Hope in the Land of Dried Corn and Salted Coffee

Text and Photographs By Kimberly Osborn

Without fully comprehending my task, I took it upon myself as a college intern to visit and interview four hundred homes in the town of Gimbie, Ethiopia. My plan was to photograph and survey the living conditions of the community and then to hand this information over to the organization that had sponsored me, Adventist Health International.

Yes, I got my information: the number of children living in each home; who had an education; what they ate in the course of a day; how many animals they owned; where they got their water; and whether or not they shared an outhouse with their neighbors. I have a drawer full of surveys and interviews ready to be entered into what looms before me as a nightmarish database.

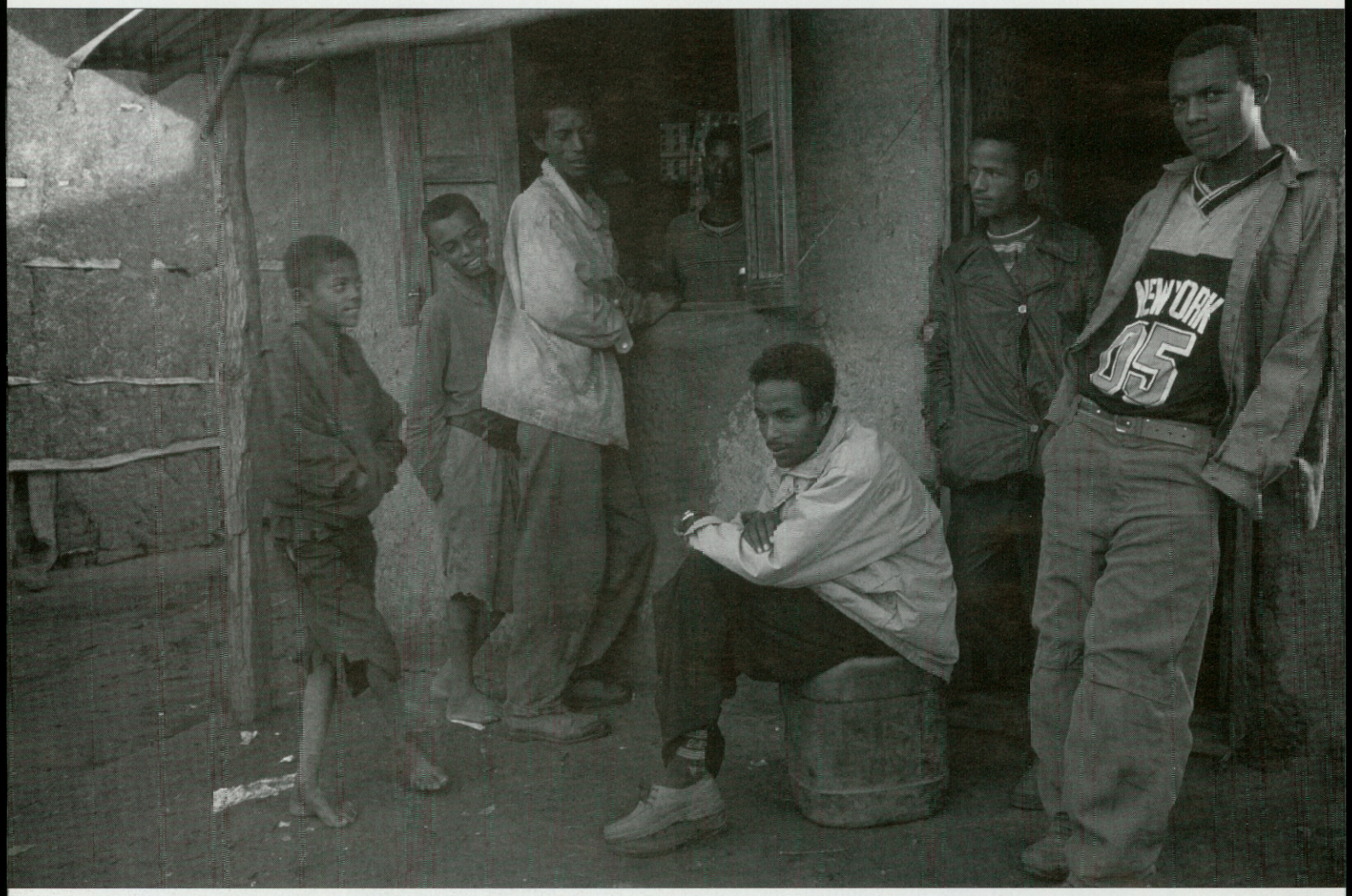
Four hundred homes later and several months back into school, the first family I interviewed floats easily to the surface of my memory, as oil on water. How could it not? That home was the beginning …

