

TITLE: Notes on a field trip to Ethiopia  
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NOTES:

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A month away from home, responsibilities at the School, the best of the autumn season, football and the World Series, were near to last on any priority scale I could fashion. But these were to be (hopefully) the last of the International Smallpox Commissions—four simultaneously in Ethiopia, Kenya, Djibouti and Somalia—culminating, if the Commissions agreed, in the historic announcement on 26 October that the last of the endemic areas was free of the disease and that smallpox, at long last, was eradicated. The documents already prepared by the national governments in preparation for the visits were to me overwhelmingly persuasive and, knowing the quality of the national and WHO staff who had carried out the work, it was inconceivable that the Commissions could draw any but a positive conclusion.

The only possible question mark was Ethiopia, where civil war compounded by the Ethiopian-Somali war compounded by continuing guerrilla warfare had made surveillance activities difficult in many areas and impossible in some. Evidence that smallpox had been eradicated from Ethiopia was, of necessity, compounded by multiple pieces of epidemiological information and data. Could a Commission view this in its complexity and entirety and reach a reasonable conclusion?

The Ethiopian Commission was thus selected with some care to assure adequate representation of individuals with experience in epidemiology in general and smallpox epidemiology in particular. **Dr. Jan Kostrewski**, Medical Secretary of the Polish Academy of Sciences, former Minister of Health of Poland, former Chairman of WHO's Executive Board, Professor of Epidemiology at the Medical School in Warsaw, and Chairman of WHO's overall Global Commission on Smallpox Eradication, was an obvious selection as Chairman of the Ethiopian Commission. Brilliant, impeccably honest and outspoken, one of WHO's and the World Assembly's most respected figures, his opinions and conclusions bear the stamp of considered, honest judgment. **Dr. Keith Dumbell**, Professor of Virology at St. Mary's Hospital, London, had combined a long and distinguished career of laboratory research, including smallpox virology, with field epidemiology. Today, he is regarded as one among a handful of internationally respected pox virologists. **Dr. David Robinson**, formerly a WHO Smallpox Consultant in India and Nepal, formerly on the faculty of the Liverpool School of Tropical Medicine, is now directing the development of regional communicable and chronic disease epidemiological and control units in the United Kingdom. Articulate, keenly skeptical, a first-rate epidemiologist, one whom I wish we could entice to the Johns Hopkins faculty. **Dr. Andre Stroganov**, now on the faculty of the Central Institute for Advanced Medical Training in Moscow, had served with distinction as a WHO smallpox consultant in Bangladesh. He was the personal choice of the Minister of Health of the Soviet Union to serve on the Commission and as good a choice as one might make. The final member, save myself, was **Dr. Inusse Noor Muhammed**, Deputy National Director of Preventive Medicine for Mozambique, an

unknown quantity to me, a choice of the WHO Regional Director of Africa. I soon learned to appreciate this articulate, intelligent man in his early 40s, more European than African in appearance. Because of staff turnover in the Ethiopian program, there were none now of the senior staff who had an understanding of the strategy and development of the program since its inception and so my own participation to help interpret what had happened, why and when since a day 9 years ago when we had finally persuaded the Ministry to begin its program.

I departed Baltimore in less than an expectant or even cheerful frame of mind. To me, the joy in the program was the struggle in achieving—the now more ritualistic recognition, the speeches to describe how the program came about and developed, the confirmation, the final pronouncements, although necessary, are at best tedious and more often sad. Sad because I recognize that the exuberant, dedicated band—joined almost as brothers during innumerable field skirmishes in a seemingly impossible battle—are now reluctantly scattering to challenges less definitive and often less challenging. It is difficult to celebrate with them a victory, knowing for many that it is an end and not a beginning. And knowing that most I shall never see again.

Heathrow, at 10 in the morning and after 4 hours' sleep on one of TWA's infernal 707 cattle cars, looked more chaotic, congested and disorganized than ever. Baggage arrived only after an hour. Knowing something of the "drill", I fought my way through to the remote TWA "service" desk and was reluctantly given a motel room for the day—Ethiopian Airlines' ETD being 8: 00 p. m. Sleep, a good dinner and back to Heathrow for a solid hour of waiting in line for ticketing and to have all baggage opened and inspected—the Ethiopians being almost pathologically concerned about security.

