

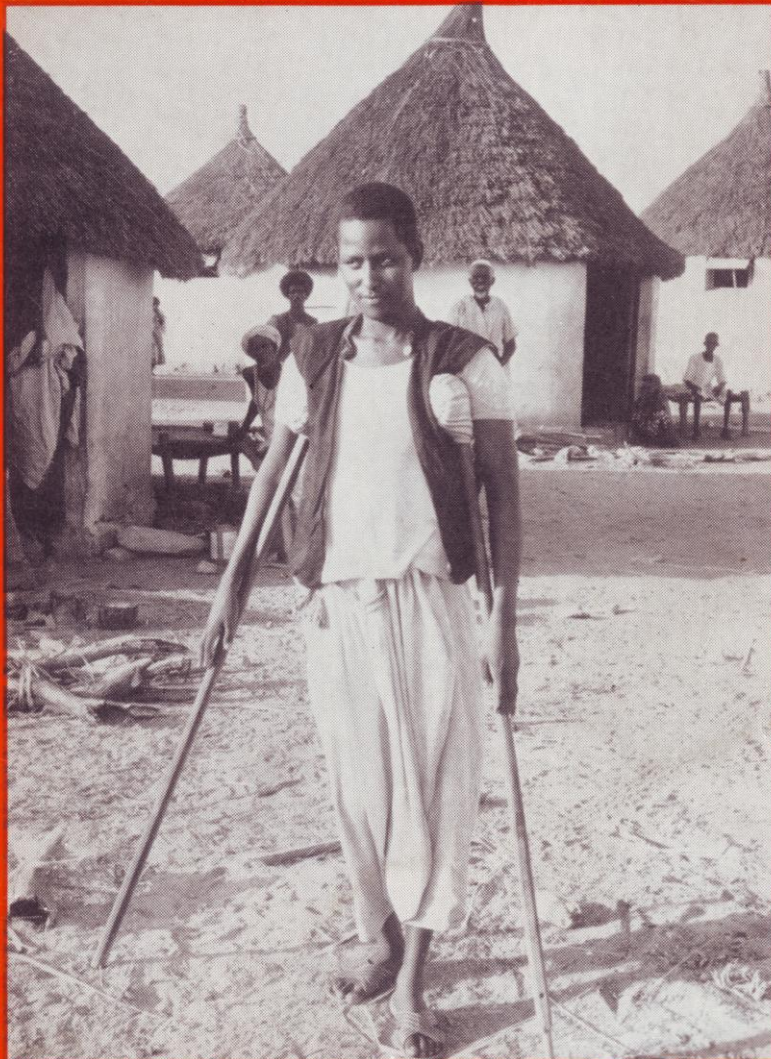
# **Decade in the Desert**

**The Story of Haicota Hospital  
By  
Dr Peter Shepherd**

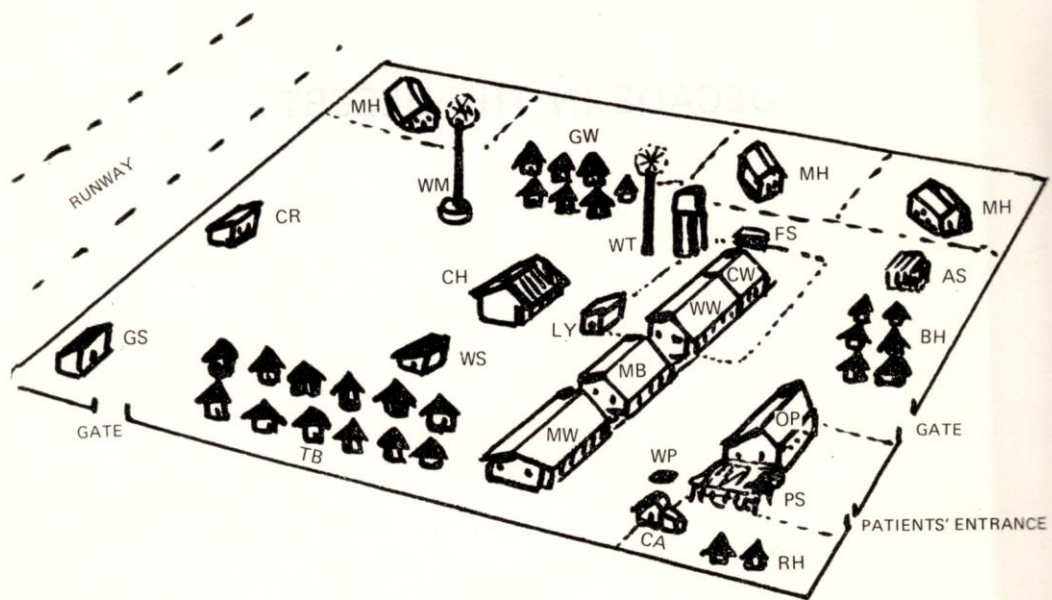
# DECADE IN THE DESERT

THE STORY OF HAICOTA HOSPITAL

By DR. PAUL SHEPHERD



MIDDLE EAST CHRISTIAN OUTREACH



PLAN OF HAICOTA HOSPITAL IN 1976

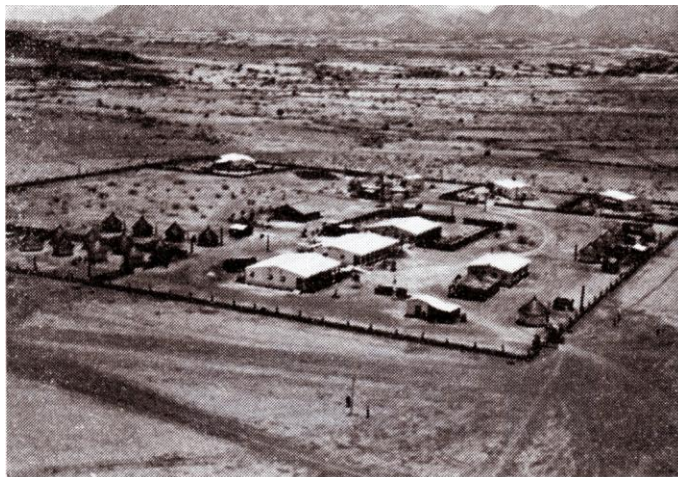
- |    |   |    |                                 |
|----|---|----|---------------------------------|
| AS | <i>Ambulance Shelter</i>                          | MH | <i>Missionary Homes</i>         |
| BH | <i>Boy Workers' Homes</i>                         | MW | <i>Men's Ward</i>               |
| CA | <i>Canteen</i>                                    | OP | <i>Out-Patient Department</i>   |
| CH | <i>Chapel</i>                                     | PS | <i>O.P. Waiting Shelter</i>     |
| CR | <i>Car Repair Shed</i>                            | RH | <i>Huts for Relatives</i>       |
| CW | <i>Children's Ward</i>                            | TB | <i>Tuberculosis Huts</i>        |
| FS | <i>Fuel Store</i>                                 | WM | <i>Well and Windmill</i>        |
| GS | <i>Generator Shed</i>                             | WP | <i>Water Pit</i>                |
| GW | <i>Girl Workers' Homes</i>                        | WS | <i>Workshop</i>                 |
| LY | <i>Laundry</i>                                    | WT | <i>Windmill and Water Tower</i> |
| MB | <i>Main Block</i><br><i>(Operating Room etc.)</i> | WW | <i>Women's Ward</i>             |



# Decade In the Desert

The story of  
HAICOTA HOSPITAL

By  
Dr Paul Shepherd

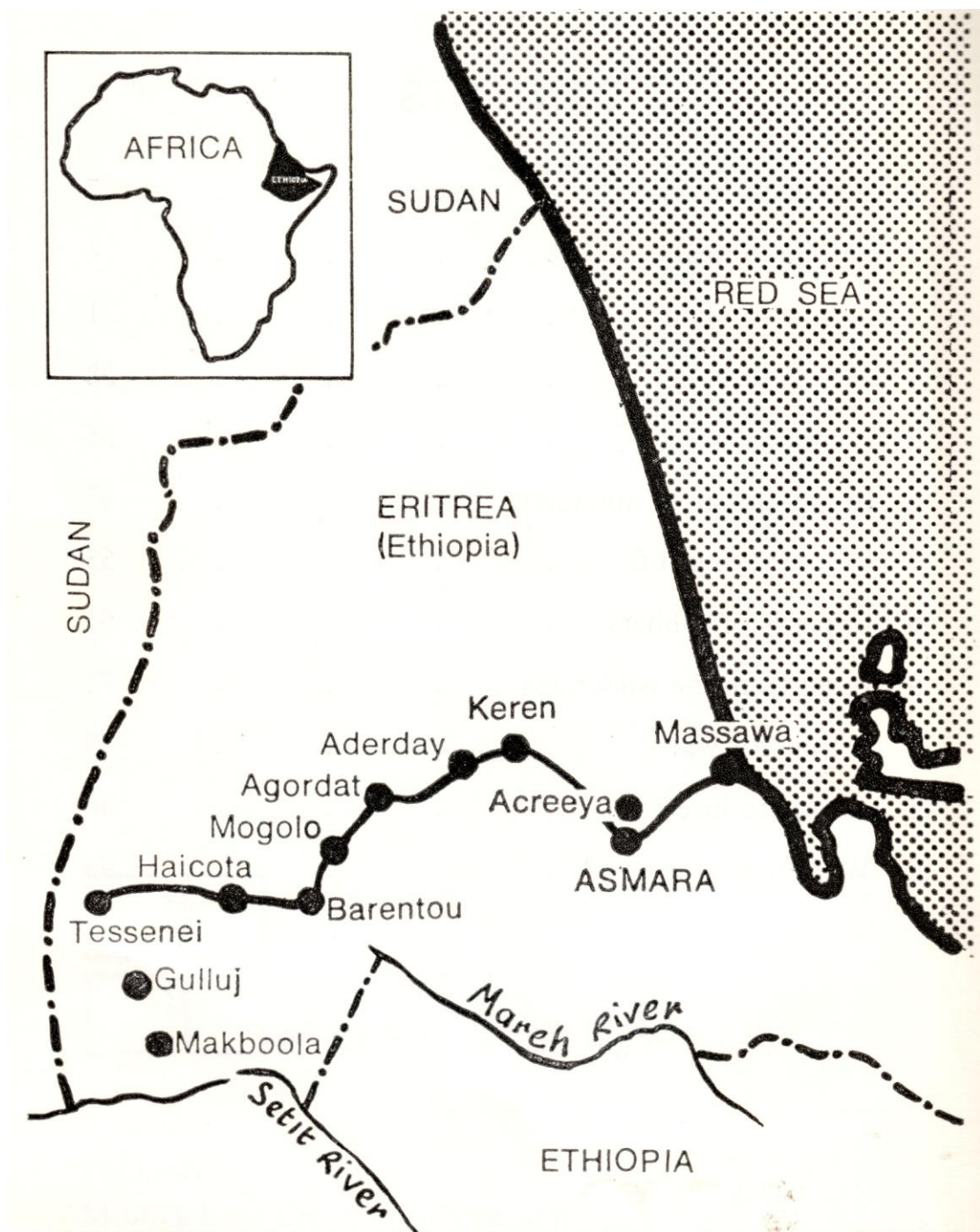


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Kent, TN4 9RA, England**



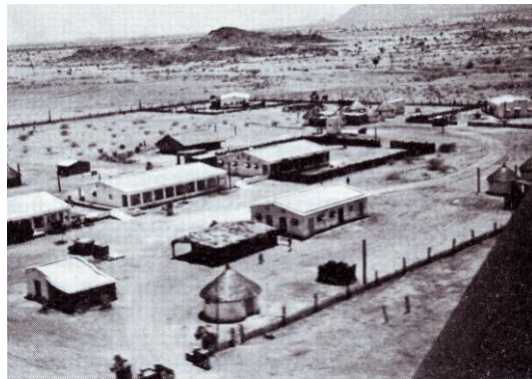
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## A Time to Build

Eritrea is the northern province of Ethiopia, jutting up between the Red Sea and the Sudan, inhabited by about two million people. Those who live in the central mountains are mostly members of the Ethiopian Orthodox Church. The rest, mainly Muslim tribes-people, are scattered through the northern uplands and in the lowlands to the east and west. Our Mission entered Eritrea in 1957 with the aim of working in the western lowlands in particular, a flat area about 2000 feet above sea level extending to the Sudanese border. Being only fifteen degrees from the equator it is hot, dry, and dusty, except during the three months of monsoon rain in the summer. The ground is hard soil, dotted everywhere with low thorn-bushes. On maps it is marked "semi-desert".



In this somewhat unpromising environment we were preparing in 1964 to build a mission hospital at a town called Haicota (pronounced High-coat-a). We wanted to begin as soon as the rains were over, while the ground was still soft for digging. We had been told we should not put up any buildings on the land granted to us until it was officially measured out by someone from the Ministry offices eighty miles away. There seemed endless delays in persuading that man to come. It was over a year since the Divisional Officer had come from Tessenei, the nearest large town, and in the presence of the elders of Haicota had stepped out for us an area two hundred metres square, which all agreed should be the site of our hospital. We had even paid a nominal price for the land and received the title-deeds for it. According to the Ministry, the title-deeds had to show what buildings we intended to erect, so with a mixture of faith and imagination we submitted a diagram showing where we intended to have a men's ward, a women's ward, an operation block between them, an out-patient clinic, homes for missionaries and national helpers, and many smaller buildings. An architect kindly offered, for a much reduced fee, to turn our diagram into an acceptable blue-print. He also wanted to show what the buildings would be like, so he transformed our tentative sketches of the main buildings into beautiful plans which he cleared through the local government departments. But the rainy season went by, and still the official did not come to measure out the land, so we could not build on it.

Then Max Westphal had a brain-wave, and suggested that a water-pit would not be a building on the land! Max with his wife Brenda, a nurse, had come to join the Shepherd family at Haicota to oversee the building of the hospital. He himself was to deal with some



of the smaller buildings, using local labour, while contractors from Tessenei put up the wards and other large structures under his supervision. Construction work would take a lot of water for mixing cement, and in that dry area keeping the builders adequately supplied would be a major problem. There was no piped supply in the town, so water would have to come from wells and be carried by donkeys or in a trailer hauled by our Landrover. At the building site it would be necessary to have a large pit, from which the builders could draw water as they needed it; this could later form part of the hospital's water-storage system. Why not start by constructing the pit now?

Our waiting time had not been unprofitable. A daily clinic in the town had helped us to make friends, and we had learned a lot about local conditions and methods of construction.

When we first moved in, we were looked upon with some suspicion and even fear. It was a humbling experience to see small children running to their mothers at the very sight of us. Unfortunately some of the parents could be heard using us and our injections as a threat when their children were naughty. But gradually the atmosphere changed, until we had friends among all classes of people in the town. Most of their fear had gone, even if they did not yet quite accept our methods of preventing and treating disease as better than their own.

As we talked matters over, we agreed that Max ought to make a start. Up in Keren, two senior missionaries were already planning a year's course for seven young Eritreans who hoped to come in 1965 to undertake training at Haicota hospital. God had given us many tokens of His will, and His ability to provide for our needs, and it was time to step out in faith. We heard that Alan Tucker, our Field Leader, would soon be visiting us, and we decided that when he came we would ask him to conduct a simple ceremony at the hospital site, turning over the first spadeful of earth at the spot chosen for the water-pit. We couldn't call it "turning the sod" because there was no sod to turn, just bare sun-baked surface clay!

When Alan Tucker came, he unexpectedly brought with him the director of OXFAM. Four months earlier, a timely grant to the people of Makboola, where the Mission had a clinic and a school, had provided grain to avert famine and make possible a good crop during the rainy season. Now this visitor was on his way to check up on the use of the funds given. After we had invited him to share in the earth-turning ceremony, he told us that OXFAM had often helped with the cost of equipping rural hospitals, since raising the level of an agricultural community's health was one way of helping to avoid famine. He asked me to write him a list of what we needed to equip the operating theatre when it was built, and a few weeks later the outcome was a generous decision by his committee to give as much again as had already been donated by others for equipment. We were able to write to many friends in the homelands and tell them that what they had given had been doubled.

But what were we doing, in a semi-desert area, planning to build a new mission hospital in the mid-1960's? We can only reply that it was not our idea; in fact we had very different ones.

As a mission, we had lost our hospital and schools in Egypt when we were evicted after the Suez crisis in 1956. A new beginning in a new country seemed an opportunity for a reappraisal of our missionary methods, so we had been reading all the best-known books on the changing role of missions in a changing world. We could see the force of the argument that the day of big missionary institutions was past, and that it was the responsibility of governments, not foreign missions, to meet the medical and educational needs of their people. On the other hand the Ethiopian Government, which had allowed us into Eritrea as teachers, doctors and nurses, seemed to expect us to open schools and medical centres, not just go around preaching.

We also realised increasingly that foreigners would never be able to preach the gospel to every creature in this land of trackless distances and many languages. Our aim must be to help national Christians undertake this task, especially among the so-far neglected Muslim areas in the north and west. As we discussed how we could best use our resources for this purpose, we heard that mission hospitals in southern Ethiopia were giving one year medical courses to young people known as "dressers". Many trained in this way were going out, after qualifying and receiving a Government certificate, to serve the medical needs of outlying villages, and at the same time to spread the gospel wherever they went. As we discussed this, our preconceived ideas gave way to unanimous agreement that this was what we too must do, even though it meant building a hospital. It was not until years later we realised that, at this very time, the Government had decided to introduce "dresser-training" in Eritrea and so was prepared to react favourably to our plans.

When the medical members of the Mission began to read Ministry of Health pamphlets on the subject, what we found rather dismayed us. To receive Government recognition as a training school, our hospital must have male and female wards, with medical and surgical work. We would need at least three doctors and several qualified nurses. There must be a laboratory, pharmacy, operation room, and X-ray department, and for the students a lecture room and a library of nursing text-books. Every department should have running water, so we would need a well, pumps, and storage tanks; and since the rural areas have no electricity, we would have to generate our own. The list of requirements seemed formidable if not impossible, a very different way from the financially safe, simple plan we had followed so far of "general practice" clinics in rented premises. We were comforted to realise that if the idea was not from God, we would never even be able to start; but if He wanted us to have a hospital, we could look to Him to provide everything we needed. Then, perfectly timed, a letter arrived from a missionary nurse on furlough. After she had spoken at Lurgan, Northern Ireland, church members had decided to begin collecting to supply our medical work with a generator. To us this was a clear sign that we should go ahead planning a hospital. We could tick off one item on the list of requirements.

