



(Patients names in stories are changed to protect their identities)

The End of a Long Journey.

Kima Hassen Adem lives in the Oromia Region in Ethiopia. Here is her story.

"I married at the age of 15 and immediately became pregnant. When I gave birth to my first child I was in labour for three days, and I could not get any medical help. Each day I became weaker and by the time I gave birth the child died and I got fistula. When I had fistula, I would refuse to eat and drink so that I wouldn't leak. But that didn't stop it. I couldn't work, so my husband was the breadwinner in our home. He spent all that he earned and sold most of what we had, including our cattle, in search of treatment for me. But the money we earned from our cattle was stolen, and we had to beg. We were broke and had little means to live on. Friends would help us out at times. We would use the money they gave to us to buy food, and we ate sparingly so that it would last us a long time. I lost a lot of weight. Everyone hated me, even my



Kima Hassen Adem

husband, so one day I left home. Though he never told me to leave I could see his reaction to my humiliating condition and he could no longer stand it. When I got to the city I could not work as a house maid because of the incontinence. I lived on the streets for six years.

One day, the Woreda Administrator found me and let me stay in his backyard for a couple of days. Then he sent me back home and told my husband that he should take care of me till death do us part.

I feared my husband was not happy with this, yet he also feared that I might commit suicide. We continued to live together for the next 12 years. I visited several places in search of treatment, I went to traditional healers and religious leaders, but no one could help me. Everyone discriminated against me. People would insult me and call me all kinds of demeaning names because of the smell. I got fed up of seeking help that was unavailable, so I planned to commit suicide.

Then I met a voluntary community health worker. She came over to my home and told me that I could be sent to Addis Ababa for treatment and she could facilitate my travel. I refused. She tried hard to convince me, and she came to my home three times. I refused to go because I had completely lost hope that I could be treated. I did not believe she could help me. But she was persistent, and the fourth time she came, I decided to give it a try.

I was sent to the Addis Ababa Fistula Hospital, I was doubtful and scared of raising my hopes for what may fail. I was then treated, and I stayed at the hospital for 15 days. I got my meals and a bed and I was happy. I felt very well during that time and I asked if I could go home to my husband All of my costs were covered and I was provided with new clothes and shoes.

When I got home, I told everyone about my treatment. Today, I tell women that there is treatment for such a condition. I encourage them to seek assistance if they suffer from fistula.

For 19 years, I did not know that what I had was called fistula until I went for treatment. I thought it was a

condition unique to me. It was only when I got to Addis Ababa Fistula Hospital that I realized that there were so many women suffering in the same way. It has been ten months now since I've been repaired. I'm in good health and my life has completely changed. I am now able to go about my social affairs without fear or shame."

Today Kima works with Health Extension Workers in seeking out fistula cases and helping the women to get treatment. By telling her story, she is able to convince women that they can receive treatment and return to the lives they used to have. *(Story printed by permission of USAID)*

Dr Jennifer Furin, a doctor working in UK sent this story to us.

In 2008 I brought a patient from Lesotho for treatment at your hospital in Addis Ababa. It was a big event for our young friend and patient, Matseviso, and for us as well. I was so impressed by what you do there and I remember leaving my patient in the gentle good hands of the staff feeling confident she would be well treated. She was in Ethiopia for six months and then returned to Lesotho.

I received news and a picture of her today. She is doing great, integrated into her community and gave birth to a daughter via C-section 4 months ago. I am attaching her photo here and I hope you can pass it along to the team in Addis Ababa who took care of her.

I cannot begin to thank you enough for what you did for her and continue to do for so many other women. When I met her we were both in great despair - and look at her now. Thank you for caring for her!

Best wishes, Jennifer Furin, MD. PHD



Dr John Kelly, one of our own trustees and a fistula surgeon writes:

On my way back from a VVF (*fistula*) Repair camp in Uganda I stopped off in Ethiopia to continue my work in prevention at Attat Hospital, a rural area about four hours from Addis. En route I had the privilege of having morning coffee with Dr Hamlin who looked so well and happy. She is assisted in her home by Yeschi and Birru, who have been with her since 1974.

This visit brought back many fond memories for me, memories which began 42 years ago at the Princess Tsehai Memorial Hospital where the pioneering work on fistula repair was carried out by Drs Reg and Catherine Hamlin. Yeschi and Birru were then 'responsible' for administration, safeguarding the finance etc.....as well as looking after Drs Reg and Catherine (*and locum Dr John Kelly*). Yeschi even locked me in the house one afternoon to prevent me going out to do my usual 'business' in the city. She exclaimed, "doctor no go out, boom, boom, boom." Sure enough, 45 minutes later the shots rang out; the army was sited just across the road! This was during one of the Revolutions.

