

Hujambo

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James J. Nordlund

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## Hujambo

“Hujambo” (Good evening) said the immigration officer. “Hujambo” I replied. “Habari a usiku?” (How are you this evening?) he asked. “Oh, zuri, zuri, asante” (Very well, thank you) I said. “Na wewe?” (And you I asked.) “Zuri kabisa” “Very well”. He smiled, stamped our passports and sent us on to collect our stack of trunks and suitcases. This was hardly a philosophical discussion but I had made it through a short conversation in intelligible Kiswahili. It was January 3, 1998 and my wife, Mary, and I were about to spend the coming year exploring and working in Moshi, Tanzania. Kiswahili was the street language at our new home. We collected our 4 steamer trunks and 3 oversized suitcases and met our colleagues who would get us from the Kilimanjaro International Airport to our home in Moshi about 50 miles away. I was pretty thrilled about an unknown adventure. My wife was less certain.

What were we doing there for a year? I came to the University of Cincinnati Medical College in 1983 to chair the department of dermatology. It has always been my belief that time limited terms are appropriate. So after 16 years on the job, I decided it was time to pass my responsibilities to a new, younger and maybe more innovative successor. I had dreamed of taking a sabbatical for my entire academic career but the opportunity never seemed to arise. So I met with the dean, explained it was time for me to take a year off and explore dermatology, medicine and human life in some far away place. Amazingly he agreed instantly.

Tanzania offered a unique opportunity. English is the language of education and commerce and Kiswahili the street language. Tanzania was and is politically stable and has a moderate climate. Best of all were the Kilimanjaro Christian Medical Center (abbreviated KCMC) and the affiliated Regional Dermatology Training Center (abbreviated RDTC) where we would work and teach for a year. More about those facilities later. I began Kiswahili lessons about 2 years before getting there with the hope I could speak directly to patients and to people in the stores and markets.

Tanzania is located on the east coast of Africa and the town, Moshi, is about 700 miles south of the equator. Moshi is about 3000 feet up the side of Mount Kilimanjaro

and very temperate. Really hot days ranged in the high 80<sup>o</sup>'s Fahrenheit with lows in the mid 60<sup>o</sup>'s. There is no summer or winter but there are wet and dry seasons. September and October were spring time and the rains were an endless deluge. It often rained 2-3 inches in a day for several days on end. Virtually all roads were unpaved and became quagmires of mud that even four wheel drive vehicles could not traverse. During the dry seasons the same roads became a source of fine, red dust that coated everything. Furniture, clothing, cars, computers, even the food we ate had a light sprinkling of red dust. We considered it a unique, exotic and somewhat gritty spice for the interesting, new African foods we were offered like a piece of "wedding cake" which was in fact a slice of roasted goat..

The KCMC was founded in 1971 by the Good Samaritan Foundation, a trust established by the Lutheran, Anglican and Moravian churches in Europe. It is staffed mostly by Tanzanian doctors, nurses and administrators but with help from some European and American specialist doctors. It is amazingly modern and outmoded at the same time. The hospital has 450 beds although the census could far exceed that number. Most patients were assigned to small wards, about 12 to 15 individuals per room. Dermatology had a male and female ward. On the less modern side, there was no sterilization equipment on the wards. There was only a single, grungy, always wet towel used by everyone after washing their hands which was not done too often. I brought my own towels and carried some alcohol sterilizers. Laboratory services were available but all lab tests were done manually and their availability very restricted.

Many times the hospital census far exceeded 450 individuals. How could that happen? There were always some extra beds lined up in the corridors. I was surprised the first time I visited a pediatric ward to evaluate a baby with a skin disorder. Most of the children were on mattresses on the floor which they shared with their mother and occasionally with another baby and mother. In many female wards, two women often shared one bed.