As time went by, the plans matured, and medical reinforcements began to arrive. By 1962, Haicota had been chosen as the place for the hospital, the Generator Fund had grown well, and a Building Fund had been started. The Shepherd family arrived back from furlough to begin a new term of service in Eritrea which would, we hoped, see the hospital become a reality. We had only been in the country a few hours and were busy with our luggage in the garden of the Mission headquarters in Asmara, when a large official-looking car turned

into the drive-way. Two American servicemen stepped out of it, snapped to attention, and proceeded to unload a heavy carton labelled "A gift to Africa". They knew nothing about it except that they had been told to deliver it to the doctor at the Mission. With eager curiosity we opened the carton, and found it was full of nursing text-books. We phoned a Christian doctor at the U.S. Army Post, and he explained that a charitable organisation in America, collecting and sorting second-hand books for servicemen's libraries, had decided that most servicemen would not be interested in these volumes. They had packed them into a carton and given it to the captain of a destroyer, who unloaded it at Massawa, perhaps his only port of call in Africa. Thence it came to the Army Chaplain, who decided to send it round to us in the hope we might find some use for such books. It was a wonderfully-timed confirmation that we should go right ahead with the hospital plans. A second item on our list had been unexpectedly provided.

We returned at first to the clinic work we had been doing in Tessenei, but decided that a weekly clinic should be opened for a start in Haicota, less than an hour's drive away. So we went to Haicota to look for a suitable building to rent. We had learned that the ideal was to have two rooms, one for examinations and one for treatment. Doors and windows in certain positions would give good ventilation, ease in controlling a crowd of patients, and some degree of privacy for examining. We knew, however, that there were at that time less than a dozen brick buildings in the town. Haicota consists mostly of hundreds of round huts, known as "tuccals", and humanly speaking it was very unlikely that any decent building would be unoccupied. We found that one was, however, a new building completed a year earlier for a police officer who had been transferred before he could live in it. The keys were produced by a shopkeeper, and we stepped into the building and found that its two rooms had windows and doors in exactly the right place for it to form an ideal clinic.

As soon as we opened it, the clinic attracted scores of patients. For some months we went over from Tessenei every Friday, and then at the end of 1963 we moved to Haicota to live in a mud-brick house which became vacant, continuing the clinic daily in the same building as before. In May 1964 we heard that, after seven and a half years of waiting, the Mission was being compensated for some of the losses sustained in Egypt. We could plan to put up not just one building at a time, but enough to make a proper start as a hospital, as soon as the land became officially ours.

So you can appreciate our eagerness to begin, the joy with which we took photographs of Alan Tucker and the OXFAM director driving in spades at the site of the water-pit, and our excitement as we heard that this was to prove one more link in the chain of God's provision. Being able to order equipment at that stage meant that as the buildings were completed, things were being delivered ready to put into them. In fact those of us in Haicota during those months felt as though we were watching the Lord putting a great jig-saw puzzle together, in a way we could not possibly have planned for ourselves even if we had been more experienced. Piece after piece just seemed to fit into place, from various directions, at the right time, till all was ready. For example, we suddenly heard, before we had given the matter any real thought, that an X-ray machine was on its way to Eritrea. It had been in a mission hospital in the south of Ethiopia, closed some months previously



because of border troubles. A doctor in Eritrea had ordered it, knowing it was standing idle, but had then left the country because his wife's health broke down. So the sending Mission asked if we would accept it when it arrived, paying only a nominal price and the cost of transport. Needless to say we accepted it joyfully, and it gave us trouble-free service all through the years. When the long vacation of 1965 came, teachers and pupils of a technical training school in Asmara run by Peace Corps volunteers decided to move down to Haicota with all sorts of equipment. Asking only board and lodging in return, they took on as a holiday project the making of doors and window-frames, ceilings and cupboards, for the two wards. By then we were taking care of some cases as in-patients, and when the first dresser students came on to us from their Bible School training less than a year after building had started, it was to a hospital which was already at work.

Using a local phrase in the Tigre language, we decided to call it "Hiyab Rabbi Hospital", because it was so clearly the "Gift of God", to us and to the people. The Lord Jesus told the woman of Samaria, "If you knew the gift of God, and Who it is that is saying to you, 'Give me a drink' you would have asked Him and He would have given you living water". Our prayer was that many thirsty souls might find that living water, coming to know Him Who is the Gift of God, through the ministry of Gift-of-God Hospital.

## A Time to Heal

"No. One injection is not enough. She needs to stay in the hospital for at least a week," the doctor insisted, and the faces of the anxious relatives fell.

"We have our cattle. We must go today", was the reply. All decisions in Eritrea, as in many other lands, are family decisions, and the patient often has very little say in the matter that may mean life or death, even if he or she is conscious enough to contribute to the debate. On this occasion the young mother lying on a wood-and-rope bed in the out-patients' clinic said nothing. She was too weak. She had been ill for months, and only when she was unable to eat or sit up was the decision made to embark on the long journey to the new hospital. Her bed was balanced sideways across the back of a protesting camel as it knelt, the mother and the baby were lifted on to it, and mats, pots, firewood, water bags, and a chicken or two were also tied in place. Then the camel rose, back legs first in the usual manner, and the swaying, lumbering journey of several hours in the hot sun began.

The hospital looked very strange to these tribes-people. There were four large white-washed buildings, and so many rooms in each. Should they stay in this foreign place, or should they return to their village? The men got into a huddle and the conversation was loud and long, but at last they agreed to stay.

But now what was the nurse saying? Only two women can go to the ward with her, and the rest must wait till later to visit her? Don't sick people need all their relatives (with all their chatter) with them all the time? This idea of rest and quietness is very strange. More strangeness follows - a metal bed, with white sheets and a pillow on it, soap and water, and a clean white gown for the patient. And most peculiar of all, a cot beside the bed, where the baby can sleep by himself.

So many explanations and requests have to be repeated constantly. "Let her stay asleep, don't wake her. It's all right, she is alive. Don't give her that rancid fat, we'll give her some clean water to drink. Get her to spit in this jar, not on the wall. No, only one of you can stay on the ward with her at night."

The relatives in turn have many questions to ask and orders to give. "Surely you can't bath the baby! Won't he die? Have you bathed other babies from the Beni Amir tribe? You mustn't lie him in the cot alone - how will you know he is still alive?" (In a few days the tone will change: "Nurse, come and take the baby at once. You haven't washed him today yet.")

Soon more relatives arrive, having discovered that although there is no visiting until mid-day, the ward windows are open and so at least they can watch, and shout advice to their friends inside.

Each day there is an opportunity to speak to the patient and the relatives of the love of the Lord Jesus Who came to die for sinners. Being Muslims they have only heard of Jesus as one of many prophets. The message of His deity and atoning death is repudiated by Islam.

The tribes-people find it difficult to understand and few seem to respond.

After a few days, talk of home begins. At the slightest improvement the relatives say, "She is better now, we must go." "Yes", the doctor or nurse agrees, "She is a little better, but she is not well enough to go yet."

"Oh, but she is not dying now, and anyway, the camel is coming tomorrow morning."

It is the camel and not the doctor who has the last word. Once it arrives, nothing will stop them from packing up and going. We have had the privilege of sharing a little in their sorrows and joys. They are grateful and happy, but how much have they understood of what we have tried to tell them of the way of salvation? Most seem unaffected, but sometimes there are encouragements. Chatting to a group of women in the town one day about this time, Jean Robertson found that one had been a patient in the hospital. To her delight, she heard the woman carefully and fully explain to the others the gospel as she had heard it preached with the aid of a "Wordless Book". We have heard others repeat Bible stories in part before, sometimes just to demonstrate their own memory or cleverness, but not mentioning the name of the Lord and His shed blood as this woman was doing. Surprised, she asked her, "Do you believe this?" Without a moment's hesitation, back came the reply, "But of course I do. Isn't it in my heart?"

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It was a wonderful thing to be able to admit patients and care for them day and night until they were better, instead of having to be content simply to prescribe treatment to out-patients and see them taken away again. The medical care was saving many lives, but as a dresser-training hospital we must undertake surgical cases too. It was years since some of us had last been in an operating room, but we knew that sooner or later we would be faced with someone in need of surgery. It would surely be hard to persuade people to submit to this.



*Dressers in training*

As it happened, our first major operation was actually demanded by the relatives. Mariam, a young woman about 20 years old, came to the hospital early in 1966 with a badly infected leg. Her foot had been partly amputated some years before, but the disease had recurred, and an amputation below the knee appeared to be necessary. As this first visit



was before the operating theatre was ready, we advised the family to take Mariam by bus to Asmara for treatment. As so often happens, they never went, and a few months later returned to Haicota bringing Mariam in a dying condition. The leg was in a terrible state, and she was dreadfully thin and anemic. The relatives had decided that immediate amputation was the simple answer, but the doctors knew that she would never survive an operation as she was. The only hope was to try and build her up first.

Those were anxious days, for Mariam was desperately ill and the hospital staff were faced with the problem that if she died they would be blamed for her death because they had not operated. On the other hand if they operated and she died that would be even more detrimental to the reputation of the hospital and the build-up of confidence for surgical work.

Much prayer went up for Mariam and for wisdom to know what to do until, just before Christmas, the doctors prodded each other into a decision that though the leg was getting worse and worse, now was the time to amputate while her general condition was improved, and December 19th was fixed as the date for the first major operation.

What excitement and preparation there was! Everyone on the hospital staff, and all the students, had some part to play, and they had to be given some idea of what to expect and even rehearsed as to where they would stand and what they would do. Instruments had to be sorted out; towels, swabs, gowns and gloves prepared, packed and sterilised; countless details thought out for the anaesthesia as well as for the surgery. It must be confessed that even the text-book describing the necessary steps for the procedure lay open where it could be referred to if necessary, as Mariam was wheeled into the operating room and given the anaesthetic and the long-awaited operation began. Prayer was wonderfully answered, and everything went without a hitch. Mariam rode jauntily home on a donkey about ten days later, her scar not quite healed, but insisting that she had to go because there was a feast day coming which she didn't want to miss.

In later years we were to undertake up to a hundred operations a year, not counting minor ones done on out-patients, but I can still remember the lightness of step with which we returned to our homes that day, with the thought, "Now we can really begin to look forward to Christmas."

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It was Sunday mid-day, some months later. Into the compound strode a young man asking for the doctor. His wife in a village not far away had been in labour for three days and he wanted us to help her. This was in the days before OXFAM gave us a beautiful white ambulance for such emergencies, but Dr. Lorne Penner was soon on his way in the old green Landrover. As he went he reflected on the fact that such calls were becoming more frequent. Yet only months previously, after a doctor had examined a newly-delivered mother in a Beni Amir village, the chief had told us that never before had a man been inside a woman's hut in that tribe less than forty days after delivery! Certainly things were changing and the tribes-people were coming to trust the hospital more.

In half an hour he was back with the patient and what appeared to be half the village as well. Out of the long-suffering Landrover poured all the anxious relatives, and the patient was carried into the hospital on a stretcher. Then the trouble began! Being in a strange place and seeing unfamiliar white faces, the patient suddenly took fright and began screaming. The relatives at once joined in and there was pandemonium. No, the doctor couldn't examine her. All she wanted was one injection.

"How can we give her the right medicine until we know what is wrong?" we protested. "We must find out what is the matter with her first." For an hour we reasoned and persuaded, until at last the patient and the relatives reluctantly agreed to a full examination. This revealed that her unborn baby was dead and could not be delivered normally. We explained that an operation was needed. Much to our surprise, permission was given for this without further argument.

Early next morning all was ready, including the villagers. Groups of people arriving on foot or donkey sat themselves down on the verandah and began to wail as soon as the patient was wheeled into the operating room, convinced that she was going to die. Hearing their cries the poor patient again took fright. She was half asleep from the sedative injection she had received in the ward, but in a loud slurred voice she began to chant the Muslim creed. To comfort and quieten her, her mother in her dusty robes had to be brought into the gleaming, sterile room. Quickly the anaesthetic was given, and as soon as the patient was soundly asleep, the weeping mother was gently led out.

All went well, and soon she was back in bed in the ward with mother and father allowed beside her again. Now they resumed their weeping because she wouldn't wake up! Father poked her and slapped her and when nothing happened he was really worried. More explanation was needed.

"When the sun is in the middle of the sky," we assured them, "she will wake up and speak to you. Put your hand over her face and you can feel that she is breathing." In spite of all we said, they seemed unable to understand and looked so dazed and bewildered. But when the patient did wake up, even before mid-day, it was wonderful to see the joy and relief on their faces. There was a dramatic change in their attitude toward us. Father told all the patients and relatives in the ward, "You do whatever they say!"

After five days, the patient was so much better that we asked if they would like to take her home. "Go home? Oh, no! We want her to stay until she is quite better," came the reply.

The village this patient came from was one where previously we had been looked upon with suspicion. Now we had their trust. Their ways of treating illness are vastly different from ours. Visits to a Sheikh (Muslim holy man), the writing of charms, sacrificing a goat or a chicken, cutting or burning the affected part, are some of the things they have done for generations. Inevitably it took time before they trusted our ways.

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Of course the same struggles were often repeated. One day we were called to the out-patient waiting shelter to see an old man who could not wait his turn to be examined. He was sitting propped up, groaning, in the arms of his sons, and a brief glance showed that an emergency operation was his only hope of recovery. The relatives agreed to immediate admission, but the debate about his operation lasted for several hours.

"Give him an injection," was the demand, as usual.

"An injection won't help him. Only an operation will cure his trouble."

"Give him several injections!"

"The injections are not enough. If they were, we would give them to him."

"We haven't any money for an operation."

"You can pay part now, and give us the rest later when you are able." (In later years we had to insist on full payment, or a signature from a shopkeeper known to us, as too many such debts remained unpaid.) Thinking we were getting somewhere, we brought a "consent form" and asked the oldest son to put his thumb-print on it. At this they all panicked.

"We will take him home to die there," they said.

"But if you let us operate today he will not die." So the debate began all over again, while the old man's groans of pain became louder. Perhaps this was what helped to persuade them finally, for suddenly they decided to sign the consent form, and we took the patient quickly to the theatre before they could change their minds.

Two hours later he was safely back in bed. To our amusement, though he was fixed up to a blood transfusion, he insisted on lying with his hands behind his head and his legs crossed, a picture of perfect relaxation. Fortunately, the transfusion still kept running into the arm he kept waving about.

His progress was dramatic, and the relatives were duly impressed. The day after the operation he was sitting up in bed demanding a large bowl of solid food as he didn't think much of the fluid diet the doctor had ordered him. Seven days later, he went home, never having looked back after the operation.

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In villages where such ex-patients were living we began to find a very different reception. We were welcomed with open arms, often quite literally, and treated as guests of honour. People would gather round and listen as we preached to them where before only a few would come out of their huts to speak to us. Medically they had learnt that what we said was true and that they could trust our word. So they were prepared to give a hearing to the gospel message we had come to bring.



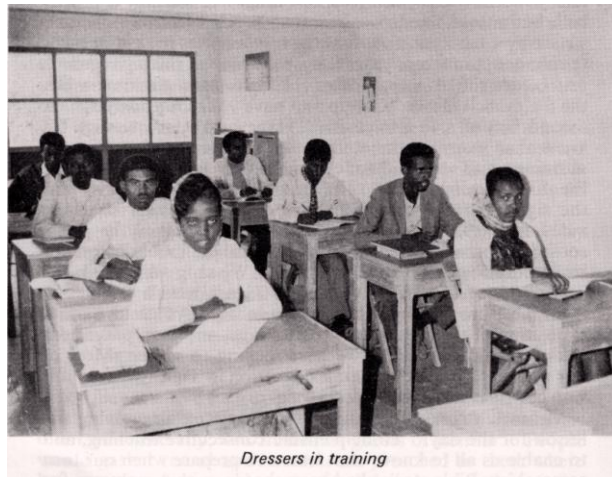
### 3

## A Time to Plant

Every morning at 6 a.m. the bell rang. It was not a proper bell, but an old Landrover wheel suspended from a pole, and struck by a hammer. At first the missionaries took it in turns to ring it, but in recent years this was the job of the night guards just before they went off duty. According to the time-table, the 6 a.m. bell meant "Get up and have your Quiet Time". A second bell at 6.40 a.m. meant "Have breakfast", though we knew that many of the staff made no attempt to eat in the mornings, and some did not even have their first cup of tea until the mid-morning break. The third bell was at 6.55, and was the signal for everyone - doctors, nurses, dressers, students, aides, washers, sweepers, labourers - to assemble in the grass-roofed chapel in the centre of the hospital compound, ready to begin prayers at 7.00 a.m. promptly. We sang a hymn (in the Tigrinya language or sometimes in Tigre), read a few verses from the Bible (in English and then in Tigrinya), had a brief exposition of the meaning of the passage, and then prayed for ourselves and the people we were seeking to serve. Most of our workers had received some education in Tigrinya, even if it was not their mother tongue.

Meanwhile, on each ward, one person would be giving the lesson for the day. To help ensure consecutive teaching, and to enable us all to know what lesson to prepare when our turn came, thirty Bible stories had been chosen, with a spare one for months with 31 days. These began with the story of Creation and ended with the Second Coming of Christ - the parable of the wise and foolish virgins. In each ward there would probably be some patients too ill to take any notice, and others who were sleeping or pretending to sleep, but there were the relatives who could listen, and some recovering patients who were prepared to take a lively interest. About 8 o'clock, the same story would be told in the out-patient shelter to those waiting for examinations or treatment, before that department began its work.

Patients from a distance needing daily treatment for a long period (injections for tuberculosis, or dressings for sores) could not be expected to pay to become ward patients, yet we found they often had nowhere to stay in the town. So we put up twelve huts, in two rows, which they could rent for a small sum. There they soon made themselves at home, cooking their meals over wood fires on the floor, and weaving grass mats to occupy their time. We had to be firm about their attempts to bring in donkeys (for transport), goats (for milk) and chickens (for eggs) to share the huts with them. It was not easy to work out a time to give these patients and their relatives a daily lesson, or to find a vantage-point from which all could hear; but when the effort was made it proved worthwhile, as these people were with us for some weeks, and there was time for the gospel to sink in and produce a response.



On Sundays the bell did not ring till 9 a.m., giving time for those off duty to walk down to the rented shop-room in the town where a morning service was held at 9.15, preceded by Sunday School at 8.15. Some of the staff grumbled at the walk in the hot sun, and wished that the service could be held in the hospital chapel, but we wanted to plant a church which was not dependent on Mission premises. This policy was nearly always rewarded by the presence of at least some people at the service who were not hospital employees. It also made it easier for employees who lived in the town, not at the hospital, to attend with their families. The evening service at 7.30 p.m., in a mixture of English and Tigrinya, was held in the hospital chapel.

There were many other opportunities for bringing God's Word to the town as well as to the patients and relatives. There were sewing classes for some of the older girls each week. In the early years, there were sometimes lantern meetings in the evenings, using a big projector into which a paraffin pressure-lamp could be inserted; later the curfew made these impossible. On feast days, a bookstall would often be set up in the town, with Scriptures in various local languages; not many would buy, because not many could read, but there would usually be interesting conversations as people stopped to look at the attractively-bound books.