"It was our many years' plan to improve our daily life, such as to have enough daily food, clothes, shelter. But we couldn't because of financial income problems." These were the translated words of a twenty-nine-year-old mother living in a shack, attempting to sustain her three children.

I looked at Jiregne, my translator, for help. "Ask her what they usually eat."

The exchange in Oromifa was brief before he turned to me. "She says, 'what you see is what we eat.'" There had been three pieces of corn roasting over a fire of smoldering coals, but not any longer. Scanning the shack, I saw they had been scattered across the dirt floor, work of Addisu, the two-year-old baby of the family who looked half that age.

While wondering whether or not there was more corn elsewhere, I saw another



child pick up one of the grimy discarded pieces and begin chewing it. My eyes desperately searched the shack for further proof of food, only to see Addisu, now sitting with a long stick of sugarcane, sucking away contentedly.

"What you see is what we eat."

What I saw was not enough. My next question was, "Have you ever gone without food?"

"Sometimes."

"How long?"

"Two days … at the most."

Not only was the family malnourished, none of its members had shoes, their roof leaked, and the eldest daughter, age nine, had tuberculosis.

That home was the beginning. Originally my plan had been to interview several families. I wanted to visit one home from each economic level in the community. I asked my translator to find the poorest home he could. He did, a ten-minute walk from Gimbie Adventist Hospital.

I remember the shock: the tin roof that leaked; the bare feet of the family; those three pieces of corn. I remember trudging under the rain and through the thick mud of Ethiopia, wondering how many other families in Gimbie lived in equally painful conditions.

Thus the great survey was born. What started out as four interviews turned into four hundred. My quest was to discover the physical challenges of living—surviving—in Gimbie.

But there is something else I got when I visited the homes, something I was not prepared for. Everyone in Gimbie has a story; and along with giving me the small everyday details asked in my survey, they gave me the history of their existence. They entrusted me with the task of chronicling their lives.

In each home I visited I found a detail, unique to each house, that helped jar my memory later in the week when I went over the interviews. This home had climbing pink roses around the window. On the porch sat two teenage

girls braiding each other's hair, the little sister watching from the dark doorway. Inside were chickens, a clothesline piled with tattered worn clothes, a crude wooden table and chair, a rusted bed frame in the corner. On the wall was a poorly developed photograph of a handsome young man, the oldest son. A year ago he was to be married, but the morning of the wedding he committed suicide.

What must it have been like for the prospective bride. She rented the frilly Western-style gown that all the girls in town rented for their weddings—she even bought new shoes. Yesterday she went to the beauty parlor to have her hair braided and curled, and today she is in her home, nails being painted by her mother, sisters in the room giggling.

One of her brothers runs in, breathless, sweating, the red dirt of Ethiopia smattered across his trousers. He tells her there will be no wedding. Her groom has shot himself.

There I sat, in *his* family's home. The members were poor farmers—very poor. For breakfast they ate dried corn and drank salted coffee. For lunch they had roasted corned and salted coffee. For dinner they ate flat bread (made from corn), topped with a sauce from ground peas. And they drank salted coffee.