On the very modern side, X rays were available for \$1.00 (about 700 Tanzanian shillings). CAT scans, available only at a few select hospitals in the United States in 1998, were available for an astonishing \$15. The quality of medical care was quite good even if the ambiance was lacking. To get to the hospital or clinic, most patients and

family members walked typically a few miles but others much farther. A few traveled by bus and foot for several days to get to KCMC where the best, maybe life saving, care was available.

Kilimanjaro medical center had a number of educational programs. Nurses, medical record keepers, and assistant medical officers were trained at the schools located on the campus. Assistant medical officers (called AMO) were high school graduates who took a two year course in common local diseases and their treatment. The AMOs were quite accomplished and successfully performed appendectomies, cesarean sections and other surgical procedures in local communities that could be reached only by a small plane or a week's journey by caravan.

The Regional Dermatology Training Center abbreviated RDTC is located on the campus of KCMC and was founded in 1992 by the International League of Dermatological Societies. At the RDTC each year 14 AMOs were trained in dermatology. The program was two years in duration. The students learned the basics in diagnosis, evaluation and treatment of skin diseases. Over 120 AMOs trained in dermatology now populate eastern Africa and a few others are located in west Africa.

Dermatology is often considered merely cosmetic and it is often said that people do not die from skin disease. That is not entirely accurate. Even dark skinned Africa people develop skin cancers although these are few compared to Caucasian patients. Although not frequent skin diseases can cause a patient's demise, directly or indirectly. And there are non fatal common disorders like leprosy that need early diagnosis and treatment to prevent the disabling deformities. Sexually transmitted diseases and HIV are of great consequence and often present as a skin disorder. In addition itchy rashes such as eczema cause a great deal of morbidity. Dermatologists and trained AMOs are uniquely equipped to identify and treat such disorders.

Funds were obtained by several international dermatology societies to construct a modern building for the training center on the campus of the Kilimanjaro medical center so that a collaborative effort was established. The RDTC building has on the first floor 8 clinic rooms and a surgical suite. There is a reception room for patients, nurses' offices, and a pharmacy to obtain dermatological medications. Topical medications to treat skin disorders were not easy to obtain except in our pharmacy. On the second floor of the

RDTC were classrooms for the students and offices for the physicians. My office looked directly out on the snows of Kilimanjaro.

KCMC and the RDTC are located on the outskirts of Moshi, a town of about 15,000 people although the size of the community was not obvious from visiting the center of the city. People's homes were scattered through the woods and open areas surrounding the downtown. Streets do not have names and homes do not have street numbers. That is a problem. Mail cannot be delivered directly to your home, of course. It must be picked up at the post office.

We lived just 4 blocks from the RDTC /KCMC complex. Most expatriates lived in a compound. The compound consisted of a group of 40 homes, all one level, and a few apartments called the Blue Flats which is where we lived. It was a poured concrete building with two floors, each floor having 3 apartments identical in design. We lived on the second floor in an apartment that was somewhat larger and more elaborate than a regular college dorm room.. The apartment was about 1/3 the size of the reading room at this Literary Club. It had a small bathroom with toilet, sink, shower and hot running water. The water in all Tanzania is not safe to drink and must be boiled or filtered before drinking. The kitchen was tiny but sufficient and in the main room was a kitchen table with 4 chairs, 2 single beds each covered by a mosquito net, 3 cushioned chairs and a small desk. Our room was not elegant but functional. Yet, the outer back wall was a large window, 20 feet wide and 9 feet high with jealousy windows that could be opened or closed. Outside of that window was a garden covered with bougavillea, flame trees and jacaranda trees covered with lilac flowers. Towering above this garden was Mount Kilimanjaro with its gleaming snow capped peak. It was our first morning view each day.

Every home or apartment in the compound employed a house boy or lady. At the Blue Flats, Gobinus was our houseboy. He had graduated from high school. He really didn't have much to do cleaning but it was important that he ironed our clothing to prevent a tropical disorder called myiasis. Clothes were hung outside to dry after being washed. Flies would lay their eggs on the clothing. These would hatch when warmed by the skin of a living person. Once hatched, small maggots called myiasis burrowed into one's skin causing large, painful bumps. We saw a moderate number of children with

these painful red bumps from maggots burrowing into their skin. Treatment was to cover the bump with vaseline so the maggot crawled out. Ironing killed the eggs and maggots and prevented the problem. I had myiasis just once on my foot when I wore some stockings that had not been ironed. I used vaseline to get the worm to crawl out.