Beyond the town, in every direction lay the villages, some large, some small. South of the plain where Haicota is situated, on the other side of the River Gash, which only runs in the wet season, there is a hilly region with many villages of the Cunama people. In the hills east of Haicota live thousands of people of the Baria tribe. Anthropologists say these two tribes are the remnants of the original inhabitants of Eritrea, pushed into their present pockets of territory by successive migrations of Arabian tubes from across the Red Sea, Sudanese from the North, and Ethiopians from the South. Both tribes have tonal languages of their own, quite different from the Semitic languages of their migrant neighbours.

Both were until recently pagan, but are now mostly Muslim in name. Their Islam is a thin veneer over continued animistic beliefs and practices, as can be seen for example in their rain-making ceremonies. The Ilit, the smallest tribe in Eritrea, live in a row of hills just west of Haicota. They appear from their language to be a break-off from the Cunama, though they vigorously deny this. The whole area to the north, away up into the Sudan, is the

home of the largest tribe in this part of the country, the Beni Amir. They are nomadic, not sedentary like the other three tribes, and their livelihood as keepers of camels and cattle depends on the Red Sea rains in the winter, and inland monsoon rains in the summer. Because of this, many of them spend the winter on the coast in the far north of the country, then drive their herds down the Barka valley southwards for the summer, refilling villages which are maintained in their absence by a handful of older men and women. At Haicota, the Beni Amir form the highest proportion of our patients. Their language is Tigre in some areas, Hadareb in others. When the tribes meet in the town, or hospital, they use Tigre or Arabic to converse with each other, for most men in Eritrea speak two or three languages even if they are illiterate!

Among all these tribes, who had never before heard the gospel, we longed to be able to plant churches. At first, we were able to visit villages in every direction, and even to start one or two regular preaching services where a handful were willing to attend. But as the political situation in the country deteriorated, we found ourselves under suspicion from the authorities as to our motives for such visits, and the day came when we were told that "for our own security" as foreigners we must remain in Haicota under the eye of the Police. The ambulance could still go out with a national driver and bring in emergency cases from the villages. With increasing numbers coming to the hospital, we were in some ways glad to concentrate on our work there, and seek to buy up the opportunities among those who came to us, though we could no longer freely go to them.

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It was early morning and the air was still fresh. The view across the plain, dotted with thorn-bushes, was at its best as the slanting sunlight fell across it. Jean Robertson was sitting under a tree outside her house, half reading, half day-dreaming, when she was aroused by someone greeting her. "Salaam! Salaam!" (Peace! Peace!) It was one of the local boys, out following a herd of goats in their wanderings, peering over the fence at her.

"How are you? Did you sleep well? Why are you sitting there? What are you doing?" were the questions which followed in quick succession. She replied that she was reading.

When he announced very proudly that he could read the Koran, she went indoors and got a card for him with four Arabic verses printed on it. He took it and looked at it carefully, turning it all directions. Obviously his "reading" had been limited to learning certain passages of the Koran by heart, and he was stumped.

She read one of the verses to him. "In my Father's house are many mansions. I go to prepare a place for you." Then she said, "Jesus was talking about heaven. Do you know how we can get to heaven?"

He looked dubious. "Well, if you don't do anything bad, or say anything bad." Then, in a rush, "And if you do, you'll go into the fire."

"Is there anyone who never does anything bad, or says anything bad?" she queried. He looked sad, and then said, "Only God!"

While she was explaining that this was why the Lord Jesus came to die for us, his face suddenly lit up, and he began to sing, "Jesus died for all the children." She realised that he must be one of the many lads who had wandered in and out of the Sunday School at various times.

"Will you really teach me to read properly?" he asked. But then he suddenly realised how far some of his goats had wandered, and without waiting for an answer, he scampered off to round them up again.

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A group of anxious-faced men were talking earnestly to the doctor just outside the women's ward. Inside, on one of the beds, lay a young woman who was desperately ill.

"I'm afraid that medicine can't help her now," the doctor was saying. "It seems to us that she will probably die. But if you will leave her here, we will pray for her and do all we can to help her."

"We will take her back to the village," came the quick reply, and the men turned and went off to make plans for her removal.

A couple of hours later they came back to the ward and asked for the doctor.

"We have decided not to take her home," they said. "We brought her here to you, and we are going to leave her here. You pray for her as you said, and we will pray."

Such trust was most unusual. Almost invariably, when relatives thought patients were dying, they would take them back to their own Muslim environment to die there rather than in a Christian hospital.

For the next few days it certainly seemed that Amna would die. Then one day the watching nurses saw a change, and slowly she began to improve, much to the delight of everyone, including of course her relatives. Talking to them one day, someone remarked how wonderful Amna's recovery had been.

"But of course she is better," the men replied, "Didn't you pray?"

Amna made steady progress, and three weeks later she was sitting up in bed telling all the nurses what to do, and asking when she could go home. She became very interested in the gospel messages she heard each day in the ward, and kept asking for the "radio", as she called the tape-recorder. Gospel recordings had been taped so that they could be played back to the patients over and over again and they loved to hear them. The battery-operated tape-recorder was a constant source of wonder, and the women would often chatter excitedly about it while it was on. But Amna wanted to listen, and she used to command silence by saying, "Be quiet! It's preaching!"

When she went back to her village, we did not see her again. Perhaps in a few weeks she was a hundred miles away as the family migrated with their herds. But was that the end of the story? Surely God had a purpose in her coming to the hospital, her recovery against all medical expectation, and her desire for the gospel message she heard.

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It was Easter Sunday morning. Outside the gates of the hospital an excited group of women and children were gathered. What did they want? Were they bringing someone bitten by a snake, or a sick baby, or some other emergency case?

A missionary went out to see what all the excitement was about. No one was sick, but they had come to ask for water. Their village had been burned down, and they were on the way with the few belongings they had rescued to find another spot where they could settle down and build new homes.

Willingly their request was granted and they were invited to fill their water-skins from the storage pit just inside the compound. As they chattered away among themselves, it was noticed that they were not speaking Tigre. The missionary asked them about this, and they replied, "No, Tigre is not our language. It is in our stomachs, but it does not come out well through our mouths."

When the water-skins were filled, with many expressions of "Salaam!" and "May God repay you", the little company departed. But they didn't go far. The water tasted good, and it was free. The missionaries appeared to be kind people, and they knew how to heal the sick. What could be better than to set up their tents on the waste ground near the hospital? Right there the group settled themselves down and soon became frequent and friendly visitors to the hospital.

One day it was a father who came - a wild-looking, fuzzy-headed gentleman. He brought his three attractive little daughters dressed in brightly-coloured striped cloth wrapped round their waists and tucked in, and bedecked with strings of gay beads around the upper half of their brown bodies. Father had heard that there was a sewing class for girls in the hospital on Friday afternoons, and he wanted his daughters to learn, so they would make good wives later on. The single garment each was wearing did not appear to have needed much sewing, but gladly the three little girls were welcomed, for in the class they would also learn how "God so loved the world that He gave His only begotten Son", to die on the cross for people of every tribe and tongue.

Not long after that it was one of the women who came. She would like a tin, with a lid, to put her sugar in, but she had also come with an invitation. "Please come to our home and tell us about God's Book", she said. "We have never heard about it before and we want to hear." So another door of opportunity was flung wide open for a brief time, and the missionaries gladly entered.



## 4

### A Time to Laugh

At one period of its history, Haicota was "home" to no less than thirteen missionary children, and holiday times, when all those of school age returned from the English School in Asmara to be with us, were somewhat riotous occasions. But as various families moved elsewhere, the numbers shrank, until only a few remained. We were tempted to feel sorry for them, missing so many of the facilities they would have had at home - parks, museums, lending libraries and other ways of amusing themselves that we had enjoyed at their age. As far as the busy routine of the hospital allowed, we tried to give some time to our boys each day when they were home, especially in the afternoons when it was the rule that they must stay indoors out of the sun until four o'clock. On Sunday afternoons we reserved from 4.00 p.m. till 6.00 p.m. for a walk together, usually going either east of the hospital to the "Khor Grasha" down the hill, or west to the "Khor Anguleit" where there were some rocky hillocks up which we might scramble. The two "khors" were river beds which were quite dry for most of the year. The banks were steep in most places, sandy or rocky cliffs ten or twelve feet high. Overhead was usually a deep blue sky. If there were a few clouds about, their sharp white edges only seemed to accentuate the blue. On the banks were a variety of trees, many of them evergreen. If we walked along in the khor, from the yellow sandy "highway" along which we were trudging we looked up past the brown cliffs to the green leaves against the blue sky. In the river bed, or up on the banks, we might come across camels resignedly champing away at some thorn bush. Maybe we would find their owners preparing a small fire to cook their porridge before camping in the open for the night, with the camel-bags and saddles dumped beside them. On the rocks were lizards of various kinds, half-fearful, half-defiant, arching their tails as we drew near. In the rainy season we once saw one about two feet long, almost a miniature alligator.

Doves of a dozen varieties, hornbills, kites and other birds registered their differing forms of protest as we disturbed them; we might even see a flock of guinea-fowl if we were lucky, while quails flew overhead in rough formation, nattering to each other as they went. Except in the wet season when all the thorn bushes were in leaf, the countryside as a whole could be almost oppressive in its monotonous, dusty ochre-colour, but the khors certainly had a strange beauty of their own. Yet how unlike England's green and pleasant land they were. As we walked along Khor Anguleit one Sunday afternoon the three boys sometimes running ahead of us, sometimes lagging behind, Vera and I talked of our forthcoming furlough; the kindness of friends who were lending us a home in a seaside town; and all that it would mean to the boys to have two terms at schools in England, to see an English spring and to play on the beach.

We would take them to London and show them the sights; have picnics in the Easter holidays at local beauty spots; go to museums and gardens with them as often as possible, and try to make up to them for a time all that they were usually missing.

Many of these resolutions we were able to carry out. Then we returned to Eritrea, and after a few weeks at the English School again, the boys came down to Haicota for the long summer vacation. On Sunday afternoon, a day or two after they arrived, they wanted to go

to the Khor Anguleit. On the way they picked the strange big green inedible fruits from the bush we call the "football tree", threw them up in the air, and jumped on them to pop them. At the river bank there were ant-hills to climb and a new-born baby camel to admire, without going too near the watchful mother. Into the riverbed they scrambled. Socks and shoes were soon off as they chased each other and then sat down to rest, digging their toes into the hot sand and letting it trickle through their fingers. There was a long sigh of contentment and then one of them pronounced his verdict. "You never showed us anything in England *just* as nice as this!"

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The Westphal family was now living at Tessenei, where Brenda was in charge of the clinic. We promised our boys in the summer holidays of 1974, by which time there were no other missionary families at Haicota to play with them, that when I had a day off, we would go over to Tessenei. Accordingly one Friday morning we set off in the Landrover, with one or two national workers with us to do some shopping, several baskets containing chickens on their way as gifts to relatives, and a large number of flattened cartons tied on the roof-rack. Gladys Dobson in Asmara was sending us fresh fruit and vegetables every week on the buses, but she needed the empty cartons returned for re-use, and during the rainy season the bus conductors had been refusing to take these on at Haicota. Max Westphal assured us he could still send them from Tessenei, where the buses started, so we were taking them to him. The road had been steadily deteriorating for years, thanks to the policy of the guerillas who attacked everything connected with the "Imperial Government" and who made it impossible even for road repair teams to work. In many places the unsurfaced road was now worn down to its foundation stones, which made the going slow and uncomfortable, so wherever possible we followed the example of others, leaving the road to follow tracks through the bushes for long stretches. Since the bushes were not bare, as they were most of the year, we could not see through them, and where the alternative tracks snaked around in sharp curves, we were never sure when we would suddenly come face to face with another vehicle, with no room to pass. Mysterious noises seemed to be coming from the car, too, which were finally identified as cartons on the roof coming loose from their anchoring rope and flying off to land in the tracks behind us one by one. We stopped and retrieved a few, and adjusted the ropes to prevent further losses. Just as we were re-starting we realised that another vehicle was about to meet us head-on round the bushes. As both drew to a sharp stop, we saw that it was the Tessenei ambulance, and we knew that it could only have one destination - Haicota! For some years now, there had been no qualified doctor at Tessenei. The hospital there was under the care of an Eritrean Health Officer, thoroughly trained in medicine but not in surgery. He therefore sent to Haicota all surgical or obstetric emergency cases, usually making a shrewd and accurate diagnosis but being unable to deal with them himself. As the ambulance halted, a familiar figure leapt from the front seat and ran towards us. It was the husband of a Haicota girl who, he told us, was in trouble again with an abnormal delivery. We had known the girl for years as she was related to one of the first seven dressers trained at Haicota. In April 1973, she had similarly been rushed over from Tessenei, but on that occasion nearly all the Haicota staff were in Asmara for our annual conference. Vera Shepherd and Jeanette Kerr had chosen to stay in charge of the hospital (we took it in turns year by year) but, realising

they could not help, they had sent the patient another 80 miles to the Government hospital at Agordat, where she had an instrumental delivery, too late to save the baby's life. Now the husband had determined to get her to Haicota in good time, and the doctor's day off would plainly have to be abandoned. Finding a way to turn round among the bushes, we sped back ahead of the ambulance to warn the rest of the staff, running over a surprising number of the unruly cartons that now lay in the track. They would make good fuel to cook someone's supper, if they didn't get sodden with rain before evening, in which case the termites would make short work of them in a day or two. The operating theatre was soon ready, and before lunch time the young mother was safely back in the ward, beaming with happiness as she gazed at the squawling infant in the cot beside her.

As compensation to the boys for our lost trip, we had a picnic that afternoon in "Pooh Corner", their stick house in the garden; but then the rest of the staff insisted that we take Saturday off. So next day we left again and this time travelled without incident (chickens, cartons and all), reaching Tessenei by mid-morning, where we had a thoroughly enjoyable day.

The baby's parents had attended the church at Tessenei from time to time, usually separated, before this. While she stayed at Haicota with relatives for some weeks after her delivery, the mother attended the services nearly every Sunday. Some of the staff who knew the father and were aware of his weakness for strong drink spoke to him seriously about the folly of wasting his wages in this way, and told him of the self-control the Holy Spirit can give to those who receive the Lord Jesus as Saviour. He appeared grateful for their faithful words, and we believe they had a lasting effect although he made no clear profession of personal faith. Certainly since then the parents have been frequent in their attendance at the Evangelical Church in Tessenei together. They are lavishing care and attention on the child as he develops, to help him overcome the slight weakness of one arm and leg which are the result of the difficulties experienced at his birth.

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The doctor was called to the out-patient shelter late one afternoon, to see a little girl of three whom relatives had just carried in and laid on the ground, covered with a dirty blanket.

Quick examination where she lay revealed a horrifying picture. The child was toxic and fevered, and the skin of her right arm, blackened and foul-smelling, was hanging off all round in shreds, from the shrivelled fingers to half-way between her elbow and shoulder. Fifteen days before, she had "put her hand into a snake's home", and this gangrenous arm was the result. Urgent amputation was the only thing to save her life, we told the relatives, and to this they were not willing to consent. But they knew that without treatment she would soon be dead, so they let her be taken into the ward, where she started at once on injections to bring the infection under control, a thorough clean-up, and other preparations that would make her more able to stand the necessary operation as soon as the family agreed. They went off to the town, except for the mother, to collect money from one of the shop-keeper "bankers" and find living quarters for themselves, while we slept on the problem. The morning brought second thoughts, especially as we had found in a newly-arrived number of the "Tropical Doctor" magazine that gangrene from snake-bite rarely affects the deep tissues of a limb. It was decided that we should at least wait and see what the arm looked like after frequent soaking had encouraged all the dead tissues to come away, and then save as much as possible, covering the raw area with skin grafts. This proved to be the right decision. The four totally-dead fingers came off, but the thumb survived and all the other muscles and joints were left healthy and intact. Three times there were long grafting sessions in the theatre, as thin slices of skin cut from her thighs with a razor were patiently pieced together on her arm in grafts the size of postage-stamps, helped to stay in place by backing them with vaseline gauze. The day came when a happy child was dancing outside in the sunshine, in a new pink dress, waving a whole and useful arm in the air in greeting, and showing off how she could tuck a teddy bear under it or even begin to grasp things between her thumb and palm. Meanwhile the Eritrean staff had been teaching her English phrases, and whenever a nurse or a doctor appeared on the ward, we were likely to be greeted with cries of "Hello!" "Good Morning!" or even "Bye-bye!" It was a much-loved little girl who waved her final goodbye after a six-week stay with us, as she was hoisted up on to a camel for her five-day homeward journey. We praised God and marvelled afresh at how much could be done by His help even with the limited resources of a rural hospital, to bring the joy of healing in seemingly hopeless situations.

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In the ward a large, lusty baby boy had just been delivered and his noisy crying proclaimed the fact that he was well and truly alive. Granny delightedly joined in by letting off a joy-cry right in Jean Robertson's ear. Knowing by experience that there would be half a dozen more ear-splitting cries to follow, Jean persuaded her to go outside the ward to let them off.

Coming back, she kissed the baby's forehead twice, then with her hand on him blessed him with these words: "May you be great and good, the owner of many cows."

Jeanette Kerr was passing the water-pit. Two women were there with a baby. The doctor in the out-patient clinic must have been impressing on the mother the importance of giving the baby water to drink as well as breast-feeds in the hot weather. Babies so quickly become dehydrated, especially if they are not well. These two women were really in earnest about it. One was holding the baby in a suitable position while the other was giving it a drink from the three-gallon bucket used for dipping in the pit. The babe seemed to be managing very well.

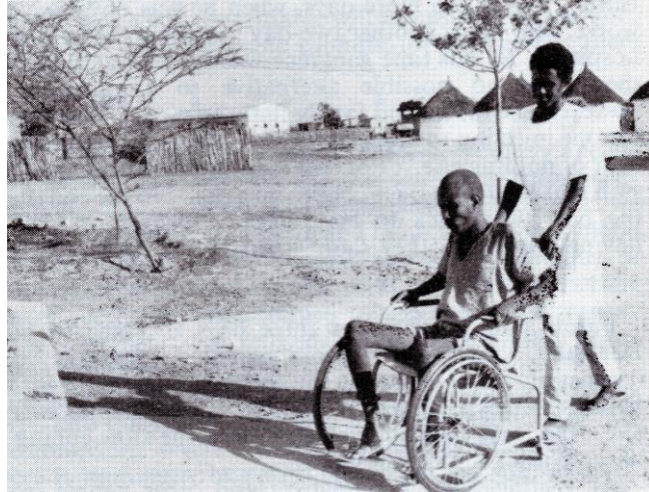
On Christmas Eve the families of our married workers gathered in one of the missionary homes. After refreshment, (cakes, fruit, sweets, and hot sugary tea without milk) there came the presentation of gifts. Amid cries of "Look what I've got", one little girl was opening her gaily-wrapped parcel without a word. The string and paper were eventually removed with mother's help and she stood looking at the doll inside. Slowly a delightful smile of joy spread over her face. No longer would she have to make-believe with a scrap of wood wrapped in a piece of old cloth. As she went home literally skipping and running for joy, she kept saying, "My baby! My baby!" Our gift had made her day, and her joy made ours. How we longed afresh that we might have the joy of seeing faces light up with the discovery that the Babe of Bethlehem was indeed the Christ, the Saviour of the World.