The same year, 1970, I also commenced work in Attat Hospital, aiming to improve maternal and infant mortality and prevent fistula and I have had the privilege of continuing this work each year for the last 42 years. Around this time I would be at the Princess Tsehai and subsequently the Fistula Hospital in Addis Ababa doing fistula work.

Physiotherapist's visit

My name is Gill Brook and I am a Women's Health Physiotherapist living in Bradford, UK. I first met the Fistula Hospital physiotherapist, Azeb Befekadu, in 2008 when she visited the UK to observe the work of

Women's Health Physiotherapists, a trip organised by Scottish physiotherapist Lesley Cochrane who has been a regular visitor to Ethiopia in recent years.

In November 2010 Lesley and I spent a week in Addis Ababa with Azeb and her team and earlier this year I returned for a further visit.

The new physiotherapy department at the Fistula Hospital is well-established and staffed by a dedicated team of physiotherapists and nurse-aides. One of their major roles is to ensure women - who often arrive at the hospital very weak or disabled - are fit before surgery so they may return home as soon after as possible. In addition, they treat women who are still incontinent, despite a successful repair of their fistula.



**Physiotherapist Azeb
with nurse-aides**

Azeb is also responsible for training the hospital staff about safe moving and handling of patients to protect both them and patients from injury. During my visit I undertook some training with the ward and operating theatre staff, using a piece of equipment I had taken from the UK and I was also able to watch the nurses use it in theatre.

In addition, we spent a morning with 3rd year students at the Midwifery College, talking about exercise and advice for all the pregnant women and new mothers they see. We also visited the hospital at Bahir Dar and undertook training with the nurse and physiotherapy aides there.

Back in the UK, I shall continue to support Azeb and her team and I look forward to visiting them again.

Staff Profile : Matron Ejigayehu

I have been working at the Addis Ababa Fistula Hospital for the last twenty years, the first five years as a night duty nurse and as a day nurse and Matron from 1996. My duties as Matron include - The supervision of care and treatment of patients with fistula in all units of the pre and post operative wards, plus the outpatient department (OPD). I also supervise the activities of our special units like Physiotherapy, Urodynamics, Stoma and Psychiatry. I am responsible for laundry, sewing room activities, and patients' educational class, such as health education, hand crafts and literacy. My job also includes, planning of staff training with the Nurse Tutor (*quality control Nurse*) to ensure the skills of our nurses and nurse aides are of a high standard. I am also responsible for the nurses' activities in our outreach centres.



Matron Ejigayehu

As I am a graduate from the old Princess Tsehai Memorial Hospital where the Hamlins started their work, I have known them since I was a student nurse at the age of seventeen.

Student nurses usually had three months of Gynaecological and Obstetrics attachment, but in my case I had nine months continuous training with Drs Reg and Catherine Hamlin. When I finished one rotation of 3 months Dr Reg kept asking our matron to let me stay in his unit. That was because he likes students who are hard working and caring for the patients. He used to call me "my little Eji, my little one" as there were two of us named Ejigayehu. (The other one was big Eji.) We all liked to work with him as he treated us like his own daughters and we all noticed the love he had for the patients with fistula. He would hug them and kiss them, even though they were smelling so badly.

After my graduation I worked at different government hospitals for more than twenty years. One of my neighbours who worked as the night nurse here at AAFH was to leave for America and she asked me if I wanted to replace her on night duty shifts. I told her I would love to do so. She said she would arrange an appointment with Dr. Reg. for him to meet me.

I came on the arranged day and met him but he didn't recognize me. I told him, "I am your little Eji from the old P.T.M.H". He said he couldn't believe his eyes because I had put on weight after having four children. Then he started to interview me.

His first question was "you are a bit heavy in your weight, will it be difficult for you to work in the night?" I answered him, "I will be able to work in the night, you will see me."

The second question was, "What will you do if a patient's catheter blocks in the middle of the night and you are alone?" I replied, "I am a graduate of P.T.M.H. School of Nurses and I have also a lot of experience in caring for patients with prostate surgery. I know what to do - it is to irrigate the catheter with sterile saline."

He smiled and asked me when I could start work and I told him I would start when the nurse whom I was to replace asks me. So I started on the night of our Christmas.

Simpson Bicentenary Symposium in Edinburgh : June 2011

Report by Dr Brian Hancock

It was my privilege along with Ginny Randle to represent the UK Trust at this important meeting.

In the middle of the 19th century James Young Simpson was the most famous physician in Europe. Born in Scotland in 1811 he was elected to the position of Chair of the Faculty of Medicine at the remarkable age of 29. His knowledge was wide ranging, but latterly, as Professor of Midwifery and Diseases of Women and Children, he became famous for his original contributions to care in childbirth and anaesthetics.