We had a car, an old, rickety Range Rover with 4 wheel drive and manual, floor shift. It was reliable. The driver as in all former British colonies sat on the right front seat. It takes just a few days to get used to driving on the left side of the road. But shifting gears with my left hand took more practice.

Gobinus, the houseboy, asked if I would teach him to drive. I had taught my three children to drive, back in the days when that was a father's duty. All of them learned in a car with a standard transmission, i.e., a shift handle and clutch. So I agreed to teach Gobinus to drive. I asked him if he had any knowledge about how a car ran. He admitted he did not. I found a reasonably complete but simple book on car motors, transmissions, oil and radiators, just the important things. I gave it to Gobinus and told him to study it. After a week, he said he kind of understood cars. We reviewed the information and he seemed to have the rudiments of how motors and transmissions worked. I found a large field, like the old parking lots where we all learned to drive. I took Gobinus there, and showed him how to shift. I demonstrated after putting the clutch in, how to put the car into first, then second and finally third gear. And so he started the car with lots of lurches and killed motors. But after a half dozen tries, the car was rolling. He tromped on the gas and we lurched forward in first gear, the motor screaming and the tachometer arrow far past the red line. "Shift, Gobinus, shift" I commanded. He did into second and away we went until the tachometer needle was again far past the red line. "Shift." He did as we reached the end of the field. I told him to shift more quickly. I was certain we were going to burn out that old motor. Again we started and again in each gear we passed the end of the red line. I decided we needed a new strategy. I thought about how all of us here who learned to drive cars with clutches got the idea of shifting. We listened to the rhythm of the motor as our parents smoothly went from first to third gear. A low hummm of first gear, a higher pitched hummm into second, and then a final steady hum of third gear. The car made a sort of music. So I said to Gobinus, "When you drive with your father to the store or church, how does the motor sound?" Silence.

He stared at me. After a long pause, he confessed he had never been in a car prior to that day, only a bus. We turned off the motor and I taught Gobinus how to hum the sound of the motor. Then I drove and shifted while we hummed together. It worked. Gobinus hummed with the shift of each gear as we started and stopped. We were on our way.

We practiced more times and I took him out on some side roads where there was no traffic so he could practice turning corners. Finally the big day arrived to drive on a public road with other traffic. We went out Sunday morning on a main road with minimal traffic to return home through the KCMC campus that was up a long, medium steep hill. I was sure there would be no problem getting up the hill since there were no cross streets. But the unexpected happens. The cars in front of us stopped and so did we. Now Gobinus had to get the car moving up hill coordinating his foot on both the gas pedal, brake and clutch. It took practice for all of us when we were learning. He tried and we lurched, stopped, lurched, stopped. The car behind us started honking, the inhabitants were yelling. Gobinus was getting anxious. I calmly told him to relax, put on the emergency brake, slowly let out the clutch and step on the gas. He tried but failed several times. By this time the car behind us leaned on its horn and tore out around us. I was ticked off. I gave the driver the bird and yelled some obscene epithets not repeatable here. The car pulled in front and I saw the sign on the back "Police". Oops. But I silently chuckled as he pulled away, my thinking I got the best of the situation. Eventually we got going and drove to KCMC campus. That police car was waiting for us.. I had considered up to now the entire episode to be rather humorous. Out came the cop waving a machine gun, a rather authoritative presentation, but at least he pointed in the air and not at me. The scene was losing rapidly its comedy. He was yelling and screaming at me like a crazy man. I tried to explain I was teaching the student how to drive and doing Tanzania a favor. "Where is his driver's permit?" he shrieked. I am thinking "A driver's permit?" Did he think we were in New York City? Where was the sign on the car indicating student driver? Sign? I really had to restrain myself not to laugh. I was getting a stern lesson that there were laws in Moshi about driving. After a long lecture and many angry words, he ordered us to obey the law. The next day we went to the city hall, got the appropriate documents and continued Gobinus's driving

lessons accompanied by the requisite amount of my heart burn and chewed fingernails. But he became an acceptable driver and earned a license.