I was there for lunch. Out came a bowl of dried corn kernels to munch on, along with broken pieces of roasted corn on the cob. I asked my translator if Ethiopians eat corn with butter. I told him that's how many Americans eat it—boiled, buttered, and salted. The father wanted to know what we were talking about and my translator told him. Ten minutes later the mother came out with one of the children, huge smiles on their faces. Before me she placed a dirty bowl lined with banana leaves that cradled fresh corn smothered in Ethiopian butter and salt.

No, I didn't want this; I was only trying to make small talk. You must understand; Ethiopian butter is expensive—a small luxury—and water must be hauled from the river, a forty-five minute walk away. No, this is not what I meant; I don't even like Ethiopian butter.

A massive lump formed in my throat as I swallowed each bite of boiled buttered corn. For the sake of their pride and dignity, I did not give my tears free reign. How can I explain the significance of that corn? Every family I had visited *wanted* something from me. All this family wanted was to *give* me something.

As my translator, Jiregne, and I walked back to the hospital, I asked him why the son had committed suicide. Jiregne could not give any concrete reason, other than that he had lost hope.

Hope. It is a small word, but one that plagued my entire summer. When news got out in town that a foreigner was visiting and interviewing, people began to approach me on the streets, asking, begging—*demanding*—that I visit their homes. They were hopeful that I had something tangible to give. Every day I did interviews, requests were laid out before me:

"Can you sponsor my children so they will have an education?"

"Can you pay for my heart medicine?"

"Can you find me a new camera?"

"Will you marry me so I can get a visa to your country?"

"Can you give me some clothes so I will be warm at night?"

"Can you help us buy a new roof?"

"Will you help us buy a house?"

"Can you help me find a job?"

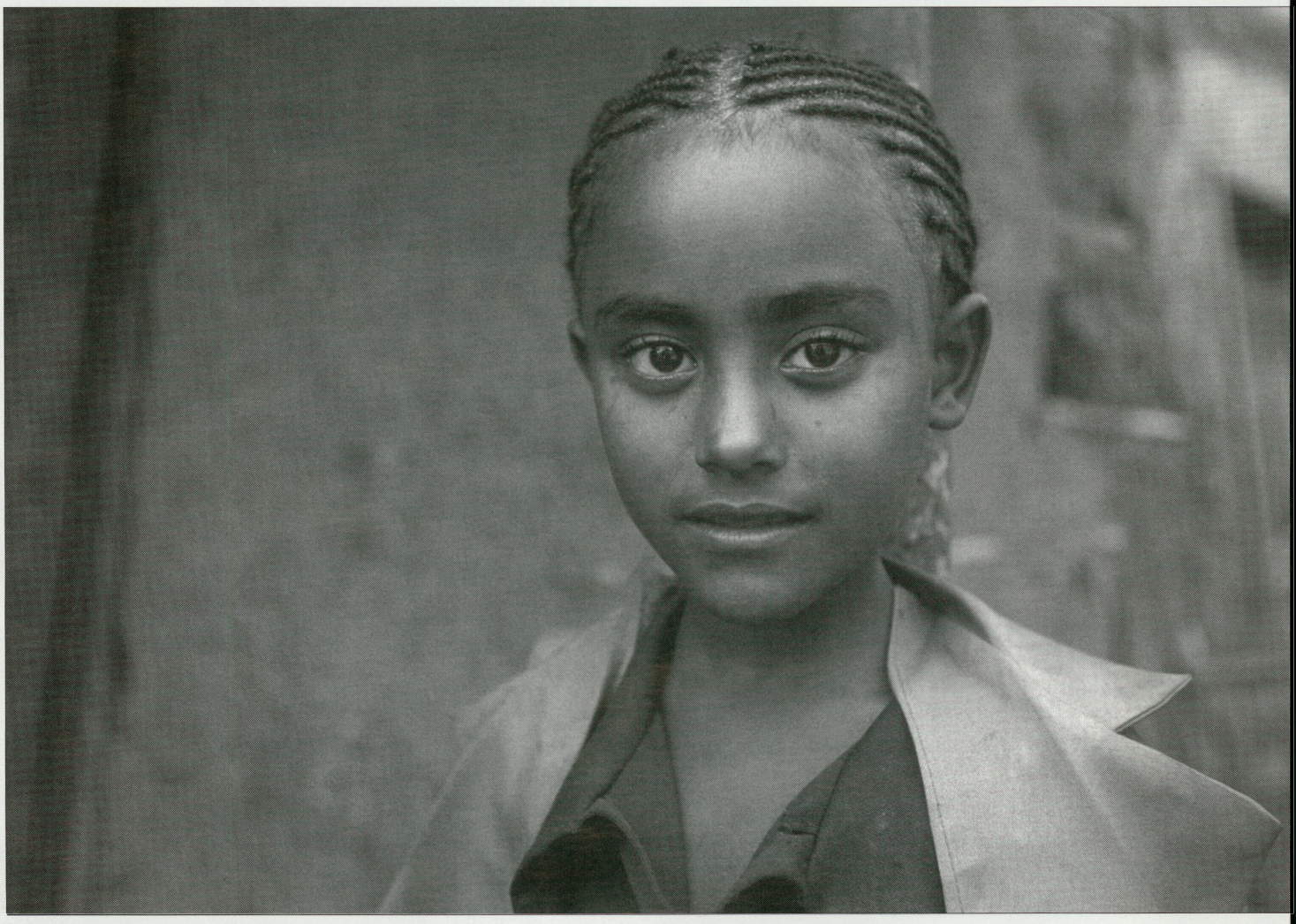
"Can you help me? I'm fourteen, crippled, and have no family."

