Five new mini-fistula hospitals being built throughout Ethiopia

Ethiopia is a country of over 73 million people, more than the combined populations of California and New York, and a little smaller than twice the size of Texas. With fistula patients spread throughout the countryside, for years doctors and nurses from the Fistula Hospital have been traveling to regional hospitals to operate on fistula victims who could not make the journey to Addis Ababa. In order to address the needs of the many women in the provinces who require fistula care and to help prevent fistulas, the Fistula Hospital is building five permanent mini-fistula hospitals in strategic locations in Ethiopia: Bahr Dar, Mekele, Harrar, Yirgalem, and Metu.

Each mini-fistula hospital will include a 20-bed ward, an operating room, educational and administrative facilities, as well as other essential facilities. The mini-fistula hospitals are being built adjacent to existing regional hospitals and will offer a discrete entrance for fistula patients and women at high risk of obstructed labor who might otherwise be turned away from the main hospital gates.

The purpose of these mini-fistula hospitals is three-fold:

- **Treatment**: A resident obstetrician-gynecologist will provide specialized fistula repair surgery to local women. A surgical team from Fistula Hospital will visit the mini-fistula hospital periodically to treat those women with particularly severe injuries.

- **Prevention**: High-quality emergency obstetric care will be made available free of charge to women at high risk of obstructed labor. Women at high risk include those with prior fistula repair surgeries and some who are slight, young or disabled.

continued on page 6
It is now nearly six months since my arrival in Ethiopia and I am pleased to report that I have had a wonderful introduction to the Hospital and the country. Although it is the wet season now and each day brings rain and sometimes hail, my days have not been in any way gloomy.

I had a warm welcome from Sister Ruth Kennedy and the Ethiopian staff at the Hospital, and in a short time I have been made to feel a part of the team. My wife Annette and our children arrived during the summer and we have settled into our new home. The children are enjoying a new climate and are meeting people and are having language lessons in Amharic.

The happiness and the gratitude of the patients during their stay and treatment at the Hospital are quite striking. This week I was greeting some of the girls who were waiting for an operation. They are always so happy when someone shakes their hand and wishes them well. One girl was sitting on a bench, and stood up smiling to shake my hand. As she stood a gush of urine spilled down her legs and onto the ground. She was obviously terribly embarrassed and ashamed as she held tightly onto my hand. I felt so sorry for her humiliation but also felt how wonderful it is for this Hospital to be able to restore the dignity of women in this situation.

I am excited at this opportunity and the chance to have a role in the future of the Hospital. Ethiopia is a beautiful country and the images that are commonly seen of famine and desert do not tell the whole story of this country that has vast areas of good farming land and beautiful mountains. Recent elections have highlighted the need for stability and development to ensure that the resources of the country can bring benefits to the majority of the people who live in such terrible poverty. More than 75% of the population are living in the country-side and struggle to make a living from their small plot of land that they farm with poor resources and low output. They have little access to roads and infrastructure, health care or education. The problems of maternal health and Fistula are but one issue amongst many with which the people struggle.

Please pray for Ethiopia and the part that the Fistula Hospital can play to bring hope to the lives of women and families that struggle in ways we could not imagine.

Sincerely,
Mark Bennett
Chief Executive Officer
Addis Ababa Fistula Hospital

The Washington DC Area Tesfa Ineste Committee in W

The Tesfa Ineste Campaign was launched by Et in 2005, 4 to 7 PM at C

speakers include Congressman Michael Honda, Weizero Berhane Ras-Work, President of the Int

Affecting the Health of Women and Children (IA

Dr. Ahmed Moen, Associate Professor of Public

Ethiopian art and culture, as well as an auction

LATEST NEWS

- The mini-hospital in Harrar. First, Artists for Fistula donated artwork sold to benefit the Foundation on Sunday, December 4, 2005, 4 to 7 PM at C...
Congressional Leaders Show Support for Fistula Prevention and Treatment

The Hospital’s new Chief Executive Officer, Mark Bennett, Liaison Officer, Sister Ruth Kennedy, and Foundation Executive Director, Kate Grant, visited Washington, DC in October to meet with partners at World Vision, the United States Agency for International Development (USAID), Tesfa Ineste - DC, and of course Members of Congress.