Some months later Gobinus had to return home. His father was dead and his mother needed help caring for his many siblings. Soon after I learned he had been hired as a policeman, a respectable and reasonably paying job. He told me he got the job because of the many applicants, he was the only one capable of driving a car. With that news, I knew the effort was a success.

On the second day after arrival in Moshi, we had to venture downtown to supply our new home with food and other utensils. A few of the roads were tarred, most were dirt. Often we have been asked what side of the road cars occupied, the left or right. The answer was it sort of depends. We drove where we could. Most of the roads, even those tarred, had at least a few Texas-sized pot holes, some almost sink holes, 3 to 4 feet in diameter and 1 to 2 feet deep. So we followed all the other cars on the side of the road where cars could travel and left the streets to the pedestrians not hindered by pot holes.

Downtown was about 3 miles from our home and one entered the city center at the traffic circle with a tower about 10 feet high. The tower announced this was Moshi and was crowned with a clock boldly advertising Coca Cola. Downtown Moshi had 5 main roads, all tarred or paved with sufficient numbers of pot holes to make driving an attentive activity. The streets were lined with many small shops and stores where you could buy most required items. There were two small groceries, one named A Hole in the Wall and the other Aleem's. It took no imagination to guess why the Hole in the Wall was so named. It was just a bunch of small rooms behind a door. But they had most of the food items we needed although not necessarily all those we desired. Cheerios, Wheaties, other cereals and foods were available, usually in two sizes, giant economy, or a mini serving for one. I was astonished to find at the Hole in the Wall several shelves of South African wines that were quite tasty and there were some whiskies, Jack Daniels no less. I spotted one bottle of Johnny Walker Red scotch next to a bottle of Johnny Walker Black label. Life was going to be good! We had just met the owner who spoke fluent English. To tease him, I asked him why he did not have the very best, Johnny Walker Blue label, a 35 year old scotch, which sells for \$130 a quart in the U.S. He smiled and said "Oh, you want Blue Label". He pulled over a chair, reached behind the top shelf

and pulled out a bottle of Blue Label which he offered me for just \$90. I was tempted but didn't buy it.

At home, we had a telephone with international connections but long distance calls cost \$15 per minute. We had an internet service with e mail to stay in touch with our family and friends back home in the States. Paying our telephone bills was actually kind of a fun endeavor. After receiving our monthly bill, we went downtown to the telephone office in the early afternoon because we wanted to get done before dinner. There usually was a line of 6-8 people waiting at a window that moved forward slowly. When it was our turn, we gave the lady our bill. On the shelves there were 20 or so books of invoices, each a foot thick. She would eventually find one with our name on it. She removed the invoice, replaced the book on the shelf, stamped our bill and sent us to a second line where we were to pay. Of course the same 8 people were waiting there. It was a real opportunity to meet and make new friends. The accountant reviewed our bill and invoice, accepted payment, repeatedly stamped both documents, and returned them to us. Of course we were instructed to return to the original line to give the first receptionist proof of our payment. On a good day, maybe this was a 2 hour effort, on a slow day it could be double.

What was my professional life like? What did we do at the Regional Dermatology Training Center? Each day we started clinic and seeing patients at 8:00 a.m. There were three trained dermatologists including myself and several of our students seeing patients, about 80 per morning session. After the students completed their evaluation of a patient, one of the faculty checked the students, much as we do here. I saw my own patients and probably 80% of the time, I did so without a translator. So my lessons in Kiswahili paid off. After lunch there were formal teaching sessions and lectures on dermatology for the students. I participated giving many lectures. The other dermatologists and I took turns for a month caring for the inpatients.