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## 5 A Time to Weep

"Still the patients come too late, still they refuse the help offered, still they do not accept the gospel," wrote Pat Harrison. "We praise the Lord for those who come, and for their interest, but we long for so much more. This morning a patient came to the clinic so ill that she could hardly stand. She needed to be admitted. 'Oh,' said the men, 'We have no money'. Why? They had taken the woman from sheikh to sheikh paying exorbitant sums for healing while she steadily grew worse.



Are they worried now about her desperate condition? No! They laugh. What peculiar people we are to say she ought to come in to hospital! A few days ago sounds of sobbing came from outside the clinic. Investigation showed a young girl, very unhappy. She had been asked to come in to hospital, and in order to get the money she would have to sell her only cow! She faced the cost with a breaking heart. It was found that in the circumstances the cost of treatment could be reduced, and she happily came over to the ward."

Many such stories did not have a happy ending. A boy was carried into the clinic one afternoon, his eyes wide with fear. Bit by bit his story was unfolded and pieced together. Ten days previously he had been out with his friends, looking after the goats, when he fell from a tree into which he had climbed and broke his leg badly, the bone piercing through the skin.

A couple of friends stayed with him while the others made the two-day journey back to the village to tell his father. With some other men, his father took a wood-and-rope bed and went to carry him back home. By this time six days had passed since the accident.

Then they tried their own medicines, hoping he would get better. After two more days, when he was obviously getting worse, they made another two-day journey to bring him to the hospital. By this time gangrene was spreading up the leg and there was no possible alternative to amputation. This, however, the father and family flatly refused. They had

come for one injection to make him better, they said, and they would hear of nothing else. For half a day missionaries and national staff reasoned with them, but to no avail. In the end they took the boy away back to his village. "Better for him to die having two legs," they said, "than to live having only one."

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Fatma had travelled for three days to come to hospital. Her baby, born a month before, had died. She was weak and desperately ill. Outwardly she seemed to accept the loss of her babe as an inevitable part of life, just as she accepted everything else - the long, uncomfortable journey, the slow ebbing of her life. Wasn't it all from God?

At visiting times her relatives and other people from her village tried to crowd in to sit with her. "Isn't it our custom?" they said.

"Why didn't you bring her earlier?"

"We thought she would get better", was the reply.

"Did all this cutting and burning make her better?" we asked. "No," they admitted.

"Then why do you do it?"

"It is our custom. We don't know any other way. We didn't know it was wrong. Give her good medicine. Will she get better?" We prayed as we treated Fatma. Could we keep her alive, and make her strong enough to tolerate the only treatment which would save her life?

Fatma died before she was able to hear about the One who had healing for the spirit as well as the body.

"Death is from God," chanted the women, who in ignorance and superstition had caused her so much pain.

"God gave the woman, God took the woman. Praise God," said her husband, who seemed to love her. The words hurt, for they are so near to the words of true faith in God, yet so far from them in understanding. That bereaved husband did not know God as a Father in Heaven, Who in His wisdom works all things together for good to them that love Him, but as an Almighty Power whose inscrutable will it is useless to question. One shrugs one's shoulders and submits, for what else is there to do?

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In the early days we lost many of these desperately anemic mothers, even if they were brought, as few were, before they were actually dying. With growing experience, however, we were able to save the lives of more and more, at first with blood transfusions, later with the simpler and safer technique of large iron infusions, as well as other measures. The increasing number of successful cases seemed to accentuate the tragedy when the treatment was refused, though it was still heartbreaking enough when it failed.

A young woman dismounted from a camel and, with help, staggered into the clinic. Her skin had that yellow tinge that often accompanies severe anemia, but she was adamant.

"There is nothing wrong with me except my sore mouth."

Her hemoglobin level was tested and found to be only 25% of the normal, but still she insisted, "I only want treatment for my mouth," and her idea of treatment was, as so often, that she should receive one injection and go home again.

We tried to explain, "You have pain in your mouth because your blood is so weak."

What nonsense! She would rather go to the witch doctor who would treat her properly, than agree to come into hospital. She would not even take tablets home with her.

We looked at her beautiful two-week-old baby. What future did she have? Her mother would undoubtedly die without treatment. Earnestly we pointed this out, but our pleas fell on deaf ears and off they went to seek help elsewhere.

Incidents like this used to be quite common. In recent years, praise God, they were few and far between, as news of the effectiveness of the proper treatment spread through the villages.

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It was Tuesday, prayer meeting night. At 7 p.m. the dresser on duty called through the hospital intercom to Violet McCombe, "A very sick woman has come." Hurrying over in the light of her torch, Violet saw a bundle of rags on the ground outside the out-patient clinic. An old man was supporting the head of a woman with a very pale puffy face. A frightened toddler cuddled into another woman who held a two-month old scrap of humanity. Both were children of the sick girl.

Hospitalisation was an immediate necessity, and reluctantly the young bushy-haired husband handed over enough money for one week; he was warned that his wife must stay longer. One of the dressers organised her transportation to the ward by stretcher. Dr. Peter Gurney made a quick examination and requested a blood transfusion. The husband protested, "Oh, you can't take our blood. Give her an injection." "No," was the firm reply. "It is too late for injections. If you had brought her two months ago, we could have treated her with injections, but they will do her no good now."

The hemoglobin of this young woman, whose name was Amna, was less than 10%, and her blood looked like pink water. Why did they leave her ill for so long? After childbirth, tribal custom demands that a mother must spend a certain period on her bed, usually in a dark hut. The Beni Amir tribe requires forty days for a boy and eighty for a girl. Amna had given birth to a girl!

The time-consuming argument with the husband continued, as one after another pleaded with him to give what was necessary for his wife's treatment. Finally the family was given an ultimatum-15 minutes to decide whether to give their blood, or to take her home. This was done in the hope that it would force them to realise that there was no other alternative, and to give in. After a period of more talk with other relatives, the husband

finally said, "All right, give us back the money. We will take her out."

Dr. Gurney was informed of their decision by intercom in the middle of the prayer meeting. Sadly the money was returned, and the husband thumb-printed a form accepting responsibility for removing her. By this time Amna was bed-bathed and sitting propped up in bed in clean clothes with a look of relief on her face. Roughly her husband told her she was going out. With an appealing look of anguish she gasped, "Oh, Idris, are you taking me out of here?" Violet made one last effort to make him change his mind, and said, "Amna, your husband isn't willing to give you his blood. He won't help you!" Then she quickly left the room. Five minutes later Idris gave in and said, "I will give her my blood".

We then explained that we must test the blood of at least four people, as all blood would not be suitable. This meant further delay as they argued with one another, but at last three other men agreed to give their blood. By this time it was 9 p.m. Then began the laboratory tests, taking each donor's blood for hemoglobin check, and cross-matching by incubating it with Amna's blood for one hour. It was 11.45 p.m. before all was ready.

Before ever the procedure began we feared that Amna was going to die. As she tried to swallow a tablet to lessen some of the body fluid, so that her weakened heart could cope with the strain of the blood-transfusion, her eyes rolled up and it looked as though our efforts would be in vain. However, Idris' blood was prepared and was soon running into her vein, while he staggered out to lie down and a second donor gave his pint. Almost immediately Amna began to look better and to breathe more easily. She even began to talk, and to thank us over and over again, so great was her gratitude. At times, however, she became confused, and we were anxious about other signs, ominous in a patient as ill as she was.

At 6.45 a.m. there was an urgent call over the intercom from the ward dresser. By the time Violet reached the ward Amna was dead. It was very sudden in the end. Then pandemonium broke loose. With a wild look in his eyes, the husband hissed, "You took my blood and I am dying! You have killed her! I am going to tell the police." The wife's old father who had also volunteered as a blood-donor came weeping, and asking, "Let me see my girl." The women somersaulted outside, screeching the death-wail and throwing dust over their heads.

Later the husband repeated his threat as he demanded his money back and refused the iron tablets usually given to blood-donors. Subsequently he did accept them, and asked us to care for the two-months-old baby. But our hearts were heavy, and there were many questions in our minds that morning.



*Outside the Women's Ward*

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There were even more questions after the spiritual battle that waged in the case of another Amna. One evening as one of the nurses was sitting in the Women's Ward office writing up her notes for the day, an agitated man came in, saying that he was a relative of the patient called Amna, and that he must take her away that night. The woman he mentioned had been very ill but was making progress, though certainly not well enough to go home yet. When asked why he must take her that evening, he said, "At certain periods an evil spirit possesses her. We must take her to meet with the spirit and carry out the proper ceremonies, or she will die tonight. You must let us have the car and go at once." Asked what sort of things must be done, he explained that there were different kinds of evil spirits who must be appeased in different ways. For this one, Amna must be completely covered in a cloth. She would then dance to the beating of drums until she spoke in an unknown language which only those possessed by evil spirits could understand. Animals would be sacrificed and their blood drunk, and Amna would be given fire to eat.

We knew that such beliefs and practices were prevalent, especially among certain families living generally in small villages apart from others. We had no doubt about the reality of the evil powers that dominated their ceremonies, but we knew that experienced men of God had warned (citing Acts 16:18), "Have nothing to do with evil spirits if you can avoid it. Do not attempt to challenge them in the Name of the Lord unless you are challenged or asked for help."

As the nurse conveyed to me what the dressers had translated for her of this man's demand for the hospital car, I realised that here was a challenge which could not be escaped. I found half a dozen relatives around the bed by this time, urging us to hurry. With a swift prayer for guidance, I took my stand at the foot of the bed, and spoke so that everyone in the ward could hear me. "You cannot have the car to take this woman home. The hospital car was given for us to use in the service of the Lord Jesus, and we may not

use it to take anyone to an appointment with evil spirits." I thanked God for the sudden discernment given that the issue was as simple as that! At once there were fearful protests. "If you don't take us home in the car, we shall not arrive in time. If we do not obey the spirit, Amna will die tonight." The answer again seemed crystal clear. "The Lord Jesus Whom we serve is greater than all the evil spirits in the world. If you leave Amna where she is, I promise you in His Name that she will not die tonight! You cannot have the car to take her." Then I hurried off to tell the other missionaries what had happened, and to ask for special prayer that Amna would be protected from all harm during the night. Even physically, she was not completely off the danger list yet.

Next day was Sunday, when I usually do not visit the wards. But I went to see Amna and was truly thankful to see her sitting up in bed eating breakfast, not only alive but obviously better than the day before. The nurse informed me, however, that one of the small boys among her many relatives who had stayed the night had become ill with a very high fever, and she asked me to see him. It appeared to be an obvious case of cerebral malaria, though this was not the time of year when this was common. We were not then experienced in the laboratory testing which would have proved the diagnosis, but I told the nurse to give him a Chloroquin injection. As I was passing the out-patient clinic on my way to the town for the morning service, I heard a woman scream, so I stepped in to see what was the matter. I found myself facing the same group to whom I had spoken the evening before, while the nurse (the injection prepared, but not yet given, on the tray beside her) was trying to control the struggling boy, who was having convulsions and foaming at the mouth. I was instantly conscious of what these people were thinking. Amna was still alive, but the boy was going to die instead! It was a call to further prayer and hard work. I helped the nurse to give the injection, and she then took him straight over to the ward, without stopping to ask for admission fees, and got him into a tepid bath, treating him carefully for his convulsions all morning. To our relief, by the afternoon he had regained consciousness and was cooling down - and then people hurried in from the village bringing one of his small cousins suffering from the same symptoms. It was no good saying this was an epidemic! Malaria is not infectious in the ordinary sense, being spread by mosquitoes in the wet season, and this was not the wet season. There was no natural explanation why cerebral malaria should be striking down the members of this family one after another. The second child was not quite so ill, and seemed to be sleeping naturally when I saw him later that evening. Next morning he was sitting on the floor of the ward drinking tea as though nothing had happened.

I had arranged to go to Tessenei on Monday morning, and was about to leave when another man hurrying in. "There are two more boys ill," he said, "Can you come and fetch them?" We had made it a rule, because of previous abuse of the car's services, that we would not go out for children, who could easily be carried in. So I told him, "Bring them in yourselves at once - carry them, or use a camel or donkey. Your village is near the road anyway. The buses have already passed today, but if you are by the roadside when I am on my way back from Tessenei before noon, I will pick you all up."

We did not see him again. They took Amna home that day or the next, and it was some weeks before we met anyone to ask, "What happened to the other boys who were ill?"



"One got better and the other died," they replied. Should we have left the person in the lurch for whose sake we had arranged to go to Tessenei? Should we have abandoned our rules and sped out to the village to bring in the other boys? Should we have commanded, "Come out of him and do not enter into anyone else"? Some have said so in books we have read, but do not quote their Scriptural authority for such a formula; in fact we did not use any commands on this occasion. These are questions to which we do not yet claim to know the answers.

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Perhaps the biggest unanswered question in all our years at Haicota concerned the well, for which we so often asked prayer in letters home. As we were in a semi-desert area, with rain restricted to three months in the year, water was a very precious commodity. The Government boring-rig was sent soon after the hospital was built, and on the first day of its working, striking rapidly down through 30 metres of clay and soft sandstone, it reached a slow but steady trickle of water. Many more days of hammering away at the solid rocks beneath, right down to 70 metres, did not meet with any further success, but the windmill generously supplied by OXFAM was erected over this borehole, and pumped about two cubic metres per day into an overhead tower which supplied the wards, theatre block and missionary residences. We have often wondered what a hospital engineer at home would think if he was asked to arrange to use two cubic metres of water a day, about 400 gallons. Of course we had to supplement this if we wanted to water our gardens, and as the hospital grew we were using two from that village came or three times this volume daily, still a very modest amount.

We had started with a 24-bed hospital, but there were often 18 beds in each ward as the work developed, and we had also added the 12 huts for TB cases. More recently still, a 10-bed children's ward brought our total capacity up to 58. It was not only the patients who used the water. Each patient had one relative present at all times, and more during the hours of visiting, some of whom resided on the compound. Many considered that when they had paid to have the patient in hospital, this entitled them to use the hospital's water for a family laundry session. To meet these and other demands, a trailer was towed to the River Gash twice every weekday (more often if there was repair work or white-washing to be done) bringing back another two cubic metres of water each trip. We were grateful for the generosity of the plantation owner who let us use his wells freely in this way, but it was no light task for a Landrover to pull two tons of water three miles uphill on a rough track, and we wanted to obviate this expense by trebling the supply on the spot if possible. Application was made for the Government boring-rig to come to our area again, but when it was at last free to do so, it was burned out by bandits on the road. We therefore turned to plans for digging a well, which we hoped would yield at least twice as much as the borehole, or even more. The obvious place to dig was the spot pointed out to us by an experienced old Italian, whose advice was sought by everyone in the area. He had in fact marked two spots where he said there was underground water. At one of them the boring-rig had struck water at about the depth he had stated. But since then we had encountered well-meant criticism that we had used the services of a man who in English would be called a water diviner, though his actual title in Italian was quite innocuous. We found that

by some of our friends water divining was classed with crystal-gazing, ouijah boards, and the like. We could only reply that it was in innocence we had done this. We were under the impression that the Lord had led us to this adviser, and that he had the natural gift (from God) of a kind which men, including Christians, have exercised or made use of without question throughout the centuries. One dictionary says water divination can mean "telling the future by means of water", which is obviously forbidden for us, but that is surely a very different matter from being able to sense the presence of water, which many animals can do without having traffic with evil spirits.

Our scientific friends, on the other hand, poured scorn on the whole idea, and assured us that if there was a water table at a certain level underground, we ought to strike it wherever we dug. It was for me to make the final decision where the diggers should start. After much prayer for clear guidance I decided to give no offence to anyone's conscience. I ignored the old Italian's advice and drew a circle at the spot most convenient for a well from the point of view of the layout of the hospital.

The diggers had hardly commenced work when I was told they had downed tools. I went to see what the trouble was. One of them, a burly Sudanese labourer who had been our next-door neighbour in the village, explained that there must be a sacrifice when a well was dug, otherwise the spirits controlling the water would withhold it, or cause accidents to the diggers. Challenged again! I told them that a sacrifice had been made! All our work was in the Name of One who had made "one sacrifice for sins, once for all", making all other sacrifices unnecessary. From then on, we felt that the honour of the Lord's Name was involved in the success of this operation. As digging proceeded, ferro-concrete rings were poured one on top of each other, to sink down and line the shaft. The man in charge of this part of the work insisted that the mould for the rings must always be applied in exactly the same position. Since the mould was old, and not quite even, the result was that the long tube developed a gentle curve as it sank, sufficient to slow its progress and finally to jam it altogether when soft rock was reached. The first diggers had already quit as soon as progress was hindered, presumably fearful over the sacrifice issue, but others were found willing to go on through the soft rock without any lining tube. But I warned you this was a story with a big question mark. A slight ooze was found at about the level of the water table. Instead of producing far more than the bore-hole, as a well theoretically should have done, it produced about a quarter as much daily. Months of attempts to increase the yield by deepening it, widening it, or opening up the oozing layer, did little to improve it. An American friend even came from Ghinda hospital with a pneumatic drill. He was not impressed with the road to Haicota, and had to weld 42 cracks in the trailer carrying his equipment on arrival, but at last all was ready and the operation began. When not only his drill bit but the rock he was trying to penetrate began to glow red hot in the darkness of the well, without giving way, and the reverberations threatened to loosen chips from the softer rock above, he called it a day and we went back to employing a man with a hammer and chisel. Through the years, the produce of the well was steady, and a welcome extra to the bore-hole's contribution. Saving at least one trip per week for the Landrover, it has already repaid a useful fraction of its cost. But it could never really be called a success.

## 6

### **In Labours More Abundant**

The sun had set. It was rapidly getting dark. Just as we were about to have our evening meal an urgent call reached us over the hospital intercom. "There are four men here. They are injured."

Hurriedly leaving everything, we made for the out-patient department. There we found the four men groaning in the open back of a small van. But there were more to come! Four kilometres out of Haicota, the front tyre of a bus had burst, causing it to topple over the side of the road, spilling its passengers all over the place.

