The last surgical day of our two week medical mission this January was bitter sweet. We worked side by side with our Ethiopian colleagues to provide forty two pelvic floor reconstructive surgeries for women with severe pelvic organ prolapse and incontinence at Hamlin and Ayder hospitals. These women came from very remote parts of the Tigray and surrounding regions. Some have lived with this condition for decades and others were too young to be experiencing such a severe manifestation. They were all resigned to a socially and physically constrained life without access to care. In a heartwarming collaboration between our Mekelle University, Hamlin Fistula Hospital and the Tigray Women’s Association partners, the women were given the hope of cure for the first time in their lives. Pelvic organ prolapse is not a problem limited to developing world, but the lack of properly trained healthcare providers to provide clinical and surgical care for this condition means women live for decades with worsening symptoms. This is compounded by high risk factors such as multiple vaginal deliveries, obstructed labor due to lack of timely obstetric interventions, poor nutrition and a lifetime of heavy lifting resulting in severe symptoms at a young age.

One of the most heartwarming yet bitter moments for our surgical team was the last day of surgery. We realized that there were still three women we couldn’t fit in our already packed surgery schedule. One of these women has had stage IV prolapse (the most severe stage) for over 20 years and has come from a remote village. She broke down in tears when she realized we couldn’t do her surgery. Soon she was surrounded by many more pleading voices from the other patients. These women have bonded while waiting for their surgeries and they have taken deep comfort in each other, in our team and the care and advocacy from the hospital staff and the leaders of Tigray Women’s Association who transported, housed and cared for them. In the past, when we fail to provide this surgery, it meant patients returned home with no hope for cure. But this time it was different.

LAUNCHING ETHIOPIA’S FIRST FORMAL UROGYNECOLOGY PROGRAM: Our team was providing not only surgical care, but formal clinical and surgical training to three skilled gynecologists and fistula surgeons who are urogynecology fellows in the first formally launched fellowship program in the country. This is the result of collaboration between Mekelle University, Hamlin Fistula Ethiopia, St Paul Millennium Medical College, World Wide Fistula Fund and our OHSU Footsteps to Healing team. These fellows have now acquired the skills to provide the care while receiving ongoing mentorship. The team approach to our care also meant that the educational exchange was bilateral and far reaching. No woman with prolapse will be returning home this year without receiving care.
The spirit of our seventeen person healthcare team was palpable as they arrived in Mekelle, Ethiopia this past January. They were a truly interdisciplinary team composed of nurses, surgical technicians, residents, fellows, anesthesiologists, urogynecologists, biomedical engineers, radiologists, hospital management specialists, intensivists and philanthropists. Their spirit was only matched by the generosity and hospitality of our Mekelle University and Hamlin Fistula Hospital partners. These US and Ethiopian healthcare providers were united by their global vision and hope that transcends borders, languages and cultures: the mission to provide not only much needed medical care but in building health care capacity through interdisciplinary education and team work.

"Dear Dr. Mark. I don't really have words to thank you for all the endeavors and energy you showed us here in Ayder. All the faculty, residents, interns and other staff members are amazed by the commitment you had. Your commitment to teach the residents and medical students and concerns for patients was really wonderful.” (Dr. Yibrah Berhe, OB/GYN chair at Mekelle University, 2016)

Radiology education particularly in breast imaging goes a long way as breast and cervical cancer are the two leading cancer related causes of death in Ethiopian women (Dr. Mark Kettler, top, giving one of many lectures at Ayder)

Research collaboration between OHSU and Ethiopia Urogynecology fellows (Dr. Kenne & Dr. Melaku, above) and pioneering Gynecologic Laparoscopy and hysteroscopy (Dr. Mark Nichols, below)

“Perhaps the best way to capture the mutual bond and appreciation between our teams is in these words:

“I felt that our team was deeply inspired by the mission of our partners and the profound commitment of their staff to that mission, and I felt that partners were uplifted by the abundant positive energy that accompanied our team. The farewell party highlighted the mutual respect of both teams-but it was also full of affection and playfulness. A lot of joy accompanied the team. I was amazed by the deep human connection that our team made with our partners and the women who received the care.” (Dr. David Schmidt)
THE SIMPLE JOY OF HEALING

The gratitude in our patient’s faces was undeniable as they clapped and danced after their surgery. Each woman was transported back to a beautiful home to finish her recovery. This was thanks to the Tigray Women’s Association and a special support by the federal government recognizing that the plight of women with uterovaginal prolapse is a hidden and crippling epidemic. After their recovery, the women received new dresses (courtesy of our donor, Anna Ingram of the Storms Family Foundation), and a small amount of money in loans from the government to start a small business so they can restore their lives. The Ethiopian government’s increased awareness of this condition was also evident in their open discussion of this medical problem including coverage of our surgical mission and training program on national television during our stay in Ethiopia. They were particularly sensitive to the fact that this condition is often too embarrassing and misunderstood forcing women who are already vulnerable to suffer in silence. The touching story of one of our patients’ captures this sentiment:

My womb has fallen out for years and I can’t even do basic house chores let alone go to church. I came here with my daughter against my husband’s will. He told me that if I leave the house to go to the hospital, he will divorce me. You see, he wants me to have more children but I am done with childbearing. I want my life back even if this means living alone.

IMPACT ON OUR TEAM

It is difficult to describe the impact of this project on our team members other than to hear it in their own voices.