There is a principle in the practice of medicine that common conditions are common. Fortunately that held at this clinic. Most of the patients had problems similar to those we see in the United States. Diagnosis usually was easy. The challenge was finding a practical treatment that the patients could afford. Patients walked to the clinics from miles around. One common problem was scabies, frequent also in the U.S. Most

people had large families and lived with the husband's brothers in compounds. Some husbands had two or more wives and a household might have 20 or more children as well as 6 or more adults. Diagnosis of scabies is easy. But every member of the household must be treated at the same time. In the U.S. a small tube of cream for a family of 3 or 4 people applied once is curative. But such medications were not available. So we used old fashioned, but effective topical medications that took a quart per person. The challenge was getting 5 gallons of medications very long distances with no carts or conveyances and certainly no cars.

HIV and AIDs was too common. When we suspected HIV, we did our own blood tests for the virus. We carefully collected a tube of blood and put it through a test kit. We had the responsibility of telling the patient he/she was HIV positive, a virtual death sentence. In 1998 there were few medications to treat AIDS available anywhere in the world and none in Moshi. There were two occupations at particular risk for HIV. Truck drivers hauled goods over long distances from Dar es Salaam on the southern coast to small villages hundreds of miles away in the mountains. Tanzanians are animists and have different rules or morals about promiscuity. Natural functions such as going to the toilet (usually on the side of the road), breast feeding a baby (anywhere at all) or having sex were just necessary, natural functions. So truck drivers having enjoyed a romp with a prostitute acquired and then spread HIV along their routes. Hotel workers were the other group. Girls worked in hotels for \$10 per week. So a generous man offering them \$5 for a night together seemed like a real deal. Sadly many young adults died from AIDS. Most had children who needed young, healthy parents to farm and grow the food they required, a very hard task done with only shovels and hoes. The children became orphans cared for by grandparents. But grandma and grandpa were not physically able to dig and hoe the fields to raise enough food for all of the children, some of whom also had HIV from the infected mother.

One of the most exciting parts of caring for patients were trips with the Flying Doctors. There were clinics and hospitals scattered throughout Tanzania, some so remote that it took 3 or 4 days by caravan to reach them. But various missionary groups have established and maintained in these villages medical facilities that are remarkably well equipped and staffed. None have doctors, only AMOs who do a phenomenal job.

The clinics call a central office of Flying Doctors located in Nairobi, Kenya, and indicate they need a physician specialist, for example, a urologist, a gynecologist, a dermatologist or other specialist. The Flying Doctors contacted groups like the RDTC to find volunteers. I went twice. On a Monday morning, we reported to the Moshi airport. The plane was small, holding 4-6 volunteer doctors and a pilot. After a several hour flight, the plane descended and buzzed an empty field. It scared off any wandering animals and alerted the village the doctor had arrived. All the landing strips were grass fields with rolling humps and depressions. The plane went over them much like a roller coaster. But once stopped, one doctor got off. Then we flew to the next village 30 to 60 minutes away. When it was my turn, I got off the plane and noted hundreds of people behind a fence watching the arrival of the plane and I guessed waiting for the doctor. Very nice hosts picked me up in a car and took me to lunch at the hospital. Then I went to work.

The hosts and I walked to a small wooden building with one window and one light bulb, maybe 60 watts, hanging from the ceiling. Dermatology is a visual specialty and light is our examining instrument. As we entered the building, I noted a line of people as far as I could see. I asked why they were there. I was told they all had come to see me! Oh my gosh. I was given a chair under the light bulb and we started seeing patients at about 1 p.m. I did not move until after 6 p.m. and maybe 120 patients later. As I was leaving the clinic that night I noted the same long line. I asked who they were. I was informed they would return to see me tomorrow. And so it went day by day, hundreds of patients, a line that was infinitely long and unending always to return the next day. Most of their problems were common like those in Moshi. Some were unusual and for many there were no available treatments. There was no pharmacy at the clinic but some skin medications were obtainable within the hospital and we did the best we could.

