Small Scale Successes and Hope in the Horn of Africa

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In November 2006, I traveled to Ethiopia to join an international medical mission organized by 'Operation Smile;' a twenty-five year old, non-profit organization, based in Norfolk, Virginia, which provides free *cleft palette* and *cleft lip* surgery to the economically disadvantaged worldwide. Teams consist of plastic surgeons, nesthesiologists, nurses, students, medical record organizers and a range of other professionals and assistants. I had been charged with a photography mission, visually documenting the operation and its participating personalities. All members are volunteers who work arduously, and often welcome the opportunity to do so time and time again.

My sense of awareness had been heightened since the announcement of my deployment to Ethiopia, although the Prague-Addis Ababa flight did not do justice to the great economic disparity occurring 28000 feet below. I arrived several days prior to the commencement of the mission, wanting a chance to explore the city. In spite of the usual reminders of life in the developing world, comfort, safety and security were in plenty. There was little evidence that the Ethiopian armed forces – one of the largest and most professional armies on the African continent – were readying itself for a 'self-described' humanitarian intervention in neighboring Somalia. Personal security risks seemed remote, and even the risk of common street crime, (despite sticking out as a rare Caucasian), were small. In a country where a range of different ethnicities, cultures, religions and linguistic communities interact, and where the struggle for basic survival persists, general security was assured. I freely visited large outdoor markets, random shops, and local restaurants, without worry.

One of the first, and most absurd, visions a foreign visitor confronts in Addis Ababa is the abundance of embassies and NGOs. The city is very literally an 'alphabet soup' of acronyms and flags of every nation imaginable, all adorned in heavily-guarded structures. With such a great international presence, it is easy to conclude that Addis Ababa is one of the more developed, advanced and prosperous cities in the region, if not on the continent. Well-intentioned aid-workers wonder aloud if there are simply too many actors in the city, and though an excess of aid money and experts seems positive, perhaps it has created a barrier to any real development as the city and its residents have fallen into the trap of dependency.

After all team-members had rendezvoused, we boarded a plane to Jimma, a rural city some 350 km east of Addis Ababa. Jimma is widely known for its (relatively) large university and coffee production. The flight itself was no different from many I have taken in Europe and the US; however the realities of life outside the capital set in immediately after arriving at the small and rundown airport in Jimma, greeted by an assortment of alien sounds and smells. We were housed in one of the larger hotels in town, assured that it was also one of the most advanced. Settling in for an extended stay, we unpacked and began adjusting to fending off insects, digesting local food, and acclimating to the pre-dawn wakeup call provided by the neighborhood mosque conveniently located next to the city bus station directly adjacent to the hotel.

After a number of days into our mission, we began to get a feeling for life in rural Ethiopia. Farm animals and street-children roamed a confusing maze of dusty streets, as heavy trucks and struggling busses drove by. It was hot and dry; clean water was not readily available, and though it was easy enough for us to drink bottled water, the local population bathed and washed in the chemically laden rivers which flowed down through the farmlands to the north.

Once surgery week had began our interaction with locals from Jimma and the nearby areas increased dramatically. Many who live in the developing world and witness medical missions swoop down and literally invade their towns, develop a rather standard (though misguided) set of hypotheses. Some, such as the assumption that Western participants are paid, are simply inaccurate. Others are more malicious. For example, some locals believe that Western doctors are deployed throughout Africa to experiment on defenseless, uneducated and exploited locals. Such depictions of NGO assistance are based on mistrust and fear, rather than a means to mobilize locals against the mission. However, with such sentiments swirling around the community at Jimma, there were moments of discomfort, which (fortunately) did not translate into danger or violence.

And yet, what initially began as disdainful skepticism, ultimately translated into curiosity and eventually, hospitality. The rag-clad street-children continuously hounded us with chants of “hey you, you,” in broken English; however, the glances on the streets that had been frightening, lost their coolness. At times, invitations were extended to join roadside table tennis and football matches. Trust was being established, though it was a long and often tense process.

Working alongside volunteers from a wide spectrum of backgrounds; medical students from Ethiopia and Somalia, doctors and nurses from Kenya, and representatives of North America and Western Europe, enhanced the experience tremendously. As much of international society simply waited for another, anticipated medical or humanitarian crisis in this remote part of the world to unfold, I was based in the region, so close and yet so distant from the threat of violence and among people with personal attachments to the region and all its local and international challenges.

The Somali refugee crisis has recently been called one of the most significant humanitarian events, with numbers of those expelled from their homes exceeding parallels in Sudan (Darfur) and Chad. Fortunately, I did not gain any firsthand knowledge of the conflict that precipitated this crisis as I departed from Ethiopia the morning Ethiopian troops crossed into Somalia in late 2006. My first assessment had been that Ethiopia’s military operations would be swift and successful. This proved to be correct, though as soon as the pace of fighting slowed, the real crisis began, with concerns mounting over who would keep the peace, and who would be responsible for regional development.

Ethiopian friends and colleagues reported their thoughts about the situation to me. They were never fearful of a Somali counter-offensive, and were confidant that had one been attempted, it would have met stiff resistance and been repelled well before reaching significant urban areas. In all, like most Ethiopians (among others throughout international society), my friends were grateful that a radical Islamic party and paramilitary organization had been forced to abandon their positions, paving the way for Ethiopian administration of Somalia. Most people I questioned were hopeful that Ethiopia’s intervention could open a window of opportunity for peace, development and responsible governance in the region.

Six months after departing Ethiopia, little progress has been made after what was at first glance, seen as a resounding victory. The threat of radical Islam invading from Somalia may have diminished, but the greater challenge of rebuilding a region which still requires much material and human resources to break out of the cycle of violence, crime and corruption must still be addressed. Viewing the situation through a wide-angled lens only reveals problems, hardships and despair. Focusing in for a closer look can, however, reveal some hope.

People are generally more resilient and retain greater endurance then it often seems. The stubborn intrinsic human maintenance of hope and faith – two idealized but crucial conceptions – survive in even the harshest conditions. A Sudanese man who brought his sister from their refugee camp (some several hundred kilometers away) to our hospital hoped that, despite living nearly his entire life on rations and promises, the quality of life could improve. Similarly, another family which traveled hundreds of kilometers, was lured by the promise of a life-changing surgery for their child, had faith in the kindness of strangers.

East Africa is a dynamic, difficult, and at times violently unstable place, with a range of seemingly insurmountable challenges which plague much of the developing world. However, after the 2006 mission, life has been greatly improved for more than one hundred Ethiopian children. A year prior, they were shunned and excluded from local social life on account of the birth deformation. Currently, they reveal their faces, unhidden and without shame. What will happen as the region faces new challenges while still struggling to deal with more antiquated ones (primarily related to survival hinged on resource distribution), is difficult to answer. There is no quick and easy solution, but it is not difficult to contribute and making a difference, even a small one, is possible.