All on the Commission except Dr. Nur Inusse were on the plane or joined it in Rome. My usual sedative, however, left me oblivious and when I awoke we were descending into Addis. For reasons known only to Ethiopia Airlines, they had decided to skip their scheduled stop in Athens—a blessing.

Addis had changed comparatively little during the three years since my last visit except for the addition of great red banners "Victory to the Proletariat" and such like although I doubt a handful of Ethiopians know what the proletariat is. Posters of Marx, Lenin and Engels separately and together appear on various buildings in different sizes. They seem totally out of place, if not bizarre. And, finally, the stereotyped "painted in USSR" posters depicting wooden figures of workers, farmers and soldiers shoulder to shoulder, heroically marching somewhere—all either grim or angry. Happiness obviously must come later.

For the first time on my many visits, I was housed at the Hilton, an elegant edifice, splendidly isolated from the city but near enough for ECA and OAU delegates to stay and hold receptions. For all one knew, it might have been situated in Samoa or Timbuktu or Geneva—a depressing place.

The Commission proceeded through its customary two-day review of the program, preceded, or course, by opening speeches by the Minister and other officials, the usual round of receptions and the inevitable press conferences. As only a member of the Commission and Rapporteur, I had hoped to avoid the last of these but Kostrewski and the Ethiopians were adamant that I participate as a principal. The press consisted of the Ethiopian Herald (English), the Amharic press, TASS and a Russian educational periodical. Despite two hours of briefing, I wondered whether in the final version the contributions of WHO or the USA would be acknowledged or whether it would emerge as "made in the USSR".

Then, to the field. The Commission was divided into 6 groups to examine 6 different areas. Assignments had to be made in advance since the Ministry of Internal Affairs insists on special permits for all foreigners who leave the capital. My area was to be Bale and Arsi Regions—not a happy prospect. Arsi is small, prosperous and has been relatively untroubled by recent warfare. Bale is a different story. It is an enormous Region, perhaps 1,000 x 400-600 kilometers whose southernmost Arraja (county), mostly consisting of scrub desert, is still beset by guerrilla warfare and whose northern area is riddled with areas which are “inaccessible” (translation—“security is a problem”). In discussing our plan of work, it was decided that I would endeavor to penetrate as far as possible into the less secure areas to determine how satisfactory surveillance might have been in such areas. For the first three days the helicopter C-GODY was at our disposal along with its Canadian pilot, **Bill Waugh**, an old friend from 1974 and the early days of helicopter operations. The interim period had seen C-GODY portrayed on the now well-known Ethiopian smallpox poster; its partial destruction when it caught fire in the air (suspected bullet); and its return to Canada for reconstruction. Bill had continued to fly with equanimity, skill and cheerful good humor despite numerous risks and problems, including being captured by guerrillas and held for almost two weeks for ransom.

Accompanying me was **Ato Ashagre**, a tall lanky sanitarian and an Oromo—the tribal group who inhabit the Bale-Arsi Region. Ashagre is a respected friend—a sanitarian who had joined the program at its beginning and without a vehicle for nearly two years (the early lean years), had endeavored with success to search and control outbreaks through travel by bus, horseback and on foot. We had toured the Ogaden together during the concluding phases of the program and shortly before the Somalis invaded. A second companion was **Dr. Alex Gromyko**, a Russian now stationed at HQ in Geneva and one whom I had selected during interviews in Moscow from a panel of prospective staff. He had earlier studied for 6 months with K. F. Meyer in California and had done an excellent job as a WHO smallpox consultant in India. In 1977, he had been posted to the HQ Smallpox Unit where he continued to perform with distinction.

It was a two-hour flight by helicopter to Goba, the capital of Bale—a small town similar to so many in the highlands—cold and windy (11,000 foot altitude), comprised of small, single-story houses of simple wood frame with mud-daubed walls and corrugated iron roofs. Scattered about are the traditional round “tukels” with peaked roofs of thatched grass. There is no electricity, no sewerage, casual drainage, rutted streets of rock and crushed gravel and the all-pervasive posters of heroic workers—farmers-soldiers, banners proclaiming “Victory to the Proletariat” and pictures of Marx-Engels-Lenin. In this area Goba represented the high-water mark of the Somali invasion.