On Friday morning, I heard a plane overhead and was informed that my ride home had arrived. I had never worked harder but felt totally fulfilled in having cared for so many people as best I could with absolutely no laboratory, pharmacy or other resources. As we left the clinic I noted the line of people waiting. I was told not to worry, they would return when I came back. And so I got on the plane and we bounced down the grass strip to pick up the other doctors and return to my home in Moshi.

Albinism was and still is a very serious problem in east Africa. Albinism is a genetic disorder requiring the inheritance of two albino genes, one gene from the mother and one from the father. A person with only one albino gene will have completely normal skin color. Two married albinos will have all albino children. There are many more albinos in Africa than the rest of the world. They live in a sun drenched country and dangerous skin cancers affect at least 50% of them. There was and still is a terrible social stigma against albinism. Some native people think a black African woman had an albino baby if she slept with a white man. Or that the woman was hexed by the tribal witch doctor or was a witch herself. Albinos are hacked to death with machetes or their arms and legs are cut off. Sometimes the arm is made into an aphrodisiac. It is hard to believe but these atrocities happen commonly even today and can be read about several times yearly in newspapers that carry international news.

An albino project to prevent sun damage and skin cancers was started by my friend and colleague Dr. Barbara Leppard from England. Albino women were employed to sew broad brim hats to shade faces and necks. Long sleeved shirts and trousers with long pant legs were obtained from several sources and given to patients. Special clinics were held around the country to check the albinos for skin cancers when they were small enough to be successfully treated. We had small caravans that traveled monthly up to 4 hours each way to reach villages where the albinos could be examined and cared for. There was an albino coordinator in each village to help organize these clinics.

The albino coordinator in Moshi was a nice albino man who did not quite understand modern science. We had prepared comic books in Kiswahili that illustrate and explain the science and genetics of albinism. These were given to those with albinism in the family. It was noted that two albino parents will have only albino children. Our albino coordinator in Moshi announced proudly one day that that rule was not correct. He was albino and had married an albino woman. And just 6 months after their wedding she delivered a child with a normal skin color. He assured us that his family proved that pregnancy didn't always take 9 months and that two albino parents could have normal children. What can I say? With evidence like that how could our government be spending so much on scientific research?

In July we were asked to move from the Blue Flats to a nearby home occupied by a German surgeon and his family. He wanted to return home to get more training in care of burns. Leaving a home unoccupied was risky. No one would threaten another person's life but Tanzanians were ready to gratuitously share your goods. Windows had to have 2 sets of screens, one to block out mosquitoes and another heavy mesh that prevented thieves from reaching into the home with hooks to steal what they could. So we moved to this home with 3 bedrooms, living room, large kitchen and a big yard holding 2 dogs, 10 chickens, a rooster and 4 ducks. . A cook named Mama Regatti and her 12 year old daughter took care of most of the house and yard. Mama Regatti collected eggs, cooked and baked for us. The dogs were important. They were tied up during the day but allowed to roam our fenced yard at night to alert us to thieves in the yard. They barked a lot and we had no problems with theft. There were police and a fire departments. But the police had no cars. So if a thief did try to break in your home, it was necessary to drive to the police station to get an officer and bring him back home. Fire protection was not much better. There were no fire hydrants because there was no city water. In the event of a fire, the fire department sent a truck with lots of men to help you carry all your belongings out of the burning building. And the house burned down. It makes you appreciate our efficient safety services in the U.S.