"Can you help *us*?"

Jiregne would patiently explain that I didn't have anything to give, but he would then tack on the explanation, "there is a plan for the future! There is hope." This hope is a nutrition education rehabilitation village (NERV) that Richard Hart, head of AHI, wants to build in Gimbie. The vision of NERV is to build a model village where families spend four to six weeks learning about sanitation, hygiene, nutritional cooking, and farming methods, as well as how to raise and care for livestock.

After the family "graduates" it will return to its own community prepared to share its newfound knowledge with neighbors and family. There is also a plan to use NERV as a means for AIDS/HIV education, a problem that has engulfed sub-Saharan Africa in the last several years and is rapidly spreading.

Rather than giving a handout that dies when consumed, Hart is giving people a chance to take initiative, to develop their own resources. He is giving them a hope for the future of the community, a hope that AHI has been feeding for the last five years with its



takeover of Gimbie Adventist Hospital (GAH).

Originally built in 1947, GAH had deteriorated to the point that the government of Ethiopia threatened to shut it down in 1997. The Church was given a twelve-month period of grace, in which the conditions of the old hospital were either to be improved or a new building was to be raised. AHI stepped in, taking full responsibility for improving the old hospital, and in the spring of 1998 it broke ground for a new building. After a little more than five years of construction and negotiations, the new hospital was finally completed this past year. In December 2003, its doors officially opened to the public.

