

# Lalmba Letters

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## Carrole's Corner

by Carrole Johnson, executive director

### Extreme Makeover - Orphan Edition

I love to hear stories of patients being cured and of happy orphans. Each one touches my heart, because this is what we're all about: not programs or projects, but *people*. So I'm excited to share one favorite with you - Atinafu's story.

Atinafu, born in a remote Ethiopian village, was orphaned by the time he was just seven years old. He did odd jobs to get food, but became very sick. He developed a large, infected mass on his neck, making it difficult for him to eat or work. There were no clinics or medicine available way out in the bush. He grew weak and was bedridden for two years.

Eventually he heard about Chiri Health Center and was brought to us. He returned home armed with antibiotic for the infection. However, two months later he was worse and came back. This time, our MD presumed he had tuberculosis. TB patients must come to our clinic daily for many weeks to get medication. It's critical that they finish the treatment so that this deadly, highly contagious disease doesn't become more medication-resistant. Lalmba pays for food and housing for those too poor to stay so long. With this help, Atinafu completed his TB treatment. The change was remarkable, like he had never been sick. He was able to eat and work again.

At that time, Lalmba was also looking for orphans who had no way to go to school. The local officials recommended Atinafu. He had no clothes, no food, no home, but desperately wanted to learn. Atinafu joined our Reaching Children at Risk program (RCAR) and started school in Chiri.

Atinafu was a strong student. In Ethiopia, standard education only goes to 8th grade. Less than 25% of students pass the difficult test to go on to high school. Not only did Atinafu pass the test, he did so well in high school that he qualified to continue on to



*Atinafu with some of the orphan boys he now mentors*

a government-paid technical college. Lalmba gave him our first scholarship in Ethiopia to pay his living expenses while in technical college. Atinafu graduated this year with a plumbing certificate.

Through all of this, we saw great potential in Atinafu. He is a natural leader, always speaking up on behalf of the orphans and encouraging them to do well. We felt he was such a good influence that upon graduation from the Technical College, we hired him! When I visited Chiri in March, he had just started in his new dual-role position as grounds mechanic and Children's Director Assistant. He'd already fixed our spring's plumbing system, rescuing us from a desperate water supply situation. He mentors and checks up on our orphan boys.

Atinafu is a great example of the full essence of Lalmba's vision - to enable people to go from dire straits to independence and fulfillment.

In Atinafu's own words: "**I now have hope.**"

## Where's Hugh's News?

Hugh is very busy investigating how Lalmba might assist the many people facing starvation from the drought in east Africa. Watch for a special report from him soon!

# Out of Africa... News from our volunteers in Africa

## Asayech

by Jackie McSparron, P.A. - Medical Director, Chiri Health Center, Ethiopia

I was walking down toward the hospital when I noticed some commotion near the OB room. As I drew closer I saw a bamboo and thatch stretcher lying outside. I walked into the delivery room as Solomon (one of our midwives) was turning on the vacuum machine. "I'm delivering a still born. I know that you are not supposed to use vacuum for these cases, but the head is crowning and mom is exhausted." The other nurses explained that the mom had been in labor for three days and had not felt the baby move in nearly a week. Finally today her family decided to bring her to us. It was clear that she was seriously ill and that the amniotic fluid was severely infected. There had not been a heartbeat on the nurse's exam. As Solomon finally got the head out I saw a perfectly formed little face and was so sad that the mother had to go through all of this; laboring for days to deliver a baby she knew was dead.

Solomon delivered the baby and held it upside down to cut the cord. Suddenly, one of the eyelids twitched. Then the eye opened. "The baby's not dead!" Kari cried. We rushed the baby to the table and began rubbing and suctioning her, but she still wasn't breathing. The nurses grabbed the resuscitation mask and began to use the hand pump to help her breath. As we were checking her we noticed large purple and red marks on both side of her ribs. The skin around was stretched and buckled. The marks looked like scars, but from what? And the fact that there were scars meant that whatever it was happened some time ago. Clearly this little one had had a rough few months.

After a few minutes the baby started breathing on her own, but it was very rapid. She and the mother were admitted to the hospital; the baby on oxygen and both on strong antibiotics. We left for the night not knowing if she would still be there in the morning.

The next morning during rounds the baby was lying on the bed next to the mother. She was clearly hungry. We told mom to breast feed her more, but mom just looked away. We asked her what was wrong and she replied that she did not want to put the baby to her breast because she was afraid it would die. She kept staring at the baby's scars. She didn't want to get attached. We tried to explain to her that while there



*Jackie is serving as a volunteer in Africa for one year. She spent six months in Kenya and is now in Chiri, Ethiopia. The baby she is holding suffers from malnutrition.*

was a chance that the baby would die, if she didn't feed her it would be a certainty. The mother wouldn't listen. Fortunately, we had a secret weapon . . . grandma. The baby's grandmother spent the next week by the bedside ensuring that the baby got what it needed. She would physically hold the baby to the mother to make sure she was feeding. After a few days the mother seemed to soften a little and started to feed the child without coercion. Then she began to hold the baby and play with her.

After a week, both mom and baby were done with IV antibiotics and the baby was able to breathe without oxygen. We didn't really know what would happen with the baby, but we had done all that we could and they were ready to get home. On the morning they were preparing to leave we asked what they were going to name the baby. The mother smiled and replied "Asayech," which means "mirror image" because the mom thought the baby looked just like her.



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