After formalities with the military Regional Administrator, ‘we decided that Alex and the Regional Surveillance Officer would stay that day in the highlands and survey by vehicle the resettlement villages—new villages of 300 to 4,000 which gather the typically widely scattered rural population of the Ethiopian highlands into compact villages for security and, eventually, to permit groupings large enough to supply electricity, water, education and health. Ato Ashagre and I would proceed by helicopter to Tedecha Alem, 150 kms. southeast of Goba, the southernmost “secure” village. Although we were advised to fly there at high altitude, Bill is inclined to fly at a lower altitude where he feels that surprise and speed of transit provide better protection against possible use of SAM-type rocket missiles.

We soon passed from cold highland to hot scrub desert and landed between a small military encampment about 200 feet square, surrounded by shallow trenches and a village of some 250-300 persons, mostly assembled from the surrounding area for security. All were friendly and helpful. Ato Ashagre was clearly well-known and well-liked. Assembled under the shade of one of the area's few trees, they affirmed a knowledge of the smallpox program, the search which had been conducted and the reward for reporting a case. None had seen cases, however, for at least five years and were sure that El Kere town (140 kms. south) to which they often traveled to get salt was likewise free. As we talked, there was an explosion in the distance and a puff of smoke. Conversation proceeded, however, and a survey for facial scars of smallpox revealed none among children. As we finished, the colonel suggested that in all probability the three-truck convoy en route to Tedecha Alem, the first in some time, had experienced troubles. Could we take a look on our way back and report? Meanwhile, it would be best to fly at a high altitude. This time we did. Some 7 or 8 kilometers from the camp, we saw the three-truck convoy, the first of the trucks with a wheel blown off and oil spread across the road.

We landed at a second camp some 20 kms. further north. The village was somewhat larger and more scattered; comparatively few Ethiopian military were in evidence but the male population, and what passed for a local militia, carried a remarkable array of weapons ranging from pre-World War I rifles to Russian-made submachine guns. The apparently homemade militia uniforms resembled those of a military prep school. Knowledge of the reward for reporting smallpox was excellent and, in fact, we were hurried off to see a case—but, as expected (and hoped), one of classical chickenpox. None in the camp came from or had communication with nomads or others living in the southern desert and so, with dusk approaching, we flew back to the arraja (county) capital to report the fate of the convoy and then on to Goba, the Regional capital. Alex drove in minutes later, his tour of the resettlement camps having documented excellent work. But what to do for a hotel? There were no beds in Goba and only one insect-infested room at Robe', 14 kms. north. Bill had planned to return with his helicopter to Avasa, a lake resort 180 kms. west. We couldn't refuse to go also.

At the Avasa hotel, individual cabins surrounded a magnificent grove of trees, covered with flowers and with birds everywhere—on the edge of a lake. Now gradually deteriorating, it had once been the resort area for Addis residents and tourists. Clearly better than Robe!

Off again by helicopter at dawn to Ginir, capital of the easternmost arraja, a lowland area, to survey the market—to see if the reward was known, to survey for facial pock marks and to talk with traders who bring salt by camel from the inaccessible El Kere area, 8 days walk away. Only one camel caravan was discovered but four escorts all were well aware of the program as were a group of farmers buying grain for a local population further to the south. The 5,000-6,000 others at the market had come from within a 45 km. radius and so, although knowledgeable of the smallpox program, were of little help. We procured a supply of oranges (2½¢ each) and bananas (1¢ each) and were preparing to leave when an Army major drove up to ask if we could retrieve a recently wounded soldier from a desert area 30 to 40 kms. east. We reluctantly agreed—the first of the delays which were later to culminate in an unexpected near mishap.

Bill returned an hour later bearing not one but four wounded soldiers, deposited them at the health center and off we flew to another arraja capital, Meslo, located far to the south in the midst of dense forest. The capital was entirely cut off from surface transport and subject to frequent attack from forest-

based guerrillas. However, program staff had done an excellent job of search and we could find no one who knew of smallpox in the area during the past 10 years—not surprising considering its isolated location. Back to Goba to refuel, again with injunctions that we not fly too low counterbalanced by Bill's concern about rocket missiles.