On their trip to Capital Hill, the first stop was with Congressman Mike Honda of California, who co-chairs the Ethiopian Caucus, and who visited the Fistula Hospital earlier this year. Congressman Honda is a big supporter of the Hospital, and will be the Honored guest at the Tesfa Ineste Committee’s December 4th fundraising event. (See article below). Two Foundation Board Members came to the meeting, Deborah Harris of North Carolina, and Mary Tadesse from Virginia, as well as the Tesfa Ineste - DC, Chair, Tsedale Assefa.

The next stop was with Congresswoman Carolyn Maloney of New York. Ms. Maloney has sponsored legislation that would support Fistula prevention and treatment programs. Her district in Manhattan is the site of the last known Fistula Hospital in the United States, closed nearly a century ago, where the Waldorf Astoria Hotel now stands.

The last stop was with Congressman Chris Smith of New Jersey. Mr. Smith is the Vice Chairman of the House Committee on International Relations and the Chairman of the Sub-Committee for Africa, Global Human Rights and International Operations. Congressman Smith visited the Hospital last summer, and plans to do so again in the next few months. He has authored legislation that will fund fistula prevention and treatment programs managed by USAID in developing countries throughout the world.

Washington Hosts Two Fall Events

The Ethiopia Chapter has been active this fall hosting two events. The first, “Tribute to Ethiopian Americans and Others Supporting Ethiopia: The History and Future,” was held in November in Arlington, Virginia, with a focus on raising funds to build a Fistula Hospital in the country. Second, the chapter will hold a fundraising event at the Crystal Gateway Marriott in Arlington, Virginia. Guests will include Co-Chairman of the House Caucus on Ethiopia, Congressman Marc Veasey (D-TX), and Fawaz Dridi, Co-Chairman of the House Caucus on Traditional Practices in Ethiopia, and aushman Shrestha, Executive Director of USAID Ethiopia. The event will showcase artwork donated by the Artists for Fistula.
When Dr. Catherine Hamlin and her late husband Reg, opened the Addis Ababa Fistula Hospital, they said they wanted to light a candle for the women of Ethiopia. Over the last thirty one years, the Hospital has treated over 25,000 women. Now, their dream of curing all fistula patients in Ethiopia is closer to being realized with the opening of the first mini-hospital in Bahr Dar, about 340 miles northwest of Addis.

The Bahr Dar mini-fistula hospital is located near the regional hospital that serves 7 million people, a staggering number. Since opening earlier this year Bahr Dar has served nearly 400 patients, with nearly 200 receiving repair surgery. It has its own operating room, 20-bed ward and its own kitchen and laundry. The Foundation is funding the building of nurse’s quarters. This is an exciting and important milestone for the Fistula Hospital, as the pioneering work of the Hamlins’ expands to better serve the needs of rural women.

The Bahr Dar mini-fistula hospital and the other four hospitals like it will not only help cure fistula problems, but will also help women with emergency pregnancy complications and therefore help prevent fistula injuries which are caused by the lack of such care. For instance, at Bahr Dar, several women with high-risk pregnancies have come to wait for their labor; recently three women staying there have had caesarean sections. As these mini-fistula hospitals are completed and become known in the communities, they will serve as pre-natal shelters. It is clear women are already being referred to Bahr Dar for that purpose. As Dr. Hamlin recently said “This has certainly made us even more committed to our new outreach program, and all it will accomplish in allowing patients to reach our mini-fistula hospitals from every corner of the country”.

FACT:

While the lifetime risk of an American woman dying due to pregnancy or childbirth is just 1 in 2800, for a woman living in Sub-Saharan Africa the risk is 1 in 16.

One Woman’s Story: Ribka

As told by Sister Ruth Kennedy:

They walked in late one night with a little patient. She is sixteen, a slip of a girl, dragging her feet, fear written all over her face. The uncle led the group to the outpatient’s area of the Hospital where Getu, our great man at reception, came and registered the young woman. They sat there quietly portraying such a picture of dejection and despair. I walked over and chatted with them, they came from some 250 miles away.

The young girl had been married young, and at just 15 years of age became pregnant. She delivered three months before coming to us. A contact told the uncle of the Hospital and after all the family tried to find some money for the journey she was brought to us. Later that evening I saw the mother and uncle sitting outside the Hospital, they looked so dejected and poor I gave them money for a rental house.

