an ecological and sustainable way. As in everything he does, he dedicates himself to it passionately. This is how he has become an expert in food fortification and prevention. However, now he wants to get into ecological forestry. He believes

that the over-consuming society is about to break down and that we will have to survive with what is available in our immediate surroundings and especially with less. He explains to me what “sisu” means. It stands for the mentality of creative perseverance at the moment when everything goes wrong. It’s a Finnish concept. This encourages him to move from thinking negatively to engaging in ecological gardening and planting food forests. These are survival woods and he explains enthusiastically to me how even in the worst weather conditions forest can grow there. It is even possible in the desert, because even there you find water. On a beer mat he draws how the soil has to be enriched in little canals with turf and how plantation does the rest. Letting trees grow in the desert seems to me like surviving with spina bifida in Addis. Here the parents need a good dose of “sisu”. In Melekke we are picked up by a driver from the hospital. The director of the faculty of medicine is waiting for us. He leads us to a large, slowly emptying hall where we will be given a presentation on a planned incidence study on spina bifida that they want to start. The whole study will cost 8500 USD, but they don’t really ask for sponsorship. Lieven finds the study useful but wants to get advice from some of his contacts.

Dr. Tony Magana calls me to say that today he needs to operate on a difficult brain tumor. The operation can last up to 4 hours so he has asked some colleagues to look



Lazarus and his daddy

after us. We visit the pediatric ward where we find 4 children with spina bifida who have been operated on in a good way and in time. I ask a mother what she has paid in costs so far and that is not too bad. Until the child is 45 days old everything is free in Ethiopia, afterwards a small contribution is asked for. The children have been treated well and there is space for more. It seems to work here. The tour shows us the CT scan, the MRI, the registration system and the IT that is functioning well. The medical file with all the medical imagery is accessible everywhere via the intranet. As Dr. Magana is still not there we are being offered lunch in town. The urologist, the director of the hospital and the dean of the faculty of medicine invite us to a restaurant that looks out over the city. Mekelle is situated in a valley surrounded by mountains. It is a beautiful view. During lunch a tropical thunder and lightning storm hits.

Back in the hospital we wait for Dr. Magana in the office of the dean. After operating for five hours he looks tired. He leans against the wall and sighs, the operation didn’t go as well as expected. The tumor has not been removed completely but he hopes that the woman will be able to function better after the operation. He is a strange man. He could have had spina bifida. His knees seem

a bit weak, he has a somewhat enlarged forehead and I need to help him going up the stairs. Where I found him arrogant in Addis, I now find him authentic and vulnerable. In the seven months that he has worked here he has built up a status and gained respect. He is more open, less defensive, although his numbers remain improbable.

He explains that the healthcare has been regionalized and that it is the government's intention to build a hospital like this in every region. If we can realize multidisciplinary care here, this could be a training center. Without a doubt he has accomplished something here in seven months that he can be proud of. "I stay here another ten years, till I am seventy" he says. I hope his body holds out that long. There is time between our visit and our flight back. He invites us to the cafeteria of the hospital. On the terrace, half in the sun, half in the shadow, he doesn't pontificate. He speaks while thinking from a superior intelligence which in one way or another he had to hide until now. He is at ease and doesn't seem to feel like he has to defend himself. I like him now, even more with the fantasy that he has a disability himself. The journey to Mekelle was very useful, my resistance

once again unjust. During the last day of our mission we visit the CURE orthopedic hospital. It had just started in 2009 when I visited with the Norwegian neurosurgeon Gabriel Lende. He was working in the Korean Hospital but wanted to leave. I told Charles that he was allowed to operate there if he contributed 500 USD per child in hospital costs. What a missed chance, says Charles. Surgeons are so important and scarce. From this mission I learn how



Storm over Mekelle

crucially important the presence of a committed neurosurgeon is. Unbelievable how a man like Tony Magana can make such a huge difference in a few months.

Now CURE performs 2000 orthopedic operations a year here. For the patient it is completely free. They also have an enormous waiting list. They have nurses, a pediatrician and on some days consultations. Collins whispers to me if I shouldn't suggest to organize a continence management clinic here. I ask if that is possible here and also discuss it with the pediatrician. It might be possible if the personnel can handle it. Surgery would also be a possibility, if CURE would build a separate wing for it and if they find a surgeon. There is a building in scaffolding for which only financing for a third is available. Two thirds is for the project with the best cards. Charles hopes that this can be Spina Bifida.



The CURE hospital in Addis performs 2000 orthopaedic surgeries a year



CURE Hospital in Addis

In the afternoon Lieven and myself meet with Beza. She is planning to start very quietly and to take her time after registration to find her collaborators one by one. Lieven asks if there are plots for sale here for his survival forest. This is difficult in Ethiopia as they rather stop foreign investment than stimulate it. However Beza as a biologist believes in Lieven's imaginative plans.

Beza is especially Sisu, Lieven has been Sisu the longest of all and I have learnt to be Sisu with Liesje when also in Belgium everything went wrong. Lieven supports my suggestion to start with continence management in Ethiopia and leave the surgery to other people.



RAF, IF and Child-Help looking for change

The people from RAF are happy that we can do something complementary and support every initiative that can help our target audience. They continue with their work in improving the surgery. The meeting with the management of the government hospital unfortunately doesn't bring the immediate success we hoped for. Being able to influence who gets what operation is apparently not feasible yet. Also a slot of three beds for emergencies is not accepted yet. The director says:

"Ethiopians are used to the fact that only a small group of people gets help if not more is available". Imagine it is your child that doesn't get the help it needs.

Back home I call Carla Verpoorten and tell her my story. She is excited about a training session at Mother Teresa. Besides this, also the research project that we like to do on intravesical oxybutynin that has been rejected in Cape Town, might be possible in Mekelle. Mesekerem is welcome at the scheduled training session in Kenya in June. Charles also wants to send somebody from Mozambique as there is a surgeon there who doesn't have anybody to succeed him. And this is how our network expands.

The outcome of this mission is once again totally different than planned. Maybe Mekelle will become a very important player.

With some SISU even in the desert water will find its way.