At Goba, with dusk approaching, the starter pump on the helicopter failed. An hour's intensive work to replace it by our pilot-engineer was finally successful and so quickly we took off for the 50-minute flight to Avasa. We managed to negotiate the pass through a 13,000 foot mountain range which crossed one route but beyond that, rain clouds brought early darkness and for what seemed like hours but was perhaps 10 minutes, there was little to see but a dim horizon and a faint sense of ground somewhere below. In an area where electricity is all but unknown and cooking fires are within the tukels, there is no source of light from the ground. We circled, endeavoring to identify the single, red, laterite road which crossed the area but to no avail. Finally, in the distance, we saw four faint lights, powered by a generator from a state farm. It lay adjacent to the town of Asasa (population about 2,000) which we slowly circled trying unsuccessfully to identify a safe spot to land. A wire, a pole, an unobserved fence could spell disaster. The four lights, although visible at a distance, provided little ground illumination. As luck would have it, a farm tractor suddenly emerged illuminating a road and down we went behind it. Within not more than 5 minutes, we were engulfed by what must have been the town's entire population and accosted by several submachine gun-bearing military. Explanations were doubtfully received and only partially understood when a vehicle suddenly appeared and in it, the Smallpox Regional Coordinator, **Ato Muchi**, from Arsi Region. He was intending to meet us the following day. Quite by chance, he had decided to stay overnight in Asasa.

Arrangements were made for an overnight guard to be posted and off we went to the Asasa Hotel. *Injira*, a large gray-colored sour pancake, and *wat*, goat meat in a hot red pepper sauce, comprised dinner—a traditional Ethiopian repast. The rooms were inexpensive enough, US \$1.00 per night, and although the beds sagged dramatically and the only illumination was the stub of a candle, we awoke at dawn with no apparent bites—much to our surprise.

The last of Bale's four arrajas was scheduled for investigation that day but here and henceforth by vehicle and on foot. It was decided that Alex would concentrate on the central and eastern area and I would endeavor to penetrate as far to the south and west as security would permit. Ato Ashagre and I managed some 100 kms. by road, reaching the last settlement but found few persons in the village. On questioning, we learned that it was market day at Nogele Metawa, some 15 kms. beyond. Happily, it is Bale's second largest market and draws villagers from throughout an otherwise "inaccessible" area. We drove across open meadow, fording streams as we went and suddenly before us lay the most extraordinary market I had ever seen. It lay on broad, open, rolling green meadow with hills and mountains rising at various distances on all sides. Hundreds of horses were tethered around the market and villagers in native dress came in groups across the meadows, herding cows and goats, many carrying spears. Only a few, ancient guns were in evidence. Magnificent horsemen, some turbaned, some with long flowing bright blue or green woolen scarves galloped about chasing cattle. The women wore hats and capes of skins and elaborate glass bead and copper jewelry. The costume bore a resemblance to early Seminole Indian dress. All this, a warm sun, blue sky and a light breeze. We decided to spend the day! Pock marks were few, the reward for reporting smallpox was widely known but smallpox cases had not been seen for perhaps 7 or 8 years.

We rejoined an equally successful Alex in late afternoon and on to Asela, capital of Arsi Region, some 90 kilometers north. To our surprise, a good hotel with hot water, indoor toilet and even a bar awaited us. The fertile, flat plateau area of western Arsi had been evaluated by a preparatory Commission visit in April and so we again divided—Alex to the northeastern arraja and myself to the mountainous and partially “inaccessible” southeastern Arraja, again with the intention of penetrating as far into the Arraja as we could proceed. All-weather dirt roads end just within the Arraja border and from there we rocked, bounced and crept over deeply rutted tracks, fording streams and crawling through mud. The roads were the worse as October marked the diminishing end of the rainy season. Dark, heavy clouds floated over and Ato Ashagre glumly remarked more than once that one good rain storm and it might be a week before we could get out again. As elsewhere, the search workers had done a thoroughly commendable job as survey of the town and a nearby market attested. Happily, the rain was light and by 2:30 work was done. By supertime, a protesting back and even more tender tailbone, limped back into Addis.

Alex arrived the following noon with a similar tale and tail. For these areas, we felt confident—smallpox, if present, most certainly would have been found!