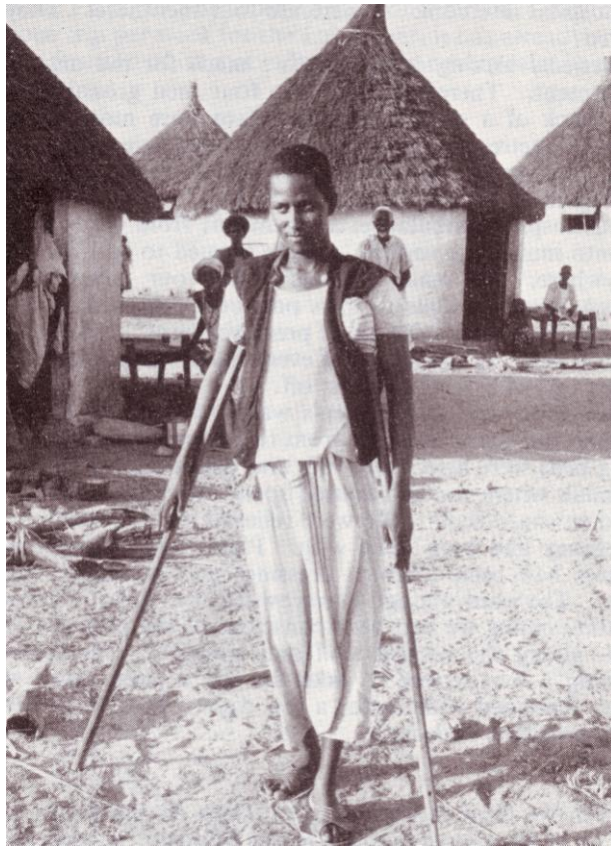
Our hospital ambulance, a recent gift from OXFAM, was put into immediate service. There seemed to be injured men everywhere. To make matters worse our generator had broken down a couple of days previously, so we had to deal with the situation by the aid of pressure lamps, kerosene lamps and torches. It was a case of every hand on deck as we tried to sort out who was the worst off.

Soon every bed in the men's ward was full, so we started carrying the spare beds out from the women's ward. Native string beds were also borrowed, and placed along the outside verandah where the less injured spent the night. Some were asked to share beds! We were relieved when by 10 p.m. the emergency had been dealt with. Plasters had been applied, wounds had been stitched, dressings and bandages were in place. The ward, though overcrowded, was quiet. Throughout the evening we had been conscious of the presence of the Lord, giving the needed skill and strength. The following morning a bus arrived to take the less injured away, while others remained with us for a few days. There was never a dull moment at Haicota.

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When we filled in our statistics forms on the wards, using the List of Diagnoses supplied by the Ministry, we were always tempted to include injuries inflicted by camels as "Vehicle Accidents". It seemed tame just to put them among the "Other causes of injury", when the ship of the desert was the main form of transport in our area! We have never seen the last straw break a camel's back, but we have often heard their bubbly snarls of protest at being overloaded. An angry camel can seize a man by the arm and lift him off the ground.

The resulting compound fractures, with ugly torn flesh wounds, always become septic and are difficult to heal. Falls from a camel often result in leg injuries. Less commonly, a camel will deliver a nasty kick. We only had one man who admitted, shamefacedly, to falling from a donkey, though women did so quite often. In any case, a man's long legs nearly touch the ground when he rides a donkey or mule, so there is not far to fall.



Usman was brought to us eleven days after he had fallen off a camel. On impact with the ground his leg-bone fractured and the sharp upper end penetrated not only his skin but the rough road in which he landed. By the time he arrived he had a nasty bone and wound infection. When I first saw the X-ray picture I went straight to his relatives. "Now tell me the truth," I said. "Look at this bullet embedded in his leg. How did that get there?" They protested that they were telling me nothing but the truth. "Telephone our police station," they said, "Usman fell off right opposite it. Nobody fired at him." Certainly it was difficult on second thoughts to imagine how a bullet could come neatly to rest in the hollow space inside the bone in that way. It was also difficult to imagine how to remove whatever was there, but this was necessary if the infection was to be brought under control.

We had already discovered that Usman had a mind of his own. After a temporary splint had been applied, he objected, "This wood is not right here. It is too heavy and makes me fall out of bed. Just take it off and put another one on up to here", pointing below his knee. So a back splint was fashioned from a piece of roofing zinc and padded well to try and make him more comfortable.

"Now doctor, this is all right here, but could you instead just put one down the side like the last one."

A temporary partial plaster-of-paris cast was made. This "cemento" he considered very bad indeed. Two more metal splints of different kinds were fashioned, but the complaints

continued, and we remembered the words of a famous surgeon who warned his students that bones were filled, not with red marrow, but with black ingratitude.

When the wound had settled as a result of daily injections and frequent dressings, Usman was taken to the operating theatre and we tried to remove whatever was in his bone. The technique used for removing beads and seeds from the ears of children was used, squirting sterile fluid up the bone cavity from below to shoot out the foreign body, though we realised this might spread the infection. Three pieces of gravel came tumbling out as a result, showing that his story was correct, but a check X-ray showed, alas, that the highest piece of all, looking like the nose of a bullet, was still impacted. So he had to return for a further attempt, and after trying to push the offending stone down by passing instruments through a small hole cut in the front of the bone, we had finally to cut down right over it to get it out. Now at last we could hope the infection would subside and healing could begin. So of course another plaster cast had to be applied. Usman's reply all day long to anyone who asked "How are you?" was always "Happy, except that this cementa . . .".

A shopkeeper who was helping the family by supplying food for Usman urged us to be patient with him. "He's just the same with me!" he said, "I send him up specially prepared dishes and he grumbles about them. He won't touch any meat, because the animal was not actually killed before his eyes so that he knows the name of Allah was said over it properly. Don't take any notice of his complaints. Just put up with him until he is better." But Usman and his relatives had other ideas. It was they who lost patience, and they took him out long before the bone had a chance to knit. We suspect that the first thing Usman made them do as soon as he was out of sight was to get that cementa off and thus remove his only chance of being able to walk again. But it would be just like Usman to turn up one day and prove that we were wrong - as Mohammed Chewai did.

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Chewai means "salty", and Mahommed Chewai was also quite a character. He had a week in the hospital, during which time nothing was right, though he was far more good-humoured in his complaints than Usman. Great was his glee when his week was up and he could go home. Later that afternoon I was called to the men's ward. There to my surprise. I saw Mohammed Chewai being helped into the same bed as before. "Well, why have you come back? I thought our treatment was no good," I greeted him. "It isn't," he groaned, "But look what's happened! We only got as far as the river, and the camel shied, and ... ow! My arm!" He held up a typical "dinner-fork" broken wrist for my inspection.

"We shall have to set it, and put it in a plaster cast for six weeks," I warned him. "Oh, no! It doesn't need plaster. Just give me an injection for this pain." I knew there would be trouble, but I also knew the relatives would not have brought him back unless he had made them, so now we could insist that he accepted the correct treatment. Without it, we warned him, the arm would set permanently out of shape, and he would get an arthritic, painful wrist, and be unable to do his ploughing and other field work. He submitted with bad grace, signed a form with his thumbprint to say that he agreed to keep the plaster on - and three days later had to be discharged with ignominy when he was found softening it

under the tap because the pain had subsided. He completed its removal before he left the compound.

Years later, after a hectic Monday morning in the outpatient department, I heaved a sigh of relief as the last patient was ushered in about 1.30 p.m. I wrote up the treatment, took off my stethoscope, washed my hands and prepared to go over to the house for lunch. But one of the relatives of the last patient had lingered, and I turned to see what he wanted. There, facing me with a mischievous grin, was Mohammed Chewai. "Do you remember me, doctor?" he croaked, "and all you told me about my wrist if I took that plaster off? Look!" And the old rogue twisted his hand this way and that in glee under my nose. I examined the bones, I examined the joint and its movements. It was impossible to tell he had even had a fracture. "That has really crowned my Monday morning," I told him. "Mohammed Chewai, you win!"

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Of course, one never knew what would turn up next in the out-patient clinic. Some who arrived accepted illness as normal. A young mother was asked by Jean Robertson, "How long have you had this fever?" She replied, "Since I was a baby". Jean must have looked surprised, for the mother added, "Doesn't everyone have a fever?" Examination showed that she had a large spleen from chronic malaria, but as Jean was feeling this she said, "Oh, that's my spleen. It's always with me, it's my friend. You leave that and give me an injection for my cough!"

Some arrived wanting help, but not expecting a cure. "Gran," as she came to be called, was carried into the examination room on a rickety rope bed. Diagnosis was not difficult; everything pointed to tuberculosis of the lymph glands. She had many open sores discharging a foul watery pus. Was this why they had brought her after many a long year of illness? It couldn't be pleasant to share a hut with someone in this state. When she agreed to stay for at least six weeks, she and her family were taken over to one of the T.B. huts. We were all delighted when she responded quickly to treatment, but then came the crunch! She suddenly realised that the aim was to help her live a normal life again, and this did not appeal to her. She was not interested in moving her limbs, sitting up, getting out of bed. "If God wants me to live, I'll live, but I'll live on my bed!" was her assertion, and she resisted all attempts to get her mobile. Move about, and take tablets for a year? No, thank you! The wounds had healed, the smell had gone, and this was enough for "Gran".

A few arrived expecting a miracle. "We have brought him straight to you," one mother announced, placing her precious bundle in Jean's arms. He had only been ill for a day, but was already convulsing and delirious. A quick test showed that his spinal fluid was turbid, and at once we began treatment for meningitis, but it seemed as if it was already too late. The child's condition was quickly deteriorating. There was much prayer for him that night, and the following day when he seemed no better, that the Lord would heal him. To everyone's joy (and surprise, it must be confessed) he recovered completely. Jean tried to explain to the mother that his healing had been beyond all human expectation, and it seemed that God had done a miracle. She replied, "But, of course, that is why I brought him



to you".

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One man was not looking for a miracle, but he found one! It still amuses and amazes us, though it happened some years ago, in the days before we had an ambulance. Lillian Lamb rang up from the Tessenei clinic one busy morning and asked us to meet the bus, as there was a patient she was sending on it, too sick to walk up to the hospital, by the name of Berhani.

The driver had gone out for water, so Violet McCombe took a dresser and went down to the bus-stop in the other Land-rover. The bus from Tessenei to Asmara was already standing there, but no one seemed to know anything about the patient. The dresser got on the bus and there, stretched across the back seat, almost unconscious, he found a young boy. With a bit of a struggle they got the boy off the bus, into the Landrover, and so up to the hospital. The patient was too ill to speak and the man with him could tell us nothing, as he spoke only Baria. Eventually we found someone who could speak that language, and he came to act as interpreter to help us find out what was wrong with the patient. Imagine our surprise when we discovered that this boy was not Berhani! He had not been seen at the Tessenei clinic, and was in fact on his way to his own village, not to the hospital. According to the usual custom his friend was taking him to die at home!

Another man from Tessenei had arrived at the clinic during the morning saying he had been sent for admission, but he gave his name as Mohammed. He was told there was no bed available for him as the last empty one in the men's ward, saved for Lillian's patient after her telephone call, was now occupied by the boy taken from the bus. When Mohammed came back next morning for admission as instructed, we discovered that he was indeed the patient sent by Lillian. He was a nominal Christian from the highlands, who had gone to the Sudan two years before, where he took a Muslim name and outwardly became a Muslim. He gave his former Christian name in the Mission clinic at Tessenei, but not in public when Violet was looking for someone of that name at the bus stop, or when he arrived at the hospital. But for this confusion, the dresser would never have found the dying boy on the back seat, brought him to the hospital, and put him in the bed reserved for Berhani.

The boy became rapidly worse. He was deeply jaundiced, and lapsed into unconsciousness. Violet and Jeanette Kerr, who felt specially responsible as they had collected and admitted him, prayed earnestly for him. For three days he remained unconscious in hepatic coma. On the fourth day, Sunday, he woke up, and on Monday was able to eat. By Tuesday he was out of bed and walking around, and on Wednesday he took himself back to the bus stop to resume his journey, declining the offer of a ride in the Landrover as he didn't need it! This is not the usual pattern of recovery from hepatic coma, and we can only look on it as a miracle of answered prayer. But for the confusion of identity, he would have certainly died without the intensive care (and prayer) that his condition needed. Must not God have some purpose for this boy, brought back from the gates of death so wonderfully?

## 7

### In Journeyings Oft

From Asmara to Haicota is a journey of 303 kilometres, about 190 miles. Tessenei is at the end of the road, at kilometre 355. For holidays, Mission Council meetings, or bringing the families to and from school, the journey had to be made several times a year, but was never lightly undertaken. The road had been engineered by the Italians, and was excellent as African roads go, with fantastic hairpin bends in the hilly areas and long stretches straight as a ribbon in the plains. But over most of its length it was unsurfaced, and even before repair work came to an end, it could get very rough, and the wear and tear on vehicles, and the people inside them, was considerable. Rarely did we make the journey without passing at least one vehicle which had recently become a casualty and had not yet been moved - a bus on its side in a gully, a truck and trailer upside down, or a private car jacked up and left at the side of the road because it had no more spare tyres to cope with yet another puncture. We never began journeys without gathering round the vehicle while those staying behind committed driver and passengers to the Lord's safe-keeping. Those prayers were answered, and in spite of plenty of mishaps, none of us was injured in all the years of travelling since we arrived in Eritrea in 1957, nor did we knock anybody down. We did sometimes hit goats, donkeys or cows, and had to pay exorbitant compensation fees to their owners. It is the law in Ethiopia that, if you hit an animal on the open road, the driver is at fault no matter how it happened. The creature we struck invariably "died" according to the owner's report at the nearest police station, even if we saw it get up and gallop away apparently unhurt. It was always the chief supplier of milk to the family, and about to have produced a large number of offspring, even if to us it looked thoroughly masculine. Once, on a slow crawl through Barentu, I saw a child begin to dart across the road, and braked sharply. I had actually stopped before he suddenly saw me, lost his balance and fell in front of the car. In spite of this, a crowd gathered and the situation looked ugly. The child appeared to be one of twins, and both began bawling their heads off. When their father ran up, some told him this and some that, and finding it impossible to discern by now which of the two children had actually been involved in the "accident", he gathered both into his arms, grinned, and waved us on. The Lord does not preserve us from troubles; He preserves us in them and delivers us out of them.

The only serious crash on such a journey happened near the same town, when Dr. Lorne Penner was driving his family and ours and the Thompson boys to school after the holidays. On the winding road that leads downhill from Barentu, an Army vehicle suddenly came round a bend on the wrong side. To swerve out of the way was impossible, as there was a sheer precipice one side of the road and a rock face on the other. Lorne could only brake to a standstill, and the truck came on and hit the Landrover head-on. There were a few minor cuts and bruises among the car-load of children and others, but a few hours later when all had recovered from the shock they were able to resume their journey in other vehicles. The Landrover was the main casualty, with extensive damage to the front involving a heavy repair bill. The Army had to admit liability since their truck was on the wrong side of the road and was proved to have defective steering. But the bill was passed to the soldier driving the truck, since the Army does not insure its vehicles. A married man with a family, he would receive no wages for the next two-and-a-half years, we were told, if

the Mission wished to press its claim. We did not press it.

The roadside stone marking Kilometre 163, between Agordat and Aderde, holds a special memory for me whenever I pass it. Driving alone towards Asmara one day, I was singing to pass the hours on the lonely road, and reaching the top of a pass between low hills, had been chanting the 23rd Psalm. I reached the words, "Yea though I pass through the valley of the shadow of death, I will fear no evil" when suddenly I felt the Landrover go out of control. It slewed violently to the nearside of the road, over the edge and down a bank, coming to rest thoroughly entangled in an enormous thorn bush. It was not easy to get the door open and climb out, but at last I managed this and surveyed the situation. I knew I would never be able to extricate the Landrover and get it back on the road by myself, even if it was undamaged. The thorn bush had been a wonderful elastic cushion to arrest its progress. A smack into the trunk of one of the nearby trees would have been a different story for the car and its driver. But suddenly it was no longer a lonely road. Vehicles were coming from both directions. I looked up to see a private car, and an open van full of road repair workers, stopping on one side, and a bus and the Agordat ambulance on the other. The sight of the ambulance made me laugh, and relieved the slightly dazed state I was still in. Thank the Lord, I didn't need the extra emergency provision. Out of the bus and truck men swarmed, and I did not have to lift a finger to deal with that Landrover. They just let me sit and watch as it was tugged back out of the bush, the burst front tyre which had caused the accident was changed, the bus driver and conductor, who always have to be knowledgeable in such matters, checked the steering. Then the vehicle was half-driven, half-pushed up the bank on to the road again. "A good job you didn't come off twenty metres further on!" someone said, and I saw for the first time that if I had done so, the car would have dived nose-first from the edge of a bridge into a stream-bed. The private car stayed with me all the way to Keren, to make sure that all was well. On future journeys, we noticed that for two or three miles on either side of Kilometre 163, we could not see another spot where one could go off the road and not either fall a long way or smash into rocks. The Lord Who is with the sparrow that falls, though He may not prevent the fall, had watched over the exact moment when that tyre gave way.

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We were very conscious of His perfect timing in so many of our journeys. Most of our breakdowns occurred when we were in sight of towns where we could find help, not on the long stretches of empty road between the towns. When it was not so, help was quickly forthcoming, usually from truck drivers who knew us and spared no effort to help us. On one journey after the political emergency had begun, I drove down from Asmara without seeing another vehicle on the road all morning except when passing through the towns. I had started at 6 a.m. and was 7 miles from Haicota about 1 p.m., when the engine suddenly died and the car rolled to a halt. I tested all the wiring and did everything else I could to make a "diagnosis", but was completely unable to restart the engine. Perhaps a bus would pass at 4 p.m. though I wasn't even sure if they were running that day. If not, I would have to leave the car and all the goods in it, and walk, later in the day when the sun was less hot. A three-hour wait out there on the blistering plain was not an attractive prospect. As I was committing the matter to the Lord in prayer, over the brow of the hill came a jeep. The

owner jumped out and proved to be a mechanic whom I had met in an Asmara garage once. It took him about three minutes to locate the trouble and decide how to deal with the situation. He was on his way from a banana plantation nearby, to take a sick friend to Tessenei. I offered to deal with his problem as he had dealt with mine, but the friend had relatives in Tessenei and preferred to go there. If I had broken down a mile further back, before the track from that plantation joined the road, I would not have received the expert roadside service that came just when I needed it.

On more than one occasion the vehicle in front of us, or the vehicle behind us ran into bandit ambushes, and people lost their valuables or even all their possessions. One particular instance we remember is when we were anxious to reach home early, and carefully planned how long we could allow for stops on the way. At Aderde we rose to depart from Esther Sirotkin's house still on schedule, when she suddenly said, "Please don't leave me now". She had seen a tourist approaching who had already been rather an embarrassment to the Mission. We sat down again while the visitor came to the door and entered the house, greeting Esther heartily. At the sight of us, however, there was a marked change of expression and the visit became a very brief one. But we were twenty minutes later than we had hoped, when we finally waved farewell to Esther after the tourist was safely over the horizon. We had kept ahead of the buses all day till now, but they went through Aderde while we were waiting there. They reached Agordat before us, and stopped for a time as usual while we passed straight through. So it was not till they reached Haicota after us that we heard that just after Aderde they had been stopped, and the passengers had been robbed of everything. If we had left Aderde as planned we should have run straight into the ambush waiting for them. By the time we passed the spot, twenty minutes late, the bandits had fled with the loot and the buses had resumed their journey, so we saw nothing at all.

