



Good Work in inconvenient places

By Toni Garrard Clay

THE DAY WE OPENED our volunteer clinic in the small Ethiopian village of Kusaye, they brought a dead woman to be seen. Having been assigned to work in our temporary pharmacy, I wasn't witness to the arrival of the weeping men and women. They carried the lifeless body through the gates of the clinic, hoping somehow, through the power of Western medicine, our doctors could bring her back.

Ted Mettetal, a family medicine practitioner from Athens who is, by the accounting of other doctors, an expert field physician, hurried to the lifeless woman. Her eyes were fixed and dilated. There was nothing to do but show compassion to the mourners and help them transport the body with dignity.

That trip, made this past spring, was only my second medical mission experience in Ethiopia, but it doesn't take long to learn that compassion, attentiveness and a show of humility are often just as important as the medicines we offer.

Our group — organized by and mostly comprised of members of First Baptist Church Athens — had received permission from the government to take over a regional health clinic for the better part of a week. In the normal course of things, the clinic is staffed by a midwife, a pharmacist (who acted as our interpreter for explaining proper dosages), a handful of nurses and, occasionally, a mid-level practitioner. Our group included four physicians (Mettetal, former Athenian Steve Walling and two others from San Marcos), two people to run triage (Sandy Curran, a registered nurse; and Becky Happel, a former missionary kid who can adapt to any situation), three people to run the

pharmacy (Steve Basore, a pharmacist at Anderson Drug in Athens; Robert Hoover, who also works at Anderson Drug and can repair the world with Duct tape; and myself), as well as team leaders Steve Akin and Jim Palmer.

Among his many duties, Palmer had the unenviable job of crowd control, which can become unruly and potentially dangerous. As word of the clinic spread from day to day, the crowd of people hoping to be examined grew exponentially. When the numbers increase, so do the tempers of people standing for hours, often in the hot sun. No matter how great our desire to serve, there are a limited amount of hours in the day and a limited amount of meds available. A hierarchy of care has to be established, meaning women and children are seen first, along with the elderly and any acute cases.





Once inside, a line of people waiting to be seen stretches across the clinic grounds.

When the first day of clinic came to a close, we pulled seats up to a porch to eat and drank heavily from our water bottles; there is no source of clean water in Kusaye. Our makeshift canteen was just outside the small, dimly lit labor and delivery room, which would make an OSHA inspector flat out faint. We took turns sticking our heads in to take a peek.

The clinic was our home day and night while we were in Kusaye. So just before evening fell — taking with it all light but that which came from our headlamps and a few precariously wired bare bulbs — we set up cots in the areas that served during the day as exam rooms. I had just made use of the odiferous latrine and was headed back into the room designated as the women’s sleeping quarter, when the beam from my headlamp illuminated a sign above the door. It read: HIV, Tuberculosis and Leprosy. I have never in my life used more copious amounts of hand sanitizer.

During the very early morning hours of the following day, the sounds of a woman engaged in the hard work of giving birth floated through the compound. When the sun rose, we gathered for breakfast outside the birthing room. The exhausted mother and I caught each other’s eye when the midwife left the door open, and we smiled at one another. She held in her arms the tiny bundle that was her sixth child. Later that afternoon, she left in the kind of horse-drawn lorry seen across the countryside of Ethiopia. I thought of the unsprung wheels bouncing across the dirt road and cringed.

A typical clinic day saw us processing around 500 patients and well over 1,000 prescriptions. Eye, ear and skin infections were quite common, along with occasional diagnosis of malaria and even tuberculosis. The midwife stayed busy delivering babies as usual,

ever ready to smile at us as she dodged in and out of the L&D room. The day before we left, she called on Dr. Mettetal for help. A woman was delivering twins, the second of whom was in the breech position, meaning bottom first. Both the mother and the unborn child were in distress. Clinic personnel wanted to call an ambulance, which would take hours — time neither she nor the baby had. Dr. Mettetal was firm that he would deliver the child, and he did just that, no doubt saving both their lives.

I’ve thought about that a good bit. I expected to see sick and hurting people, blindness, wounds, infections, rashes. I expected we would be able to help many of them through the modern miracle of antibiotics and antifungals. I did not expect, however, that one of our doctors would just happen to be in the right place when a woman went into labor and save two lives.

I’ve heard plenty of people contend there is so much to be done at home, that it makes no sense to go halfway around the world to work. I’m of the mind that everyone is my neighbor, whether they speak with an East Texas accent or in Amharic. Yes, we absolutely should help people in our own towns — and certainly the church I love and serve in does that — but there is also work to be done in inconvenient places. There are children with infected eyes who need something as simple as a tube of tetracycline to heal. There are mothers and babies who won’t make it without the right pair of hands at the right time.

We can’t save the world, but we can help people who mean the world to someone. We can demonstrate God’s love to others and sometimes make their lives better in very practical ways just by showing up — even when it’s time consuming, imperfect or uncomfortable to do so. Especially when it’s time consuming, imperfect or uncomfortable to do so.



One woman exits the health clinic compound as hundreds more await a chance to enter.