One night we heard a humming noise outside our bedroom window. We had heard the humming noise before on camping trips with friends and were told it was caused by a very large swarm of aggressive, nasty bees. We warned the housing office at KCMC because of our concern that the bees might attack our gardener or the cook's young daughter. Not surprisingly nothing was done. One morning I was preparing to go to work, the dogs were tied up and everything seemed normal. Suddenly we heard a frantic screech and barking. The bees had attacked one of the dogs that was tied to a steel stake near our house. He could not escape the hundreds of stings. We ran out and the gardener came. We decided he should make a wide water spray with the nozzle on the garden hose to force the bees off the dog so he could be unfettered. It worked. Sadly the dog couldn't run, only crawl away and fall in a heap. We checked with colleagues and were told the dog likely would die from kidney failure from the bee poisons. Indeed the

next day we found the dog dead on our door step. It was difficult to inform the family in Germany about the bee attack on their dog.

It was convenient to have moved to a full sized house. We had invited our 3 adult children to come for a safari, the Kiswahili word for travel. My son had decided to bring his fiancée. That was a crisis. Three bedrooms and six people. How were the rooms to be shared? I tried to explain to my wife that our son and his fiancée were occupying the same apartment ever since we left home, both were adults, both had MD degrees. She noted she couldn't control what she didn't see but this was her house. Well time solves problems and so after a while it became a non issue for the 3 weeks they were with us as we all continued our habits from home.

We went on a safari with our four visitors. We started in the Serengeti plains and ended in Zanzibar. It is amazing, wondrous to see all the animals in their natural habitat. Elephants seem much larger than in a zoo, lions roar louder and crocodiles give you the willies just looking at them.

One day, we were driving along with our guide who pointed to a group of 6 female lions laying in the shade of a tree. All were recumbent except one who was sitting and staring into the deep grass surrounding the field. The guide said, "They're probably hunting, maybe a wart hog is hidden in the grass. Let's watch." After a few minutes the sitting lion rose and walked 50 feet to a spot in the tall grass, still staring. A second lion rose and took the spot of the first one. Some minutes later, the first lion moved another 50 feet forming a semicircle. The second moved to the vacated spot and a third sat up. They were surrounding some prey and it was all deliberate. Suddenly a wart hog reared up and charged the first lion. They all scattered fearful of the lethal tusks of their prey. Who said animals don't think or plan?

In the apartment next to ours at the Blue Flats, there lived a Maasai warrior, named Ollie, who was studying at KCMC to become an ophthalmologic AMO. The Maasai are an interesting tribe. The wandering the Serengeti plains with spear and club in hand to protect themselves from enemies, human or otherwise. They are strictly herders, believing the mother earth should not be injured by a plow. They also thought the entire earth was their pasture. They were organized into groups but there was no head leader. All adults including women sat around a fire to discuss problems and resolve issues of

concern. Many problems, even murder, could be resolved by paying the harmed person or family an appropriate number of cows or sheep.

We became friends with Ollie and had him over for drinks and dinner. He invited us on several occasions to come to his home for the weekend. On this particular occasion, there was to be a circumcision of several young men. We drove there together, an interesting trip. You literally go into the bush. We turned off the paved road and onto the plains into the scrub brush, drove until Ollie saw a certain obscure point, turned and so on until a few hours later we came to a village of huts surrounded by herds of cattle and goats and dozens of little naked children with runny noses playing about.

Maasai traditionally live in small enclaves called bomas. There is a circle of small dung and mud huts with thatched roofs. Maasai are polygamous but always in multiples of two. So the boma would have 4, 6, 8 or more huts, each with a wife and some children all belonging to one man. The boma is surrounded by a heaped up mound of 4 inch long thorns to produce a dangerous 6 foot high, thick barrier. It was to keep enemies out, both human and predatory. The entrance was left open during the day and closed at night. Maasai are herders, cows, goats and occasionally sheep. The more animals a man had, the more wealthy he was. At night all of the animals, dozens of cows, goats and sheep, were herded into the center of the boma for safety. As we walked around the boma I realized I was walking in a huge dung heap that was the most fertilized place on earth.