In later years, bandit activity for personal gain was replaced by the political guerilla activity of those seeking independence for Eritrea. To be stopped on the road now meant a demand for a certain amount of "tax" for the cause, not the loss of everything, so from one point of view it was an improvement; but it became far more highly organised and quite regular! From time to time the Government would close the roads, after some particularly daring guerilla escapade.

As the roads became rougher and more dangerous, air services to the lowlands became established, and we depended increasingly on these, instead of attempting the trips which took longer every time. It has been described in the first chapter how the land for the hospital was not chosen by us, but marked out by the Tessenei Divisional Officer and the Haicota elders. Now another wonderful thing about it became apparent. It was on the edge of what had been a military airfield years before, on which probably no plane had landed since World War II. Now as the demand grew for air services, from people who wanted to get to Asmara rapidly and safely, light planes again began to call in at Haicota. The main runway, long disused, was identifiable by the concrete markers we found set among the thorn bushes. We first cleared it for a visit by a Missionary Aviation Fellowship plane, but it was soon adopted by others, and it ran alongside our fence! So planes picking us up or bringing us back to Haicota would taxi literally to the back gate of the hospital,

and we had only a few yards to walk from our homes to the aircraft or vice versa!

After the military coup in Addis Ababa in February 1974, which later became established as the Revolution, all air traffic was suspended for a while. Violet McCombe and I were booked to fly to Asmara one Saturday for a Field Council meeting on the Monday. But no plane came for us, and we decided that we would have to go up by bus next day, although this meant travelling all through Sunday. Then we learned that in fact the Liberation Front was not letting buses run to Asmara for some reason. Buses had come down to Tessenei on Friday and Saturday, but none had gone the other way. We were ready in case they came on Sunday morning, but they didn't. About 11.30 a.m., while we were holding an English service in our home, we suddenly heard the hooting as they all reached the town on their way up at last. We had to make an instant decision whether or not to dash out and catch them, but felt it would be better to proceed quietly with our service. Now what should we do about Monday? Catch the buses if they came at the normal time (7 a.m.)? Or wait and see if the plane came on its usual Monday flight (8.20 a.m.)? It would then be too late for us to go by bus if there was still no plane. We committed the matter to the Lord and He timed it all perfectly. The plane came early, at 8.00. The buses came late, at 8.05. We saw them turning a corner of the road just as the plane was airborne, with us in it. We arrived safely in Asmara by mid-morning, and were able to start the Council meeting after lunch, and complete it by Tuesday afternoon as usual in spite of the late start. With each new experience there came renewed confidence in the ability of the Lord to move people at just the right time, no matter how impossible this might seem. We were to need that confidence in the months that followed.

## 8

### In Perils of Robbers

The front door bell rang at midnight. No one replied as I called out "Who's there?" Fearing that I would wake the boys sleeping in the next room if I called out again or if the bell rang again, I got up, wondering why if there was some medical emergency I had not been called on the intercom. I peered through the fly-wire of the door without opening it, and at first could see nothing. Then I realised that there was a tall man a few yards from the door, immobile and silent. I spoke to him and received no answer, and then, sticking up behind his shoulder, I saw that he had a gun. So the "tax-collectors" had come to Haicota also! At Makboola the missionaries had been having increasing trouble with demands from the Eritrean Liberation Front that money or medicines should be contributed to their cause. At Aderde they had asked one night for 30,000 Ethiopian dollars, and when Esther Sirotkin did not have this sum for them three nights later, they had turned her and Beryl Ford out of the house, locked the doors and gone off with the keys, forbidding them to re-enter. Some weeks later the Mission wrote an open letter to the people of the village, saying that we believed it to be God's will that the clinic should re-open on a certain date. Receiving a clear invitation from the village elders in reply, Esther and Beryl returned, and in roundabout ways received back their keys and the radios stolen from the house. Now our turn had come! The silent man, presumably unable to speak Tigre or Arabic, was joined by two others who had reconnoitered the back of the house after ringing the front bell, or discreetly hidden to see what would happen before showing themselves.

"What do you want?" I repeated.

"Don't be afraid. We have not come to hurt anyone. We just want your 'partnership'," the leader replied.

"As foreign missionaries we cannot become involved in the politics of the country," I replied, quoting the resolution drawn up by our Field Council as we had discussed our attitude towards the E.L.F. "We cannot be partners with you. If we were, the Government would not let us stay here. Whatever you think of them, it is they who have given us permission to enter the country, and to do this work, and so we have to obey them."

"We don't want very much," he whispered back hoarsely. I noticed that he kept glancing around nervously, and his hands were shaking. Presumably he was not used to having to argue with anyone. What could most citizens do but hand over whatever was demanded without protest? "Just give us 300 dollars, and we will give you an official receipt."

It was a paltry sum compared with what had been asked by the pompous "Colonel" who called at Aderde. But we had already decided as a Mission that no payment should be made. A small sum given would only be followed by larger demands at ever shorter intervals.

"I cannot give you even 3 cents," I said. "The Mission has a rule that we will withdraw from any centre from which you demand taxes, rather than pay. We are excused from paying taxes to the Government, so why should the E.L.F. ask us for them?"

"You can't call 300 dollars a 'tax'," he replied. "It is just a little donation to show your

partnership. Pay it out of your own pocket if the Mission will not pay it. Nobody will ever know!"

"I can't afford to pay out of my own pocket," I said, "and everybody will know. We are under direct orders to report to the Police every contact you have with us. If we don't report this visit, and it is discovered later, we might be expelled from the country. Go away, please, and don't ask us for partnership."

His tenseness increased, and he spoke rapidly and angrily. "You give us 300 dollars," he said, "or we fire!"

"This is not partnership," I pointed out. "This is armed robbery!"

"Hurry! Hurry!" was his only reply. I realised there was no choice. But I had not lived so long in the Middle East for nothing, and while Vera counted out the money, I did succeed in beating him down to accept 200 dollars instead.

"Where is the official receipt?" I asked.

"We will bring it in a few days."

"I want it now if you take the money now." Unfortunately he already had the money in his hand, but at least this meant his finger was no longer on the trigger of his gun, so I could afford to make my demand. But at this moment we saw lights approaching from the next house, as Vera had slipped out to warn others.

"Police!" snapped the leader to his two companions. "Run!" They darted to the end of the garden and scrambled over the fence, and we heard the clatter of their boots as they disappeared into the night.

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"If we have visitors of that sort again," we decided, "we must put on all the lights and make as much noise as possible." Unfortunately it is not easy to put on lights when the generator is turned off every night at 9.30 p.m., but it was agreed that as soon as the alarm was raised, someone should go and start the motor. Finding lights going on all over the hospital should unnerve the boldest tax-collectors, and perhaps scare them off before their demands had been met. But it didn't work out that way!

The bell rang again at night some months later, but this time a dresser answered when I called out. I put on my clothes quickly and went to the door, assuming I was wanted on the men's ward. I was - by a group of men with automatic weapons, one of whom was standing behind the dresser with his gun in his ribs. They ordered me to be silent and put out my torch, which they took, and then the dresser and I were marched over to the ward. On the way I was thinking, "God kept me so calm last time I could almost laugh at the nervousness of the raiders. When Beryl and Esther were evicted from their house at Aderde, they said they were given wonderful peace, and words of promise came into their minds. But the only text I can remember right now is 'My tongue cleaves to the roof of my mouth' ". Later I realised that a similar verse occurs in one of the Messianic Psalms, and as missionaries we were sharing in a small measure in the sufferings of Christ in such experiences.



Over in the ward the hurricane lamp was burning as usual in the office. The men placed a chair for me to sit at the table, and produced a list of medicines and instruments which they required. It had been carefully written out, and signed, with the E.L.F. seal to authenticate it. I was relieved to see that no actual quantities had been specified, but guessed that when they saw the stocks in the pharmacy, they would decide to help themselves to a large proportion of what was there.



*Outside the Clinic*

Then I suddenly realised that most of the medicines listed were such as they normally demanded from clinics rather than hospitals, medicines of which we kept small stocks in the outpatient department. When they had finished going through the list, I took the clinic key that was actually hanging in the office, and gave them from there the medicines they had asked. They were obviously disappointed with the small quantities of some of the items, but they could see for themselves that there was nothing more on the shelves. The leader apologised for having disturbed us and pointed guns at us. He explained that they wanted to be our friends and have our "partnership". I felt it unwise to grant his wish to shake hands before he departed.

Only ten days later, I went to the out-patient department about 8 p.m. one evening, while the lights were still on. As I passed a group of talking figures which included some of our hospital workers, two or three men broke off from the group and suddenly hemmed me in. Using the workers as interpreters, since the visitors this time were all Tigrinya-speaking highland men, they explained that they had come for medicines and produced a list. Phrase by phrase my reply was interpreted back to them. Only the previous week, the hospital had been forced to give medicines to the E.L.F. The matter had been reported to the local Police, who had sent the information to Asmara. All kinds of promises had been made about it being "just this once", as the dresser on duty that night could testify. Now here they were back again already. When the authorities in Asmara heard that more medicines had been taken after only a few days, what would their reaction be? Would they not order the hospital to be closed, to prevent the E.L.F. getting supplies in this way?

No doubt the dressers and students present added their own persuasions and arguments. The visitors decided that as we had "given" the previous week, which they had not heard about, they would let us off this time with a request for just "a few Penicillins" to make their raid worthwhile. Some haggling followed, and in the end it was agreed I should give them half of what was on the shelf - the clinic shelf again - so they left with about ten vials only.

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A few months later Enid Senn at Gulluj was having similar trouble, and as a Mission we decided to do as we had done over Aderde. We could not "appeal to Caesar", but we could appeal to the public. A letter was sent to the people of Gulluj expressing great disappointment that someone sent to serve them, and a lone woman at that, was being visited at night when they would not dream of letting men visit their own women's homes in this way. Medicines were being stolen at gun-point, and there was a danger that the Government would close down all the Mission's medical work as a result. If there was any further such incident, therefore, we would close the clinic ourselves. Not long afterwards a man turned up with a written list of demands. Enid told him of the letter, but it made no difference. She left the town first thing the next morning, explaining why she was doing so, and caught the bus to Tessenei. Before long, elders from Gulluj were coming to Tessenei begging her to return. It was pointed out that the solution lay in their own hands - they could exert pressure where we could not. On receipt of a letter from them promising that they would ensure the nurse was left in peace, Enid returned to Gulluj after a month's absence, and for a while there were no further night visitors at any of our centres.

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It was the hottest time of the year. Peter and Jenny Gurney with their small family had decided to sleep on the balcony of their house, enclosed with wire fly-netting, to take advantage of any air movement there might be. Suddenly the light wooden door was broken open, and three men seized them. Clad lightly as they were, and with only plastic house-slippers on their feet, they were hurried over the fence and out into the wilderness, where they soon lost track of where they were going. The leader of the group spoke Arabic, but refused to answer any questions until they had been trudging for some time, stumbling along as best they could in their slippers over the rough ground. Peter was not wearing his glasses, and could not see well without them, especially at night. At last the leader told them they were going to see their Captain, called Ibrahim, about a boy whom Peter had murdered and to whose relatives he owed 3,000 dollars compensation. Peter recalled what he meant. A small boy had come in choking in the death-throes of broncho-pneumonia, and in an attempt to save his life, he had made a swift cut into his wind-pipe to insert a breathing-tube. The child died in spite of this, and the father claimed that Peter had killed him by cutting his throat. When he lodged an official accusation with the Police to this effect, the Justice Department in Asmara acted swiftly and sent a pathologist to Haicota, whose official report not only exonerated Peter but stated that he would have been negligent in his duty if he had failed to attempt to save the child's life by this recognised method of emergency treatment. Nothing more was heard of the matter until these men, months later, brought it up. Had the father taken his complaint to an E.L.F. People's Court? The men had rifles, but did not appear to be in uniform. Peter asked for

their written authority to apprehend him in this way, but they had none, insisting that all that was the business of Captain Ibrahim, to whom they must walk somewhere in the hills. They also knew nothing of the pathologist's report or any details of the case. When it became obvious that a walk into the hills without proper footwear was impossible, the men said they must take at least part of the money if they could not take the doctor. Captain Ibrahim would certainly return this if Peter could produce the paper proving he had not murdered the child, they declared. They kept Jenny out there as a hostage while Peter and one of the band returned to the hospital for what money was in the safe. When they came back with this, the men all disappeared, saying they would call for the balance soon, and leaving Peter and Jenny to find their way home in the darkness. Jenny took the lead, as Peter could not see where the thorn bushes were. When at last they saw a building and knew they were somewhere near the town, they still had no idea which way to go to reach the hospital. Would they stumble into some guard-post or Army patrol, and be shot at before they could explain? Strict dusk-to-dawn curfew had been in force for years. At last they saw other buildings, and from one a light was shining, so they decided to make for that. It looked as though someone was shining a powerful torch in their direction. Stumbling the last half-mile through the bushes they found themselves outside their own home! The children were still asleep, with a missionary keeping an eye on them after Peter's return for the money, which was the first hint anyone else had that anything was wrong. Inside the house two dim paraffin lights were burning, neither of them near enough to a window to be seen from outside. Nobody had been using a torch anywhere near their house.

Two nights later, the men came for the rest of the money promised, refusing to accept the photo-copy of the pathologist's report which was ready. When the story became known, the E.L.F. denied that the gang had any connection with them.

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One night I was called over to the ward to see a sick child. Returning to the house, I dropped into bed and was soon asleep again. Some time later Vera heard a noise outside our bedroom door. She shook me awake, and I tumbled out of bed, found my torch, and opened the bedroom door to investigate. Instantly my wrist was seized, the torch was taken, and a voice hissed in Arabic, "Doctor, you have to come with us". I could see other men moving about in the house and knew that resistance was useless. Later we realised that on returning from the ward, I must have forgotten to fasten the front door, since there were no signs of forcible break-in. "Let me put my shoes and clothes on first," I requested, and this was permitted. Then I was hustled out of the front door, and made to climb over the garden fence. With my knees feeling as though they did not belong to me, a march through the night began. From time to time my captors stopped and made low calls, as though signalling to others in the bushes. One was ahead of me, one behind, and after a while they stopped to wait for a third man. He had apparently been left to bring Vera along, but as he was taking her out of the front door, she pulled back and bolted it. He hung around for some time, looking for another entrance and trying to talk to her, but then considered it wise to move off and catch us up. When he did so, I did not know that he was supposed to be bringing Vera, but I could see that the other two were dis-

concerted. They talked among themselves, probably in Hadareb, and then the leader spoke again in Arabic. "You know who we are," he said, "We will not hurt you, but we need some things from you. Let us go further and then we will talk again. Walk!" We walked, then sat down near the Khor Anguleit. "What do you want?" I asked. "We need Penicillin, Vitamins and Epsom salts," he replied. It seemed a strange shopping list, very unlike the expertly drawn-up E.L.F. requirements earlier. I guessed they were the only medicines whose names he knew! So I was not surprised when he added, "And you must give us 2,000 dollars to show your friendship".

"I shall not give you anything," I replied. "And you can see that I have nothing with me."

"No, we must go back for it. What will your wife say?"

"I think she will tell you just what she thinks of you," I replied. "And by now she will have reported that you have taken me."

As though to underline my words, at that moment I heard a cheering sound, the familiar bub-bub-bub of the generator starting up. A ridge separated us from the hospital, but on the low cloud overhead I could see the reflected glow as the lights went on.

"Walk," commanded the leader, and we resumed our march, further and further from the hospital. We dropped into the sandy bed of the khor, marched past the rocks which we had used for choir stalls a few weeks previously to sing carols on Christmas morning, then under the bridge carrying the main road over the khor, and on and on in the light of the setting half-moon.

We sat down to rest again. I had noticed by now that they had no guns, but all had sticks and knives, so humanly speaking I was at their mercy. Their plot had obviously been foiled, and they were not pleased about it, and were probably debating how long to go on with the bluff about "marching me into the hills to meet their leaders". Probably they were the three men who had taken Peter and Jenny, unable to borrow guns on this occasion, and uncertain what to do next, since Vera had eluded them. Their repeated query, "il mara ma titkallim?" meant not "what will your wife say?" but "What does your wife speak?" The third man had failed to get any reply from her, so they could not think how to speak to her, keeping me as a hostage. Vera speaks Arabic, but the Lord kept her from understanding a word the man was saying, just as He kept me from grasping their meaning now, so she only spoke back to him in English! All this we came to realise later. Meanwhile, I only knew that three desperate men had withdrawn a little to discuss among themselves what to do with me. I recalled the words of C. S. Lewis, "The Perfect Man brought to Gethsemane a perfect desire to escape from suffering if it was possible, and a perfect willingness to accept that suffering if it was inescapable". I already had the desire; I prayed for the willingness, and for escape if possible.

"Are you going to do what we ask?" the leader asked sternly at last.

"I appear to have no choice," I answered.

"We cannot go back now. How can we get the medicines and the money?" he asked.

"Send a man to the clinic in the morning," I suggested, "Let him bring a letter from you, and I will have everything ready."

"You promise this?" he demanded. "I promise."

"Then one will come with you to guide you most of the way." He barked an order, and one man moved off with me. But soon my guide stopped and hissed, "When we get to the hospital, you will give me the money!" I saw that to underline his threat he was loosening his knife from its sheath. Quickly I called to the others for help - it appeared the only course to take.

"Did we not agree that I would hand over what you ask tomorrow?" I said as they ran up. "If you don't mind, I will go back without the guide" - and I strode away from them. To my relief they did not follow, but I realised that one or all might change their minds and come after me along the khor. So as soon as I was out of their sight I scrambled up the bank. If I heard them coming, I could at least hide or make a dash for it on the firmer ground. A cheering sight met my eyes. About two miles away over the undulating plain, I could see a row of lights twinkling on the horizon, and knew it was the hospital. I would not get lost, even away from the khor.

Some time later, keeping to heights as much as possible, I reached the main road, and decided to follow this into the town instead of trying to find tracks between the thorn bushes. A low hill was now between me and the hospital, but from behind it, a great V of light beamed up into the sky. You have probably seen a similar sight in the country at night when a car with headlights full on has been coming towards you over the brow of a hill. At the edge of the town I remembered that I need not enter it and risk being shot at, since now the plain, the old airfield, between me and home was quite level and had few bushes on it. The lights had gone out, except for two. As I neared the hospital those also went out, but I saw the ambulance being driven through the gates. Since I had not returned after a couple of hours, two of the sisters, not knowing how many armed raiders might still be around or even if they might be shot by the security forces for moving at night, had pluckily decided to drive into the town and report my absence.

