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Making miracles happen

Dr Catherine Hamlin, repairing broken lives in Ethiopia



Making miracles happen

In poverty-stricken Ethiopia, thousands of women are treated as pariahs by their families and communities because of fistulae – tears between the bladder and the uterus caused by obstructed labours. Bringing relief to their misery and suffering is a remarkable 79-year-old medical graduate from Sydney University, Catherine Hamlin.

Be Bonham writes about her inspirational work at the Addis Ababa Fistula Hospital.

Modern medical journals are full of advertisements for jobs that promise high incomes and good working conditions. Things were different in 1958 when Dr Reginald Hamlin responded to an ad in the *Lancet* whose prospects included long hours, poor pay and primitive facilities.

It read: “Gynaecologist wanted to set up school of midwifery for nurses in the Princess Tsehai Memorial Hospital in Addis Ababa”. Dr Hamlin was enthusiastic but had one condition before accepting the job: that a similar position be found for his wife Catherine who, like himself, was an obstetrician.

The couple were appointed to three-year tenures at the hospital in Ethiopia, work that took them and their six-year-old son, Richard, half way around the world, and changed their lives – and those of 20,000 women – forever.

The Hamlins met in 1948 when Reg was medical superintendent of Sydney’s Crown Street Women’s Hospital and he interviewed Dr Catherine Nicholson – a 24-year-old Sydney University alumna – for the position of senior resident medical officer.

In decade that followed, the Hamlins courted discreetly – he was not only her supervisor but 15 years her senior – married, become parents, lived and worked in the UK, Hong Kong and New Zealand, and returned to Australia before deciding to seek out a challenge that would allow them to help people in the developing world. The *Lancet* ad seemed tailor-made for them. >

Above: “I love you next to God.”
Catherine Hamlin at work at her hospital desk.



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The Hamlins arrived in Addis Ababa in May 1959. In 1962, after their contracts expired, they decided to stay, Dr Catherine Hamlin says, because of the profound need of women, especially young women, suffering from fistulae as a result of long and obstructed labours.

“A fistula is a hole torn between the bladder and the uterus, and sometimes the rectum and uterus during an obstructed labour,” she explains.

“We started to get these little patients coming down from the country, who were leaking urine because of their injuries as a result of their obstructed labours. We were very touched by their plight, so we were determined to try to do what we could.”

Years later, in 1975, this daily mission took a quantum leap forward when the Hamlins fulfilled a long-held dream of opening a hospital dedicated solely to the

treatment of fistulae. The Addis Ababa Fistula Hospital has since become a major teaching institution for surgeons from across Ethiopia and the developing world.

Dr Reg Hamlin died in 1993 but Catherine, now 79, is still working in Ethiopia, teaching and performing surgery, having pledged to continue the work they began together.

Women with fistulae are unable to control the flow of urine or faeces, and are usually deserted by their husbands and outcast by their villages.

“One woman we found had spent nine years in a darkened hut, having her food being shoved in to her once or twice a day,” she says.

The condition is rarely seen in developed countries where few pregnant women go into labour more than 24 hours away from a hospital capable of performing a caesarian section.

“Even if a woman is at home during labour in Australia, she will contact a hospital and have a caesarian if a day goes by with no progress. She won't be left in labour for five or six days.

“Some of our patients in Ethiopia report being in labour for five or six days: they labour for two days before begging for the money to go to hospital, then, because of the limited roads and medical facilities,

and inaccessible terrain, it might be three more days before they reach a hospital. By then the damage is done.

“The only reason they deliver at all is that a baby can't survive more than two days of labour, so the infant dies and shrinks and the woman is able to squeeze it out. These women suffer agonising labours and the death of their babies and then, because of the fistulae, are ostracised by their families.

“I had one woman who had been dripping urine for 40 years. She was 60 when she came to me. She had her one and only baby at 20, and she said to me, ‘I've been sitting alone for 40 years’. Hers was a very simple operation. We cured her in 12 days. She kissed my shoes and said, ‘I love you next to God!’”

As well as caring for the 99 per cent of the women whose fistulae can eventually be repaired by simple or repeated surgery, the Addis Ababa Fistula Hospital administers several projects to provide continuing care for the small minority with irreversible damage.

“Without this care, and lacking family support, they revert to a life of begging to survive, even though most are willing and able to do light work,” she says.



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The photos of the fistula hospital were taken by Shaleece Haas, a New York photographer who first travelled to Ethiopia in 1999 and helped to found The American Friends Foundation for Childbirth Injuries, a non-profit organisation dedicated to the support of the hospital and to the prevention and treatment of fistula. More of her remarkable images can be viewed online at www.aeternaphoto.com/photo-essays.html

“Last January we opened a self-help rural village for women whose fistulae are irreparable on 25 hectares given to us near Addis Ababa by the Ethiopian Government. We called it Desta Mender, or Village of Joy, and when it is fully occupied it will house and provide physiotherapy and medical care for 100 women with ileo conduits (a diversion of the ureters to bags that store urine externally because the bladder tissue has died).