Boys are not circumcised until they are at least 8 years old and the ceremony is held when a man has at least 4 sons within the boma ready to be circumcised. The ceremony is amazing. The adult men dress in their best red robes. The women also in red robes paint their faces and hair red with ochre. Around their necks they wear a wide collar made of intricately and artistically woven beads, thousands in each collar. The men begin to dance, jumping very high, 2 to 3 feet or more and chant and sing. It goes on for hours, up to a full day. The women watch for a lusty warrior to capture. At the designated time, the older men go to the pasture to get a pregnant cow. A rope is tied around her neck to make her neck veins stand out. They shoot a specially prepared arrow into the vein and blood squirts out. It is caught in a gourd and later mixed with milk that the circumcised boys drink after the circumcision ceremony.

The boys are accompanied by a sponsor, usually an uncle. They are unclothed and the tribal mohel so to speak breaks out a modern scalpel blade, a new and sterile one for each boy. The boy lies between the legs of his sponsor and awaits the ceremony. He cannot flinch or make any facial grimaces. The operation is so quick that one would miss it if not attentive. Milk is poured on the wound to stop the bleeding and the mohel proceeds to the next boy. It is all over in a few minutes. The boys then retire to a special hut where they will drink the milk and blood mixture for the coming week. Then they decorate themselves with white paint, don a black gown and go off through the Serengeti searching for adventures and girls. It is said that in the coming 3 to 4 years, to prove they are brave, they must kill with a spear either a lion or another man. Then they join the adults of the tribe, put on red robes and start a collection of cattle and wives and develop a boma for their own family.

In the morning after the ceremony I joined about 12 Maasai men for morning tea mixed with thick milk. Not my favorite drink but very sociable. We sat around as the women served us. One man asked how many cows I had. None I replied. There was some snickering. Then he asked how many goats I had. None. More laughter. When I informed them I had but one wife, their laughter could not be contained. I thought I kind of got even when I told them I had two cars but they really were not too impressed.

Tanzania like many other countries is labeled “a developing nation”, under or undeveloped, impoverished, a third or fourth world country. Yet almost everyone has a home, some made from mud and thatch, some from concrete. Tanzanians are remarkably happy people with the meager wealth they have. They proudly decorate yards with flowers, their homes with pictures they personally craft and make. The children are delighted with toys made from discarded tin cans. Three generations of families live together, grandparents, parents and children. Grandparents complete the lighter but essential work like sewing, cooking, rearing of children, fixing tools and the thatched roof. The younger parents do the really hard physical work. There is no running water, only wells that might be 20 yards, 20 blocks or even farther from home. Water is obtained from these wells and carried on the head. Each morning the wife leaves home with an empty jug balanced on her head to return a few hours later with a filled jar that seems impossibly heavy. It will be all of the water for that day to wash the baby, make

meals and clean the home. It is never wasted. There is no plumbing so outhouses are traditional, often some distance from home, or a thick bush might serve as well. Everyone must farm to grow enough food for the year since there are not sufficient jobs paying salaries that allow families to purchase all of their needs. What happens if the mother is sick or has a sprained ankle? Or the father dies from an accident, from AIDS, malaria or other cause? Unlike our country where we can rent a nurse, rent a car, purchase meals on wheels, buy insurance or solve our cares with money, in these countries family, friends and neighbors pitch in to assist in the daily chores of living especially during times of need. It has been said it takes a village to raise a child, a true dictum. But more correctly it takes a village to make family life possible.

We had many other adventures, interesting, fun and certainly surprising like being rescued off Mount Meru, shopping at the local farmers' market, being chased by a herd of irritated elephants and others. But the year was ending and Christmas was approaching and it was time to consider returning home to our own families and friends. My only regret is that we had not come for two years. But my wife was ready to return to an American life, my son was planning to marry his fiancée and the holidays were coming. So we packed up and with some reluctance, returned to Cincinnati and a more sedate and predictable life. As we boarded the plane, I turned and waved to all of our Tanzanian friends and said my last Kiswahili words, "Asante sana and kwaheri", "Thank you all so very much and goodbye".