I reached our house and called out. Vera was sitting in the dark just inside the front door. She let me in and I recounted my part of the story. "Raising the alarm like that really upset their plans," I said. "When we heard the generator start, they knew they could not come back to get you or to get the money ... "The generator?" she queried, "We didn't start the generator." "But you had all the lights on!"

"Lights? We didn't know where the gang might be. We've been creeping about with our hands over the ends of our torches!"

Later we asked the nurses about the ambulance headlights. Had they switched them on about twenty minutes before they actually drove out, causing that V of light to appear behind the hill? "We couldn't find the switch!" they replied. "We've never driven the ambulance at night before. In the end we started off slowly without lights. We only found the right knob just as we drove out of the gates."

I had been privileged to see, in three different appearances, the literal reality of what is promised in Psalm 34: 7, "The angel of the Lord encamps around those who fear him, and

delivers them". If I had known what I was looking at, I would have stared longer, in wonder and curiosity. But that was not the purpose. We were being prepared for what lay ahead.

## In Perils in the Wilderness

The question was seriously asked, "Does the Mission go on tolerating such incidents until someone's life is lost? Hasn't the time come to close Haicota temporarily, as we closed the clinic at Gulluj, until public pressure is brought to bear on those who abuse the fact that the hospital was not designed like a fortress, but can be reached at any time by those in need?" The gang did not turn up to collect the package promised, so no actual loss or damage had been sustained except for scratched legs, but we could see the force of the argument. Nevertheless, those actually working at Haicota felt that the hospital should remain open. "Let us give a warning that we might have to close, as we did at Gulluj," we urged. The elders of the town took the warning seriously, and waited on us as a delegation to offer their condolences, and to urge us to remain. They appointed four men from different tribal groups to be hospital watchmen answerable to the elders (though we would have to pay them), who from then on came nightly, armed with swords and staves and provided with alarm whistles. Everyone said that robbers, not the E.L.F., were responsible for this latest incident.

Over the next few months there were some minor night excitements which the guards were able to nip in the bud. The political situation however was worsening. In November 1973 we suddenly received warning that the E.L.F. intended to close all roads for three weeks, and mine them. As it turned out they cleared them after only two weeks, but it seemed an age. No boxes of fresh vegetables came from Asmara for two consecutive Thursdays. No buses, and therefore no mail arrived from home or from other missionaries. There was no telephone link with Asmara, though we could still speak to our friends at Tessenei. No planes flew, as the Government had grounded them. Up till then we had always assumed that in a national emergency we would at least be able to drive out and join the missionaries at Tessenei, and then decide with them whether to evacuate over the Sudanese border. Now it came home to us that if full-scale fighting broke out, each centre would be completely isolated.

On 29 May 1974 I was busy in the out-patient clinic. I heard a plane coming in to land, but this was a regular occurrence now. Merchants in the town, and the banana planters, were using the air services as well as us, and we had no one booked to come or go that day. Then Vera came into the consulting room.

"Alan Tucker has come and wants to see you at once," she said. "The plane has gone on to Tessenei, but will collect him on its way back, so he's only got an hour at most, perhaps only half an hour." I asked someone else to carry on with the patients, and left the room, to find Alan outside. As we walked towards our house he broke the news to me. "The American Mission Hospital at Ghinda was attacked by the E.L.F. on Monday morning. One nurse was shot dead. Another is still missing, and is presumably being held as a hostage. The missions want to act together in this, and we think you should probably close the hospital and leave. I have come to see what you think."

For the next thirty minutes we talked and prayed about the right course to take. There was



just time to call the rest of the staff and explain the situation before the plane was heard approaching and Alan had to leave. The rest of us agreed to meet in the evening and discuss the matter together. When we did so, our attitude was unanimous. We did not wish to close the hospital. We would make arrangements for all inpatients to be discharged in the next two days, so we could all be away over the week-end. But we would leave the outpatient work, and the T.B. patients, in the hands of the nationals. In Asmara we would tell the Field Council that though fully aware of the dangers of the situation, we wanted to return and continue the work.

We had reckoned however without the reaction of our national workers. If we were all leaving, we found, not a single girl dresser or aide was prepared to stay. As we arranged the discharge of patients from the wards next morning, we saw the girls busy washing and ironing, packing ready to leave on the buses the day the plane came for us. Village elders came up, and after telling us that they deplored what had happened, which they were sure must be the work of robbers again and not of the Liberation Front, they begged us, "Please leave even one nurse, to take care of our sick children. You know how many of them die at this time of year unless you are here to help". We could not agree to leave just one; it would have to be two. Every nurse wanted to be one of the two, and it was left to me to decide who was to stay. We continued to empty the wards, but were relieved to notice that when our decision to leave the two missionary nurses was known, the workers began to unpack again.



*On the runway beside the hospital*

When we arrived in Asmara on Saturday we heard details of what had happened at Ghinda. The American Evangelical Mission had built there the only other mission hospital in Eritrea, at about the same time as we were building Haicota. Just before noon on Monday, when the work in the outpatient department was at its busiest, armed men, undoubtedly from the E.L.F., had burst in. They seized the lady doctor and three of the nurses, but failed to find the other doctor who was doing an emergency operation, and was not in his consulting room as usual at that time. The lady doctor and one nurse escaped, and dived among the crowd of patients who closed around them. One older nurse, and a young married one who had just been called over to help were marched out of the hospital, away from the town, and told to run. The older nurse only had slippers on, which did not fasten, and she must have made slow progress. Her captors presumably

became impatient, for a shot was heard and a little later she was found sprawled across the track, shot through the head. She had worked at Ghinda hospital for many years, and when she was buried that afternoon hundreds of towns-people turned out for the funeral.

From local sources we learned that the younger nurse, Debbie, who was five months pregnant, had been kept running to a spot many miles north of Ghinda. Here it had been arranged that a helicopter with a Canadian pilot was to touch down that day, because four American oil prospectors kidnapped by the E.L.F. some weeks previously were to be released. Instead of bringing out the four men, the pilot found himself forced to carry Debbie and her captors to a remote spot, where she and he now also became hostages. It was clear that the American missionary doctor at Ghinda had been the target of the raid. The women had been taken as an afterthought when he was not found. Was he wanted because he was an American or because he was a doctor? If the former, we could not leave our two Canadian teachers in Tessenei, though up till now there had been no thought of closing schools. If the latter, a raiding party might well be on its way to Haicota, having failed at Ghinda. In fact someone reported hearing E.L.F. officers mention my name among themselves during one of his contacts with them to try and negotiate Debbie's release. Regretfully we realised that we could not leave anyone in the lowlands in such a situation. The two teachers from Tessenei and the two nurses from Haicota were brought up on Monday in a chartered plane. The female Eritrean staff followed on the buses next day, leaving a few men coping gallantly with the out-patient clinic and the T.B. patients.

Why would the E.L.F. try to capture a doctor? Perhaps because they wanted a qualified foreigner to write and sign a report for release to the world press, certifying that Government agents had been poisoning the wells in the villages north of Ghinda. They were putting out the story that Ghinda hospital had supplied poison for this purpose, presumably to provide themselves with an excuse for what had happened.

Or perhaps it was because cholera had broken out in the areas under their control. Should we say that a mission doctor would be sent in exchange for Debbie, if there was a real medical need? But to go under compulsion would be the same as to yield to the demands which were already coming in for a million dollars' ransom, for typewriters, duplicators and other equipment. We could only reply that nothing would be given. If we yielded in any way, no missionary anywhere in the country would be safe, and missions would find themselves in a continual state of blackmail. It was a seemingly heartless policy to adopt, with Debbie's husband Karl in our midst, knowing what the result might be for her and their unborn child. Not long married, they had come in the middle of his theological course to spend a year helping at Ghinda, he with evangelism and she with nursing. But Karl never wavered. He insisted as strongly as anyone else that this was the right policy. We marvelled at the grace of God manifest in him through the weeks that followed, keeping him calm, cheerful and confident.

All missions gathered together for a day of prayer, and we were joined by many Eritrean friends as we committed Debbie and all our concerns to the Lord. We prayed that what had happened would turn out for the furtherance of the gospel; that Debbie would be quickly released and we would be able to go back to our work, more determined than ever

to buy up every opportunity, "redeeming the time because the days are evil". When we held our Field Council meeting, it was unanimously decided to reopen all our centres as soon as possible, but not until Debbie was released. At our own Mission headquarters, a room was set aside for prayer and throughout the morning and afternoon, "every hour on the hour", those not busy elsewhere met there. We prayed over the latest news and rumours, or committed the whole land and its leaders, and all the work of the Church and missions, to the God who answers prayer. Who can tell what was accomplished in the following months as a result of this unplanned time we spent away from our work, in fellowship with the Lord and with one another?

On the morning of June 18 the most threatening letter yet was received. Debbie had been held for over three weeks, with all kinds of rumours as to her whereabouts and movements. She had written to say she was well and unharmed, but it was obvious she had not received letters or parcels sent to her. Now the American Mission was told that the patience of her captors was running out and if mission leaders continued to be unreasonable in their response to the smaller demands made, the deadline would soon be passed, and they must be held entirely responsible for the consequences. As we prayed that day with renewed urgency, the Lord gave assurance to many that all was going to be well. It must have been Karl's most trying day, but the Lord did not allow His servant to be tested more than he was able to bear. Before nightfall a second letter was delivered stating that the E.L.F. Executive Committee had considered the case of Mrs. Deborah Dortzbach, absolved her from all charges against her (whatever they may have been), and ordered her release. Next day Karl decided to go down to Ghinda, though there was no message at all, following that last letter.

Enid Senn had been on holiday in the south when all this happened. She returned to Asmara to hear the whole story for the first time. She had made arrangements before leaving to be back in Gulluj by June 24, and there was no way to let people there know she would not be coming. So she wanted to fly to Tessenei on Saturday 22, trusting that Debbie would be released as promised before she actually reopened Gulluj clinic. This step of faith was approved, and she left early Saturday morning. At 11.30 a.m. the phone rang, and our Ghinda friends informed us that Debbie had just spoken to them from Massawa. Karl was to meet her in a certain mosque there and he was already speeding over the 50-mile road from Ghinda to Massawa. A chartered plane was on its way from Asmara to pick them up. Our prayer meetings turned to jubilant praise.

As she met us next day, Debbie had a wonderful testimony to give. She had been confined for more than three weeks in an isolated hut on a hill miles from anywhere, until the four-day camel journey to Massawa began after her "release" on the 18th. The day of her capture, at that dreadful moment when she heard a shot and turned to see her companion fall dead, as she looked up to the Lord for courage and strength, she saw the hills around and remembered, "I will lift up mine eyes unto the hills. My help cometh from the Lord". She had no Bible, but day by day according to her need the Lord spoke to her through the things around her. Some days it was the birds actually nesting in her thatched roof, sometimes the sparrows that hopped to her, or an eagle which flew overhead just at the right moment, each brought God's Word to her remembrance. Women were allowed to

visit her and she taught them to embroider texts, using coloured threads and a plain head shawl one of them brought. To the guards she taught Bible verses in Tigrinya, and English choruses. Their favourite was "He's got the whole wide world in His hands" - and she added a special verse which they were soon teaching all their friends, "He's got the E.L.F. in His hands". She knew that the tiny baby within her was in the safekeeping of those same strong hands.

On her release she brought letters with her from the E.L.F. stating that the Mission should resume its work. The only request was that they should publicise the fact that she had been released unconditionally, and that an official apology had been made for the death of the other nurse, which had been a "tactical error". So on June 24, as Ghinda staff made their plans to return, the plane delivered an advance party at Haicota to prepare the way there also, and before long the wards were fuller than ever.

## 10 A Time for War

The E.L.F. launched their long-awaited offensive against Ethiopian Army installations in Asmara itself on January 31, 1975. I shall not attempt to discuss the military operations, the reasons behind this uprising, or the rights and wrongs of "independence" and "unity", the basic issue in the prolonged struggle. I am writing only from the point of view of its effect on the work at Haicota hospital.

On February 1 everything seemed normal as we began our day's work. We had been aware for weeks that preparations were afoot (literally) for some new phase in the guerilla warfare. During the week there had been visitors at night who, coming peacefully without demands or threats, had briefed the staff about coming events, and told us we had nothing to fear but should continue our work. The buses from Tessenei on their way to Asmara passed through as usual that morning, but before mid-day the staff had picked up news broadcasts from other countries of large-scale fighting in Asmara with many casualties. So we were not surprised when the buses from Asmara did not arrive that afternoon. Our thoughts and prayers went often to our colleagues in Asmara, and our children in the English School there.

We remembered what it was like to be without communications for two weeks in 1973, and hoped that road traffic would soon be back to normal. We were cheered to see buses coming one afternoon, but found they were only from Keren, those which had gone up on February 1 returning to Tessenei having been unable to go as far as Asmara. The next day was a day of many rumours. We saw people disappearing from the town in all directions - on foot, on camels and donkeys, in trailers pulled by tractors - and heard that the Army was coming from Tessenei and the Haicota police were going to fight them when they arrived and not submit tamely to being disarmed. Then the story changed, and it was the Army coming from Barentu and the E.L.F. digging in to fight them just outside the town. We knew that this was not true when two Landrovers arrived from Barentu, bringing Swedish missionaries who had found it necessary to evacuate and were on their way to Tessenei. This was only the first of many occasions when the town suddenly emptied. Someone even urged us that day to ask for a plane at once to take us out of danger. We pointed out that no planes had passed over for a week, and that we had no means of asking for one. We could telephone to Tessenei but it was months since there had been a line to Asmara. All we could do, whatever might happen, was to hang flags with big red crosses at every corner of the hospital compound, and follow the Mission policy of remaining where everyone knew us. None of the in-patients seemed to be affected by the exodus going on around them, in any case, so we carried on with our work.

By now the B.B.C. had spoken of foreigners being air-lifted from Asmara to Addis Ababa, so we assumed that the children of many nationalities at the English School had also left, our boys among them. The oldest had gone to England the previous July, and we were due to go on furlough in mid-March and would then leave one or both of the others behind, at school in Manchester.

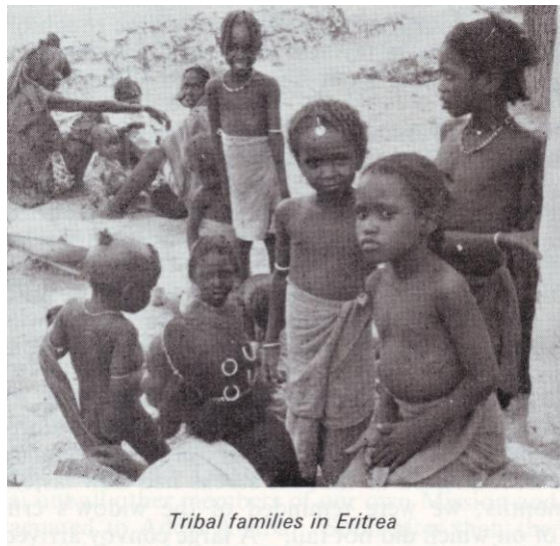
A few days later a bus came from Keren bringing letters from the missionaries there and at Aderde. Those in Keren had been able to telephone Asmara, and relayed to us the news that Alan and Lilian Tucker were safe and well in Asmara, but all other members of our own Mission and others had evacuated to Addis Ababa. Soon after that, there were actually buses from Asmara, taking two or three days to make the journey, but then they stopped again. At the end of February Max Westphal rang from Tessenei to let us know that two missionaries had flown from Addis Ababa to Humera (where he had collected them in the Landrover) to reinforce the work in Gulluj and Tessenei, and had brought the Westphal children with them, and the news that our two boys had gone to England. A bus from Tessenei next day carried to us the letters written by them in Addis Ababa before they left. It was nearly two months before we heard from them again, confirming that they had safely arrived in Manchester and were starting in local schools. All through March the roads were silent, except that a truck carrying sacks of potatoes reached Haicota early in the month. It went on towards Tessenei, but turned back at the sound of gunfire ahead, and sold up all its load in Haicota. This was a great help to us, as we were able to buy enough to last right through March and April. After that, pumpkin and ochra were all we could get in the way of vegetables. There was never any shortage of meat but the only fruit available was locally-grown bananas, and occasionally dates. We had no margarine or butter, and soon the only flour for bread-making was the rough off-white local kind. We were thrilled when Max was able to send us some powdered milk from Tessenei and some much-needed yeast.

The buses were established again for two weeks at the end of April, bringing welcome mail, but no food as they would not bring goods, only passengers. We never ran short of food, although our diet was at times monotonous. We tried growing some things in our gardens, but it was the dry season and we could only afford to use waste water on them as our petrol was now finished and we could not bring loads of water from outside as usual. How thankful we were for the windmills, that worked continually without fuel. We could sometimes buy diesel oil for the generator at a price, so we still had electric light, at least for two hours each evening. By the beginning of May some items in our medical stores were running out. Having previously sent orders to Asmara every six weeks, it amazed us that the stocks had now lasted nearly four months; we were reminded of the widow's cruse and barrel of oil which did not fail. A large convoy arrived at the end of the month bringing fresh supplies at last, medical stores and tinned foodstuffs of many kinds. Letters from our friends in other centres also bore testimony to how God was providing for them in many timely ways.

Now buses had stopped permanently, and the telephone line to Tessenei was out. Convoys only came every six weeks or so, but occasional lone trucks would risk the mined roads, though private cars were prohibited. We had written to our prayer partners at home saying that though our furlough was over-due, and we would of course love to be with the boys for their summer holidays and see them settled in at home, we could not think of furlough unless we could be sure of receiving re-entry visas, which had been refused to those who had gone home since January. We were not happy in any case about leaving the hospital without a doctor, and knew it was impossible to expect that anyone new could come in; yet we also knew that Alan and Lilian Tucker should be retiring before the

end of the year, and sooner or later we would be called to replace them in Asmara. Unless we could have furlough first, it might then be years before we were free to get away.

One of the nurses, Jean Robertson, had gone home for Christmas in 1974 and been unable to return because hostilities broke out in Asmara just as she was due back. In the middle of June we suddenly heard from someone who had travelled from Tessenei on a truck that two missionaries there had flown up to Asmara, and also that Jean was back in the country. This meant that re-entry was now possible, and that there would at least be four nurses at Haicota if we attempted to leave. We sent another dresser hitch-hiking to Tessenei to see if there was mail for us, as we had received no letters 'for some time. He returned on the last day of the month with the news that Jean was now in Tessenei waiting to come to Haicota. She had brought down with her a letter from Alan Tucker suggesting that now the Cotton Company plane was permitted to fly again and was carrying occasional passengers between Tessenei and Asmara, we should attempt to leave for furlough. We shared this with the other Haicota missionaries that evening, and they agreed that we should try to get home for three months, travelling to Tessenei with the next convoy that passed through in that direction. The Police would not give us permission to go in any other way.