This year being the bicentenary of his birth, the Royal College of Surgeons of Edinburgh, together with the Royal College of Obstetricians and Gynaecologists and the Royal College of Anaesthetists, organised an important three day clinical meeting in June to commemorate this anniversary. In their programme they chose to highlight the work of the Addis Ababa Fistula Hospital with a presentation of the Farquharson Award to Dr Hamlin and the award of the Simpson Memorial Lecture to Professor Gordon Williams, Medical Director of the hospital.

Professor Williams spoke on "Simpson's dream and Ethiopia's reality" - his audience comprised Presidents of the Colleges, Council members and many other doctors and guests.

He started by describing Simpson's advances in safer childbirth and pain relief; his dream has become a reality for the developed world. In contrast, in Ethiopia the vast majority of women still labour without any medical assistance or pain relief. It is estimated that the lifetime risk of death in labour is 1 in 20 and of those who survive a complicated labour, they may be afflicted by untold suffering from life-long incontinence. He spoke about the reality of minimal medical resources in Ethiopia and went on to describe the demographic characteristics of the fistula patients and the results of surgery. Though over 90% can have their fistula closed, unfortunately, 25% are troubled by serious stress incontinence.

He described many of the research projects being conducted at the hospital, especially those aimed at understanding and treating the varied causes of stress incontinence, and ended by talking about the great success of the newly founded Hamlin College of Midwifery, which is the crowning achievement of Catherine Hamlin's 50 years of service to the poor women of Ethiopia.



Mr David Tolley presenting Dr Hamlin with the Farquhason Award.



Medical Director Gordon Williams with UK Trustee Brian Hancock

After the lecture there was a magnificent banquet where Dr Hamlin was presented with her award by David Tolley, president of the Royal College of Surgeons of Edinburgh and during the dinner many generous donations were made to our Trust.

The next morning dignitaries assembled in the City Chambers to robe up and then process along Edinburgh's Royal Mile to St Giles Cathedral where the end of the symposium was marked by an address by Dr Hamlin, who gave a most moving address to the large congregation. It was filled with her legendary compassion for the women of Ethiopia. She spoke for 20 minutes describing the origins of her work with her husband Reginald over 50 years ago, illustrated by several heartbreaking stories she had heard from patients about the realities of motherhood far away from medical help. She spoke of their own early experience of "begging" to fund the building of the present Fistula Hospital, about the expansion of the work through the support of many generous individuals and a network of worldwide Trusts that have now allowed the completion of five regional fistula centres. She paid tribute to the dedicated team of Ethiopian specialists who staff these hospitals - they have rejected the temptation to work in the capital, or even emigrate, for the sake of their own womenfolk.

After the service, we retired to lunch in the old University building, a fitting end to a wonderful celebration of the work of James Simpson and Catherine Hamlin.

We are delighted that the College of Surgeons has adopted [Hamlin Fistula UK](#) as their chosen charity for this year.



The original dream of Drs Reg and Catherine Hamlin more than 50 years ago has been achieved, but it would still have been just a dream without your continuing help over many years and we thank you for that. With your contributions we have helped more and more fistula sufferers to receive life-changing treatment. A vast number of women with untreated fistula are still waiting for help, waiting for the operation that will dramatically change their lives. Dr Hamlin has said,

"My work is a labour of love, I love being here, I love the people and I feel that I've got a job to do to try to set up something to prevent this injury before I die, something that will carry on in the future and will prevent this terrible devastating catastrophe. I just want the world to know that

there are women suffering and there's something that can be done about it. In the words of my late husband Reg. please join me in

“Lighting a Candle for Africa”

Hundreds of you have made charitable donations over the course of many years and as a result great things have been achieved. As Christmas approaches and we think about our giving, can we count on others of you who regularly read our Newsletters to donate to **Hamlin Fistula UK**? By doing so we would be able to help many more of these women and let them know that they are not forgotten. We wish you all a very happy Christmas.

If you would like to donate, please complete the form on the last page of this Newsletter and post it to our office address. Thank you for considering this request.

Dr Hamlin is still involved with fund-raising, such is her untiring dedication to her cause. She visits UK, Europe, USA, Australia and New Zealand and her purpose is to encourage contributions for the short and the long term. In this way, the work of Dr Hamlin and her dedicated staff can go on until the fistula problem is eradicated in Ethiopia and elsewhere.

There are many ways you can support us

A direct gift of cash

A regular gift by ‘standing order’

A gift by CAF cheque

Payroll giving

A CAF Card or Credit Card through our secure website– just click on ‘Ways of Giving’

There are special arrangements to give relief from Inheritance Tax on bequests, and from Capital Gains Tax on gifts of shares.

If you wish your contribution to be a Gift Aid donation, please complete and sign the form on the following page and return it to the CEO at the office address

**Mr Laurence Parkes CEO
Hamlin Fistula UK
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West Midlands.
B62 9JJ**

Please accept the enclosed donation for the work of the Addis Ababa Fistula Hospital through the Charity **Hamlin Fistula UK**.

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