“As well as teaching these patients new living skills and continuing their education, the village will be a teaching facility for health workers and help educate women in antenatal and post-natal care.”

Dr Hamlin says the total cost of the Desta Mender project will be about \$2 million, much of which will be funded from Australia through the Hamlin Fistula Relief and Aid Fund.

She says Minte, a patient treated in Addis Ababa earlier this year, is typical of the women who are choosing to live at Desta Mender:

“Minte is 18 and arrived at our hospital in January with fistulae in her bladder and rectum. She had managed to reach a nearby clinic for the delivery but only after being in labour at home for four days, so of course the baby was stillborn. It was her first pregnancy,” Dr Hamlin says.

“Minte had her rectum repaired successfully but at that operation it was found that her bladder had been destroyed; its blood supply had been cut off during the long labour and the tissue had died from lack of oxygen, so there was nothing to repair.

“Her only hope of being continent was to have an ileal conduit operation and an abdominal stoma. All of this was done with care and love and she made a wonderful physical and mental recovery, but no-one from her family visited in the five months she was at the hospital and she believed her husband had remarried. Minte moved to Desta Mender in May.”



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Another project begun by the hospital and continuing this year is to provide equipment, staff and resources for five outreach centres in rural Ethiopia at or near hospitals already visited annually by the mobile surgical team from the Addis Ababa Fistula Hospital.

The five hospitals selected for development are in strategically located towns so that most of the rural population will be within a day’s walk of at least one. Ongoing support will be provided by the Addis Ababa Fistula Hospital’s mobile team, which will refer and transport complicated cases to the main hospital in Addis.”

As well as providing a local centre for women who have had fistula surgery, Dr Hamlin says each ward in the building scheme will be a centre for communicating the importance of safe motherhood to rural women, in particular the hazards of unsupervised pregnancy and labour. Another component will be providing check-ups and supplies to women with stomas who return to their villages instead of living in Desta Mender.

Establishing the rural operating centres is another step towards meeting the Hamlins’ goal of

providing fistula-repair surgery to every woman who needs it. Previously, although treatment at the Addis Ababa Fistula Hospital is free, women often had to overcome enormous obstacles to travel to the Ethiopian capital. One woman crawled almost 15km from her village to the hospital. Another lived in a bus shelter near the border with Kenya while she begged for the fare to the hospital. Eventually she had enough funds to board the bus and ride it all the way to Addis Ababa and her new life. Others beg money from relatives or rely on the sale of a treasured farm animal to finance their trips.

Internationally, the hospital has begun an outreach program that sends teams to train local surgeons in fistulae repair. This project has extended the service and philosophy of the hospital to much of sub-Saharan Africa.

“Our medical teams have been to Chad, Togo and Uganda and in October 2003 they are scheduled to go to a Red Cross hospital in northern Kenya to help Sudanese refugees with obstetric fistulae,” Dr Hamlin says.

Dr Hamlin says the key to the hospital’s survival has been an unshakable commitment to its patients: “these abandoned, forgotten and beautiful young women with the whole of their lives before them”.

Nevertheless, its survival has been in the balance a number of times because of the political and natural extremes to which Africa is vulnerable. In the 28 years since the Addis Ababa Fistula Hospital

Left: in 99 per cent of cases, fistulae can be repaired by simple or repeated surgery.

Far left: Dr Hamlin in the grounds of the fistula hospital.

Below left: One of the “abandoned, forgotten and beautiful young women” whose life has been transformed by Catherine Hamlin.

opened its doors, Ethiopia has endured civil war, famine and 17 years of brutal communist rule.

She adds: “A lot of our friends were imprisoned and a lot of them killed. We saw a lot of shooting in the city and people, dead bodies lying about. We just stuck it out and hoped things would improve.”

Things have. When the Addis Ababa Fistula Hospital began its work in 1975, it did so without fanfare in the hope of avoiding the attention of Ethiopia’s new communist military ruler Mengistu, who was consolidating his regime by nationalising banks, major private businesses, and some hospitals. By January 2000, the hospital had completed a building program of expansion and upgrading, and was ready to celebrate the opening of its new complex in style.

Typically though, even with so much achieved, Dr Hamlin shows no sign of slowing down.

She writes: “Never for a moment have I felt like retiring, or wanted to change my life or my work. I still operate several times a week, and my hands are as steady as ever. Although most of my life has been spent working for fistula patients, the fascination and appeal has never palled. People sometimes express surprise that I could be satisfied doing the same thing for so long, but the work has never been a burden or a chore.”

High praise indeed for a job that promised so little, so long ago. 🌟