So on July 1 we had the day off, to pack and to prepare the house so that we could leave at a few minutes' notice. Convoys usually stopped in the town for at least an hour, but they were unpredictable, and we would have to run down and find seats as soon as trucks arrived. Next morning we had only been back at work a couple of hours when someone yelled, "The convoy is coming!" We ran to the house, pushed last-minute things into our suitcases, and fastened the lids. We could see the driver getting the ambulance out to take us down to the town and someone telephoned the Police Post to remind them they had promised to find seats for us in the trucks, and to enquire how soon we should come. The answer was, "You must come at once. The convoy is not stopping".

Even as we drove to the Police Post we could see that the whole convoy had already driven through the town and was disappearing into the distance. We conferred hurriedly



with the Lieutenant at the Post, and he gave us permission to follow it in the ambulance, which he had previously said was a private vehicle and could not go on the road. We rushed back to the hospital to fill up with our last can of petrol; people thrust bananas and cheese sandwiches through the windows in case we were delayed on the road, and then in a cloud of dust, after further hurried goodbyes, we were on our way. It did not take long to catch the convoy, which had slowed up again as the heavily-laden trucks negotiated stream-beds where bridges had been blown up. To our relief the Army trucks bringing up the rear did not question our right to be on the road, but waved us to overtake them and get in the convoy. We covered five miles in the first forty-five minutes, and wondered if we should reach Tessenei by nightfall, but then there were long stretches of clear road and we grew more hopeful. Half-way to Tessenei was a big river bridge at a village called Alabu, and here the whole convoy stopped till the Army had checked that there was no ambush, as this was a favourite E.L.F. striking place. Some miles further on we suddenly all halted again, and our driver got out to investigate. "What is it?" we asked when he walked back. "A bomb," he said nonchalantly, meaning a land-mine. As these were of the variety which exploded not with the first impact, but after a number of vehicles had passed over them, it was a sobering thought. Truck drivers sometimes escaped the blast, especially if their back wheels or trailers set mines off, but in a Landrover ambulance we knew there would be no escape....

However it proved to be a false alarm; the hold-up was because a leading Army truck was changing a wheel, and about three hours after we had left Haicota we drove safely into Tessenei.

Max and Brenda Westphal were also preparing to leave for England as they needed to get their children into school. They had been having them taught at home since February. They told us they hoped to travel on the Cotton Company's plane next day, and there would be seats for us in about two weeks. Next morning a plane circled Tessenei. It was not the Cotton Company's aircraft, but the one which used to come regularly to the lowlands, permitted for the first time to resume flights to Tessenei. The pilot promised to try and come daily, when he found how many were waiting to fly up to Asmara. So the very next day, Friday, we reached Asmara before noon about 48 hours after we had driven out of Haicota.

When we arrived, Alan Tucker informed us that the only international flights out of Asmara now were on Tuesdays, direct to London, and Thursdays, with a stopover in Cairo. "It would be impossible to get you on Tuesday's plane," he said, knowing that the paper-work in the various ministries usually takes five days at least. Max and Brenda did not relish the idea of a night in Cairo with their children, and we knew that our oldest son would be breaking up on Wednesday, so we asked him to see if the "impossible" could be accomplished. It was, thanks to some overtime work by the travel agency, and on Tuesday, July 8 we flew into England. In normal times, we would not have expected to be home less than a week after leaving Haicota. In these most abnormal times God had timed things for us perfectly once more. We could enjoy Speech Day in Manchester at one school, and a concert at another, when only seven days previously we had been at work in the hospital, not really knowing for sure whether furlough would prove to be possible or not.

There had been nine missionaries at Haicota during those months of isolation. When the ambulance joined the convoy, four of us were in it, Lillian Lamb moving to take Brenda's place in Tessenei and Steve Dobson of TEAR Fund coming away because his year of service in Eritrea was almost ended. Jean Robertson was able to go back to Haicota in the ambulance when it returned with another convoy waiting to leave; so there were now six at Haicota, and through the weeks of wonderful holiday which followed for us, our thoughts and prayers were continually with them. Letters were rare because they had no means of posting them unless a convoy passed through or they entrusted them to some camel-rider going to Barentu or Tessenei. But we did hear that the wards were still full, and the sisters were carrying on. They had dealt with obstetric emergencies, including a Caesarian section. Skin grafts had been tackled successfully and Violet had even done an amputation, "as though she was used to doing them every day", Nancy Dunbar wrote. Our minds went back to the time when two doctors kept all the staff hopping as they tackled that first amputation less than ten years previously. Haicota had come a long way since then.

## 11 A Time to Lose

The first hint that our return to Haicota would not be as smooth as the journey home came at London airport. We flew down from Manchester in September to go on to Athens, where we would board a plane to Asmara. While we waited in the departure lounge at Heathrow, the loudspeaker suddenly announced, "Will Dr. and Mrs. Shepherd, passengers to Athens, please call at Desk Number 61". There we were informed that we should not go to Athens as Ethiopian Airlines had announced that no planes were flying to Asmara or Addis Ababa. No reason was given; we could only surmise that there might have been a new coup or some other internal upheaval. Later we discovered it was because of an airline strike. Three days later we resumed our journey, to be greeted in Asmara by the news that there were 120 names on the waiting list for the flight to Tessenei, which was taking four people, about five days a week. However as we had often used the services of that airline, we were given some priority, and after two and a half weeks obtained seats to Tessenei. Alan and Lilian Tucker felt that if they could have a six-week break at Christmas, they could stay on in Asmara till June 1976, so we hoped to have some months back in the hospital work before they retired.

In Asmara we had seen a convoy preparing to leave for the lowlands, but in Tessenei we found no trucks waiting to go the other way. We would have to stay there until the convoy came down, unloaded, and reloaded ready to return. We wondered if we could possibly travel some other way. The Army told us firmly that no Landrovers were now allowed on the roads, even in convoys, and no unaccompanied trucks could make the journey. As foreigners we would not be given permission to go by donkey or on foot. The airline, in spite of repeated applications, had no permission to land at Haicota. We must just wait for the convoy. There was plenty to do in Tessenei, where we had lived and worked for years before moving to Haicota in 1963. We visited many old friends as well as helping in the clinic and the church. But we were anxious to reach Haicota and relieve the sisters of their heavy burden of responsibility.

Early in November the convoy from Asmara reached Tessenei at last. We were glad to find it was expected to begin its return journey promptly. We went shopping and packed many cartons with foodstuffs not available in Haicota, such as split peas, lemons, and tinned milk. The truck drivers were told to reload without delay and we found one willing to take both of us in his cab and all our goods on his truck. Three mornings later the telephone rang, and I answered it, thinking it might be the news that the convoy was about to move. It was the Cotton Company official. He had just received an urgent radio-telephone signal from his head office in Asmara that Dr. and Mrs. Shepherd should fly back there as soon as possible!

So we had to leave on the next plane, on the very morning when the trucks were revving up to depart. A few minutes after taking off from Tessenei, we flew over Haicota at about 5,000 feet and could easily recognise the neat square hospital compound just north of the town. We wondered what our colleagues would feel in a few hours when the convoy arrived without us. In Asmara we found that Alan and Lilian Tucker had been ordered to

depart from Eritrea within a few days. For months they had been engaged in a relief programme, assisting civilian victims of the conflict with food and clothing. Certain incidents beyond their control had made the authorities suspect that the Liberation Front was receiving supplies in this way, in spite of our continually declared refusal to aid the E.L.F. knowingly, a policy which had in fact brought trouble on us all through the years. But in the atmosphere of tension and emergency powers, the Tuckers were suddenly given orders to go and no appeal was allowed. We had at once to take over responsibility for Mission administration, and also for the relief programme with all its inherent problems. And Haicota had to remain without a doctor.

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It had been impossible to examine and interview new applicants for dresser training in 1975 as usual, as nobody could travel to Haicota for this purpose. Before going on furlough we had finished all lectures for the 1974-1975 class usually given by a doctor, leaving the nurses to complete the syllabus in time for the Government examination in August as usual - if there was any way for our thirteen students to sit this. But when the examiners came to Asmara in August, it was not even possible to let Haicota know, let alone find a way to get the students out for the examination. Now we had heard the examiners would come again during the second week in December. When we knew we had to return to Asmara instead of going to Haicota, I sent a message to the missionaries with the truck driver, "By hook or by crook, get our students out to Tessenei some time between December 3 and 10. I will work on getting an examiner to come to Tessenei". Such a thing had never been done before, but from Asmara I was able to telephone directly to the Ministry of Public Health in Addis Ababa. After considerable deliberations between various departments and committees, at last they sent the reply, "One examiner will go to Tessenei if you will be responsible to get her there and back on December 15". I explained that if she went on the 15th, she could not come back the same day as planes only went once daily. I realised that if the dresser students left Haicota about December 3, they would be away at least two weeks, even supposing convoys were travelling at the right times, and how the hospital staff would cope with thirteen helpers absent I could not imagine. But there was no way of letting Haicota know of the change in dates.

The next problem was to get a seat on the Tessenei plane for the 15th, in spite of the waiting lists. To my delight I found that the Eritrean Sister in charge of Dresser Training in Asmara, who had been helping me in all my approaches to the Ministry, was related to the airline agent. "You twist one arm," she said, "and I'll twist the other!" The agent agreed to save us one seat on the 15th for this Very Important Person from the Ministry in Addis Ababa, though he would not promise when she could return. We had to guarantee her return fare, even if she didn't turn up from Addis Ababa in time to go; and we had to trust that at Tessenei she would find the students waiting for her.

As it happened, by December 3 it was expected in Haicota that a convoy would pass through next day, so the students waited for it. Each day rumour declared it was coming, but it didn't come. On the 9th they suddenly realised that they might be missing their only opportunity to take the exam, so they decided to walk to Tessenei through the night, to be

there at least by the 10th as had been agreed. The girls took it in turns to ride on donkeys and walk, the men carried one of their number pick-a-back because he was not strong enough to walk so far. They lost their way once, but finally staggered into Tessenei just before noon next day greatly relieved to find that they had a few days to recover before the examiner was coming. On the very day when the examiner came to Asmara from Addis Ababa, we had a message from Tessenei that the students had arrived there, and were thrilled to know that our efforts and expense were not in vain.

On December 15 I took the examiner to Asmara airport. The light plane emerged from its hanger - and was promptly hauled back in again. We waited and waited, and finally the agent apologetically told us that the plane's engine had been removed, and there was no possibility of a flight that day. We went again next morning and learned that the repairs would need the help of mechanics from Addis Ababa, so the plane might be grounded for a week.

Surely all that effort, by all involved, had not been in vain! The Lord must have some other way for us to get the examiner to Tessenei. He had! Striding through the departure lounge at the airport I saw the tall figure of the Canadian pilot employed by the Cotton Company. I had often seen him before but never spoken to him. It was now or never. I stepped into his path. "Excuse me for delaying you," I said. "I know you are usually forbidden to take passengers, because the airline doesn't want you spoiling their business. But now their plane is grounded indefinitely and we have an urgent problem." He listened sympathetically as I explained, and then said, "I'm not going down today, but if you can get the Company's permission, I will gladly fly the lady down to Ali Ghidr for you tomorrow". (Ali Ghidr is the Company's main plantation centre, six miles from Tessenei.) I got in touch with the Company officers, and spoke to those I had often met when purchasing blankets for the relief programme. I told them of all the arrangements we had tried to make, and the 35-mile walk of our students to reach the examination rendezvous.

"We will check with the pilot," they replied. I already knew what he would say, and next day, true to his promise, he took the examiner to Ali Ghidr and there arranged transport for her to Tessenei. She gave the students the examination that afternoon, and the next day they set off happily back for Haicota just over a week after they had left. Then the pilot brought the examiner back, in time to rejoin her colleague, who had supervised the Asmara students' examination, for the return flight to Addis Ababa.

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After that, the walk to Tessenei became quite a feature of life at Haicota. A donkey called Musa (Moses), blind in one eye but with great powers of endurance, was purchased for the purpose, and the Army and Police gave permission for the missionaries to move in and out in this way. They still allowed it even after Graham and Anne Rowe, on their way out for a much-needed holiday after a year penned up in Haicota, had spent some days in E.L.F. hands when they ran into a patrol and were taken to a guerilla base to have their credentials checked. Jean Robertson had to leave in February 1976 to go home and take care of her elderly parents, so there were only five missionaries at Haicota, and in March,

Violet McCombe went on furlough bringing the number down to four. But at least they had all been able to have holidays in Asmara before this, thanks to Musa and the men workers who guided him.

While Graham and Anne were on holiday they discovered from the airline pilot what changes he wanted in the markings of the Haicota runway, disused now for over a year, before he would agree to attempt a landing there. At last in March, after months of fruitless attempts to reopen this method of communication, knowing that these improvements had been completed, we were able to charter a plane to fly to Haicota. Pat Harrison returned from her Asmara holiday in this way, three nationals occupying the other seats. But when the pilot came back some hours later, it was with a sobering story of how he had been virtually arrested on landing. A high-up Army official happened to be in Haicota that day, perhaps rather on edge because he had gone to investigate internal troubles among the security forces. He declared that since the area headquarters had not been consulted, the plane had landed without permission, no matter what might have been said in Asmara. In the end the pilot was released and allowed to return to Asmara, but I could see that he would not be in a hurry to go to Haicota again. That line of communication was still not really open.

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One morning in April I answered the telephone. "This is Lillian Lamb. Ruth Bridge and I are at the airport. We've just flown up from Tessenei. We'll explain when you come." Both had been up to Asmara for holidays, and we were not expecting them again for some months. I drove out to the airport and picked them up.

"Don't you know why we've come? Haven't you been told?"

"No, we haven't heard a thing."

"Well, all missionaries have been ordered to leave their centres and come to Asmara. No one knows why, but the Colonel in Tessenei told us we must bring enough with us for three weeks or a month, and meanwhile we must leave all our work still running, in the hands of the nationals. He said he wanted the clinic, the school - and the preaching - to carry on normally."

"Well, what about our four at Haicota then?"

"They have to come too. The Colonel said the Army would be responsible for telling them, and for getting them out."

So we prepared rooms for all our lowland missionaries, and day after day we waited for them. A week later, however, even Alyson Shearer from Keren had not yet arrived. A score of missionaries of various nationalities were there, both Catholics and Protestants, so we felt sure something would be done for them soon. But we were concerned about our four at Haicota. It seemed time to ask the authorities what arrangements they were making.

The answer was quite simple. It was up to us to make arrangements to get our people out of Haicota! We explained the problem of communications - or rather, the lack of them. The officer with whom we spoke promised to make sure the airline was given permission to land and that the area headquarters was informed also. I pointed out that I thought the pilot would want written permission in his hand, for his own peace of mind, and this was

promised. After a week of visits to Army and airline officials, the charter was finally arranged; but on May 7, the afternoon before the plane was to go, to our great relief, the four missionaries suddenly arrived. As we poured them out cups of tea, they told their story.

"We were in the middle of our morning's work, just two weeks ago today," they said, "when the Army suddenly came to tell us we all had to go to Asmara, and must be ready to leave at half an hour's notice, as a Government medical team was coming to take our places. In the afternoon, a helicopter brought the team from Barentu, and we went down to the landing pad with our luggage. But the doctor on the team said he must check through all the hospital equipment with us, and we must discharge all patients. Any of our staff who wished to leave could do so; any who stayed could not be promised employment. We pointed out that all this would take much longer than half an hour, and in the end the helicopter took the team back to Barentu, and we were given till next day to get the hospital empty. None of our staff wanted to stay, and we had the generator on until after midnight working out how much severance pay and compensation was due to each one. By next day they had already begun to depart in all directions, on foot or on camel. We gave away many of the personal belongings from the homes, selling some items like radios to raise enough funds to pay everyone what was due. But the helicopter didn't come back, and there we were, with almost nothing left in our homes, no work, no workers, no food. Some of our men had remained in the town, and they came up to be with us, and food was brought up to us each day. Some even stayed at night, as the guards had also been paid off and dismissed. We had no idea what the move was all about, or what was happening anywhere else. We didn't even know if we would find you all still in Asmara when we arrived. Then just before midnight last night, we were wakened by the E.L.F. As the hospital was apparently now Government property they felt free to raid it, though they have left the Mission alone since the Debbie incident. They took two refrigerators, a duplicator and other equipment, and all the anti-biotics they could find in the pharmacy, loading them on to camels which they had brought right into the compound. When we reported the raid this morning, the news appeared to stir up some action at last. The helicopter came from Barentu, without the replacement team, and we were brought out. We saw the doctor again at Barentu briefly, and he said that if any of our dressers were still there to work for them, they would get no salary, but if they were 'good citizens', they could share the team's food. But the team was still not ready to go to Haicota, so the helicopter came on with us to Asmara, and an Army truck brought us to the gates of Mission headquarters."

We listened to the story with mingled sorrow and thankfulness. Ghinda Hospital had closed some weeks before because the national workers had urged this, finding they were between two fires and their lives were in continual danger. Our prayer had been that if we ought to close Haicota, this would be made very plain. Now the choice had been taken right out of our hands. Humanly speaking, we had lost our hospital.



## 12

### What Time is it Now?

Months later, as I write, the hospital still stands empty. The replacement team simply never went to Haicota. Enquiries at top level in Asmara as to whether the hospital was still Mission property, or had been nationalised, received a brief reply, never confirmed in writing, that the move was a temporary one for the missionaries' own safety - the only official reason ever given for the evacuation order. On the strength of this, when conditions seemed favourable, those from other centres sought and received permission to return to their work two months after leaving it.

But what about Haicota? Would it be wise to let missionaries go back there if the only way to do so is on foot or by donkey through guerilla-controlled territory, not knowing whether on arrival they will find anything at all left in their homes, or the hospital equipment intact, or anyone able to work with them?

If someone asks you, by the time this book is in print and you have read it, "Is Haicota hospital still empty, or is it full again?" what answer will you give? If you don't know, I hope that you are now sufficiently interested to try and find out.

If it is open again as a Mission hospital, please use all that you have read to pray with understanding for the nurses and others working there. Be willing to let God show you, as you pray, if there is any other way in which He wants you to help them!

If it is still closed, don't forget to thank Him for what you have read of Gift-of-God Hospital and how He guided, provided, guarded, and enabled us to use it. Pray for those tribes, north, south, east and west of the hospital, and for the areas of Eritrea away from the main road which we have never been allowed to visit. Remember all those who worked with us, or who heard and understood the gospel in the hospital, that now they are "scattered abroad", they may "go everywhere, gossiping the Word".