“Our patients continue to impress me with their incredible trust and brave spirit. We look different, we speak different, indeed, we act different and yet they willingly put themselves into our hands for this life-changing procedure. Such dignity, grace and warmth is on display at every phase. I’m so proud to have been a member of this team. Our group was so professional, efficient and engaged so genuinely with our counterparts. It was, once again, an extremely enriching experience.” (Mary Beth Yosses, recovery nurse)

“Being welcomed by the patient’s bright smiles and excited waves every morning reminded of me why I went into medicine in the first place. I wanted the skills to make someone feel better today, but also be pushed to think about the broader social, economic forces that perpetuate patients’ illnesses. I feel so fortunate to have had this opportunity. It was an incredibly concentrated two weeks of learning from OHSU faculty, patients, local staff, and the entire team. These two weeks will for sure be some of the most memorable of my residency experience. I hope to back again someday!” (Wan-Ju Wu, Ob/Gyn resident)

“Our two weeks in Ethiopia was truly a highlight of my fellowship training. It is wonderful to be a part of a program that is so comprehensive and truly embodies the academic medical mission: healing, teaching, and discovery. Upon arrival the overwhelming need for care was obvious both in the number of patients and in the severity of their disease. The amount of trust these women instill in us as providers is humbling especially coming from such different worlds. This trust is a testament to their desire to be normal again. Being able to provide quality care to them with our multidisciplinary team was very fulfilling. In tandem an irreplaceable amount of teaching was done amongst our own team as well as with Ethiopian providers. This training makes us better providers to care for patients when we return home and ensures a program for continued care in Ethiopia is established. In addition to providing care and teaching the groundwork was laid for future research projects to verify that appropriate care is given to these women. I cherish my memories from our experience and I look forward to returning in what I hope is the not too distant future.” (Kim Kenne, Urogynecology fellow)

“I was taken back by how big of a sacrifice the women coming from rural areas were making to have an operation performed by complete strangers. Our patients were willing to be separated from their families and communities to travel to Mekelle where they were admitted one week before their surgery which happened to be over the Ethiopian Christmas holiday. This sacrifice is a testament to how profoundly prolapse impacts their lives and the limited opportunities they have for treatment. It has been a privilege to participate in their care and even more rewarding knowing that during the trip we were able to work and help train Ethiopian providers to continue the work we did. I was quite impressed by the efficiency, skill, and hospitality of our hosts. The trip has been a highlight of my residency with invaluable surgical training and the opportunity to form new relationships with patients and providers across the world (Patricia Overcarsh, Ob/Gyn resident).
THE BIG PICTURE

Aside from the launching of Urogynecology fellowship as a true partnership model between academic, community and NGO partners, the model of team work and inter professional collaboration will be a major area of emphasis for our Footsteps to Healing project in the next 5 years. To this end, this year, we expanded beyond division of urogynecology efforts, to foster relationships between faculty and staff in obstetrics and gynecology, division of management, biomedical Engineering, radiation oncology and radiology. This year, we were also fortunate to collaborate with OHSU’s department of radiation oncology and secured a grant from Conquer Cancer Foundation that allowed us to offer a one year research fellowship opportunity at OHSU to Dr. Kibrom Hiluf, a third year resident of oncology from Ethiopia. Dr. Hiluf, who is among the first class of oncologists ever to be trained in a formal residency program in Ethiopia, will be a leader in radiation oncology at the new comprehensive cancer center currently under construction at Mekelle University. Currently, there is only one radiation oncology facility in Ethiopia where breast and cervical cancers are the two top causes of cancer related death in women. OHSU could indeed play a vital role in changing this statistic through collaboration. Our partners are certainly ready for stronger collaboration as was evident by their tremendous hospitality and engagement.

ABOUT OUR COLLABORATORS

Mekelle University: [www.mu.edu.et](http://www.mu.edu.et)
Hamlin Fistula Ethiopia: [http://hamlinfistula.org](http://hamlinfistula.org)
St Paul Millennium Medical College: [www.sphmmc.edu.et](http://www.sphmmc.edu.et)
World Wide Fistula Fund [http://worldwidefistulafund.org](http://worldwidefistulafund.org)

WHY WE DO THIS WORK

In this day and age of globalization where diseases don’t respect boundaries, where economic and social development are intricately connected with health, where we have an ethical responsibility to ensure the wellbeing of others who needlessly suffer from preventable and treatable causes, it is time to engage in this work. In order to make a sustainable and comprehensive impact on health of women in Ethiopia, we need to extend our efforts beyond mission trips, and prioritize capacity building through sustainable commitment to teaching and retaining local health care providers and staff. Providing ongoing bilateral educational exchanges in clinical care, hospital management and research is key to this endeavor. In so doing, it not only improves the large burden of disease that disproportionately impact women in Ethiopia, it also benefits patients right here at home by transforming our own providers into global citizens and skilled health care professionals.

ACKNOWLEDGEMENT

Special thanks to all our Ethiopian Collaborators, particularly Mekelle University and Hamlin Fistula Mekelle for hosting us and partnering with us. We are also grateful to our individual donors, to Kaiser Permanente, OHSU and Companies who donated medical supplies, to our industry medical supply donors (Biogel, Ethicon, Boston Scientific, Medshare, Avagard), to the Storms Family Foundation ([www.stormsfamilyfoundation.org](http://www.stormsfamilyfoundation.org)) who not only made a generous donation for our 2016 trip but also visited in person and provided beautiful dresses for our patients. Finally, we thank the supportive environment provided by OHSU and the departments of Ob/Gyn and Anesthesiology who have made this project an important part of their educational, clinical and outreach mission.

DONATIONS

Please learn about our project and support our cause [www.ohsuwomenshealth.com/global](http://www.ohsuwomenshealth.com/global)