I found the mother still here, beside her daughter. “Please go home and we will care for your child.” Her reply was “My daughter is so sick I dare not leave her, she might slip away.” She looked on her with deep love as she reached out with her worn hand to touch her daughter. I was able to explain that her daughter was no sicker than any of the other girls waiting to be treated and that we would care for her, she would eat well, we would treat the infection, her daughter would learn to read and I called the teacher over and she said she would certainly teach her to read. So the mother went home, we cared for the girl and she too has now gone home.

Love-a-Sister Donors Demonstrate Spirit of Giving

We would like to take this opportunity to thank all the wonderful people who have and who continue to contribute to our Love-a-Sister program. The Love-a-Sister program is a way to ensure that women suffering from obstetric fistula will always be able to obtain free, safe surgery to repair their devastating injuries. A donation of $450, spread out over one year, is enough to provide one woman with restorative surgery, postoperative care, classes in health and basic literacy while she recuperates, a new dress and bus fare home.

Since 2003 over 800 people have participated in the Love-a-Sister program in one form or another. Currently we have over 400 generous Love-a-Sister contributors. If space allowed we would mention each and every one of our supporters, instead here are a few who have been loyal contributors since the beginning.

Elaine Ciccaroni is our longest supporter and began contributing in February of 2003. Cynthia Bellestri (pictured here), has been contributing since June of 2003, after reading the article ‘Alone and Ashamed,’ about the Fistula Hospital, by Nicholas Kristof, published in the NY Times. Likewise, Patricia DeFrain has been faithfully contributing since June of 2003.

We feel it important to also mention the large number of individuals who began contributing to the Love-a-Sister program after watching Dr. Hamlin on the Oprah Winfrey show in January of 2004.

It is all of our donors – be they Love-a-Sister contributors, individual donors, or corporations – who help to ensure that the Addis Ababa Fistula Hospital is able to continue to provide free medical care to the thousands of women seeking treatment for obstetric fistula.

Thank you!!
hospital to double patient capacity… continued on page 1

Education: Reproductive health education programs using videos, radio broadcasts and live theatrical performances will be brought to the communities. In addition, the hospitals will train traditional birth attendants and other health professionals on how to educate the local populations about the risks of unattended births.

One new mini-fistula hospital in Bahr Dar is already open - see our story on page 4. The Mekele mini-hospital will open next February, the Yirgalem mini-hospital is under construction. The other two at Metu and Harrar are in the planning stages. The major costs of construction of the mini-hospitals are being borne by the Fistula Foundation, the Norwegian Agency for Development Cooperation, and the Australian Hamlin Fistula Relief and Aid Fund.

Sister Ruth Kennedy: Liaison Officer for the Addis Ababa Fistula Hospital

Ruth serves as the Liaison Officer for Dr. Catherine Hamlin and the Addis Ababa Fistula Hospital. In that role which she has filled for the last six years she shows guests around the hospital as well as travels abroad serving as a spokesperson and ambassador for the Hospital and for Dr. Hamlin.

Ruth is Scottish, but grew up in Brazil, the child of missionary parents. She is a nurse-midwife by training, but is also qualified in Neonatology, Tropical Diseases and education. This background is invaluable to her in her work with the Fistula Hospital.

While Ruth has worked briefly in her home country of the United Kingdom, she has devoted the last 25 years to working with women and children in Africa through Baptist Mid Missions. Her first assignment was in Chad, a land-locked country in the Sahara Desert. There she served for eleven years as a midwife training local midwives as well as the Primary Health Coordinator training village health workers and traditional birth attendants. For the past twelve years, she has lived and worked in Ethiopia, first in Harrar, (in the east where Fistula Foundation plans to build a Fistula Centre), setting up a school for midwives, and then with the Ethiopian Ministry of Health as Maternal Health Advisor. She first worked with the Addis Ababa Fistula Hospital as a Trustee, before joining the staff six years ago.

Ruth brings many talents to her role, not the least of which is her great gift as an educator. Ruth speaks four languages, including French and Amharic, one of the eighty languages of Ethiopia. On her recent trip to the United States, she used these talents to earn new friends for the Hospital, amongst members of Congress and in leading nonprofit organizations. Her lifetime devotion to the health of women and children has earned her the respect of colleagues and friends the world over.