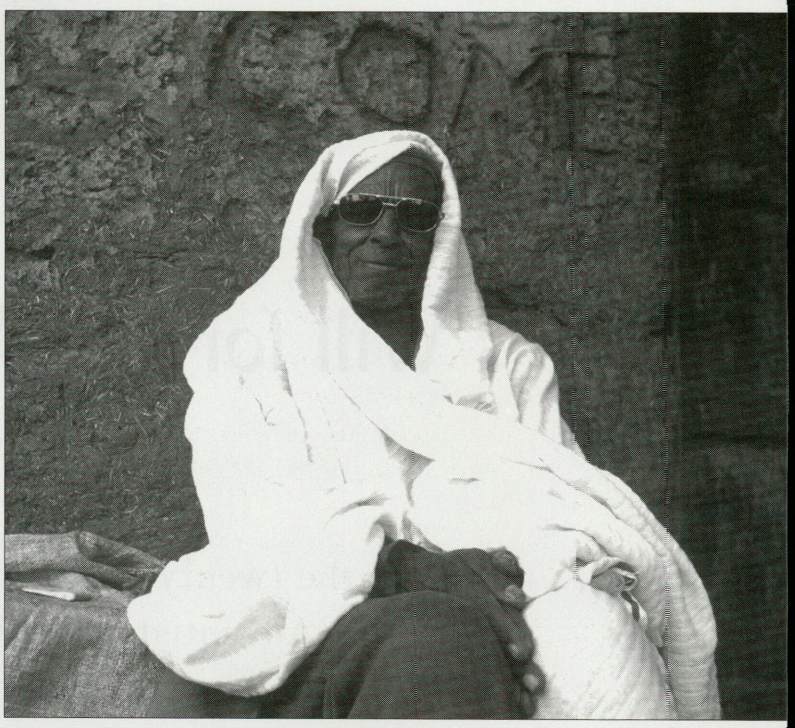
Gimbie's hospital is not the only one that AHI has resurrected. The organization has hospitals in Cameroon, Rwanda, Tchad, Zambia, Guyana, and Haiti. Most recently, it has been given ten hospitals in India, and hopes to support hospitals in Southeast Asia.

It is a staggering task to reconstruct a hospital. Numerous challenges need to be taken into consideration. Hart told me that it takes approximately five years for AHI to turn around a struggling hospital: "One has not only to upgrade the buildings and replace the equipment, but more importantly to change the culture of the place with staff morale, procedures, external relations, and so forth.... Be assured there were many years of struggles before we got to the place where people believed in GAH again."

It is easy to be intimidated by the large numbers, to be overwhelmed by the vast task ahead. It is easy to get lost in the bigger picture, to boil the existences of so many down to a statistic, a tax refund for a donation. It is easy to read numbers, but it is impossible to forget the pain in the eyes of a mother desperate to feed her child. Lest we forget, the daunting task of AHI is for the individuals, for the families, the children of a community.

Approximately two hundred homes into my survey, I began to burn out. Home after home seemed more precariously perched on the edge of existence than the last. So often I would think, "it can't get worse than this." Then the next home *would* be worse. In Gimbie, the face of poverty is not just ugly, it is demonically grotesque. I began to question what right I had to visit homes, giving people hope, knowing full well that my pictures and interviews might help someone else, but not them.

One day I found myself in one of the worst parts of town. It was a community of people living with physical handicaps, most of them beggars. A German nongovernment organization had built the rows of small dirt homes approximately forty years ago. Just as forty years is the mortality rate for Ethiopians, so it is for their houses. The roofs looked like kitchen sieves; the walls inside were black from smoke, and the community outhouse had become a mere hole in the ground.



As I stood inside the room of an old crippled beggar, my conscience broke. I told Jiregne to tell the man that whatever I did was for the future; it would most likely not affect him directly. Unlike most people I interviewed, who looked away when they spoke, this man looked me directly in the eye. I heard Jiregne next to me relay the message: "The man, he says 'It's all right. *Hope* is good for these people.'"

Hope is good. That man knew what I had failed to see: in order for a community to survive there must be hope. Even if individual needs are not met, there must still be a desire for the community, a selfless desire. That old crippled beggar was giving what he had to help those around him—his hope for their children. This is the hope that AHI is reaching out to address.

"For I know the plans I have for you," declares the Lord, "... plans to give you *hope* and a future" (Jer. 29:11).

Kimberly Osborn is a senior English/photography major at Pacific Union College. In the summer of 2003, she spent two months in Gimbie, Ethiopia, as an intern for Adventist Health International.