WALKS IN KALITI, LIFE IN A DESTITUTE SHELTER FOR THE DISPLACED

By

Lewis Aptekar, Ph.D.
Professor, Counselor Education
San Jose State University
San Jose, California
U.S.A.
95020-0073

and

Dr. Rob Giel, M.D., Ph.D.

Table of Contents

Introduction

Since the end of the Second World War the frequency of wars has increased, and there have been more and more civilians casualties. Nearly 90% of the war related deaths during the last decade occurred to non-combatants and of them more than half were children (UNICEF, 1986). In last dozen years more than two million children have been killed in wars, and nearly 5 million more had been disabled. Add to this another 12 million children who were made homeless and another million orphaned or living without their parents (UNICEF, 1996). Furthermore the horrors of these wars where rape and decapitation of children and women were documented as a purposeful war policy have increased. Far from being senseless or irrational, war had become more rational, at whatever human costs it is designed to win. These costs include targeting health workers to prevent heath care, destroying schools to prevent education, and ruining places of religion to prevent a spiritual life.

In the small corner of the world where we worked the statistics were grim. More than a million and half Ethiopians died from 1974 when the late Emperor was deposed until 1990 when peace seemed to be at hand, most of them civilians (Endale, 1996). There were also 400,000 Ethiopian war returnees from the Sudan and nearly a half a million Somali war refugees living in Ethiopia. Add another half a million Sudanese refugees and 110,000 Ethiopian returnees from the wars in the west with Sudan. Then figure an additional 350,000 Somalian refugees and 450,000 Ethiopian returnees from the wars in Somalia and the Ogaden in eastern Ethiopia (UNICEF, 1996).

Of this massive group, some 57,381 people comprising 14,000 households were displaced Ethiopians living near or in Addis Ababa (UNDP, 1993). Over the course of next two years we would get to know these people at a level of intimacy which placed the statistics in the perspective of particular people facing their own very difficulty circumstances. This meant that some of the problems that service providers who work with large numbers people could deal with in abstraction or only logistically while we were forced to work fact to face with people who we knew. This created many moral dilemmas for us. For example, should we give material assistance? If so to whom, should we give help to our friends or to the people chosen unjustly by the powerful in the camp? Another dilemma our work posed was politic. (TPO has a politically neutral stance, but realizes that politics are always part of the work that is being done). How could we not lobby for Kasu or Zewde, only two of many people we became close to, and who were essential to our work, and finally who were denied services because they were unfairly taken off the census list? If we did lobby would this not involve us beyond our expertise in mental health and beyond what we had promised the government we would do? But if we didn't would this not be a betrayal of relationship to them?

Another problem that knowing people up close posed was to what extent should we use local people to help us? We knew that international organizations routinely promoted local ownership of programs, in large part to keep the project going after the expatriates

and their money left. Our experience however suggested that it was far more effective to use people who were not tied or committed to the local society. We also found that money from international sources was far more important in keeping a project going than where a person was born. Even in a more psychological context, where positive memories and relationships might endure, we found that it was more likely to come from expatriates than local people (the reasoning of these points follow).

The problems of the people in Kaiti stemmed from living in Eritrea at the time the Eritreans were successfully concluding the war that led to their independence from Ethiopia. Many of them had lived in Ethiopia, now Eritrea for decades. They had made a decent living as civil servants in the ports of Aseb and Massawa, or in the provincial capital of Asmera. At the end of the war, their wives, usually Eritrean women, were given a few hours to choose either Eritrean or Ethiopian citizenship. If they chose Eritrean citizenship they could stay close to their families of origin, but they would not be able to stay with their husbands and children because they were considered enemies. If they accepted Ethiopian citizenship they could continue their lives with their husbands and children, but they would have to leave their families and homelands. The one's we came to know in the project described in this chapter left their past to start a new life with their husbands and children.

To get to Addis many were forced to trek through the hostile Danakil Depression, arguably the most inhospitable place on earth, where temperatures reached 50 degrees centigrade, (122 Fahrenheit) and where there was absolutely no water (Hancock, Pankhurst, & Willetts, 1997). Because they were forced to leave with only what they could carry in their hands, they made this march with insufficient water. Almost everyone witnessed relatives and friends who perished from thirst. Nor was this the end of their tribulations. When they arrived in Ethiopia they found that the Derg government (meaning military council) that had supported them when they were in what became Eritrea was no longer in power. The new government, the Ethiopian People's Revolutionary Democratic Front [EPRDF]) had overthrown the Derg. The EPRDF were not happy to have these former Derg supporters back in town.

At the time we began to work with them they had already spent six and a half years in camps for the displaced where their shelter had been primitive, and where health care had been inadequate. They were allowed to work in the public domain, earning 3 kg of wheat per day per family. Most families had as many as eight people. This meant that they not only lived near starvation, but because the ration did not always come on time, they lived with the fear of starvation.

It is important to note that they were not alone in these circumstances. Nor only were there some 53 camps in and around Addis, but these are just a small number of the ones that now exist in nearly all cities of the developing world and increasing number in the developed world. Because these shelters are so difficult to serve, by which I mean to show improvement to donors in quantitative figures that they are becoming more and more under served, including such primary needs as water, shelter and schooling. In fact

as we discuss in the conclusion our work in Kaliti is an example of what might be accomplished and not-accomplished in places of near absolute deprivation.

Aims of the Project

The Transcultural Psycho-social Organization (TPO) of Amsterdam had been in contact with the Department of Psychiatry of Addis Ababa University for several years, during which time they worked together to solicit funds for a research and training grant that would help this group with their psychosocial problems. The TPO, a World Health Organization (WHO) Collaborative Center has organized a cross cultural study to assess the prevalence and types of mental disorders among war traumatized populations. They wanted to find out if there were any cultural differences that led to increased or reduced incidences of mental disorders and to find ways to support and build upon existing and successful coping strategies.

From the experience of the research that TPO had already accomplished they believed that the existing Western taxonomy of psychosocial responses to war trauma was unclear and inadequate (de Jong, 1996). They suggest that although the symptoms for Post Traumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD) are part of the Diagnostic and Statistical Manual (DSM-IV) another psychosocial disorder labeled Disorder of Extreme Stress Not Otherwise Classified (DESNOS) is more appropriate in situations of continuous traumatic stress. People diagnosed with DESNOS have difficulty modulating their anger. They tended to feel victimized or to victimize others. They had difficulty modulating their impulses, and found it hard to trust others. Amnesia, dissociation and somatizations were common symptoms.

The TPO research plan called for an epidemiological survey with the long-term aim to adapt its interventions to the evaluated need of the population. One part of the protocol, the Composite International Diagnostic Interview 2.1, was designed by the WHO to assess different types of psychopathology along the lines of the DSM-IV and ICD10, and it yielded specific diagnostic information. The CIDI had been tested in several cultures and was shown to be diagnostically reliable (de Jong, 1996).

The CIDI was composed of a set of set questions followed by what was referred to as probe questions. For example, did you tell the doctor about your symptoms? If the person said yes, the following question would be did the symptoms interfere with your life or activities? Before the reader rushes to judgement both the WHO and the European institute were aware of the immense difficulties of translating this information, (doctor, professional, medicine, etc) into culturally appropriate words and concepts.

Other standardized tests in the protocol included the ninety item Symptom Check List (SCR-90). This was a general standardized measure of psychopathology, particularly as an indicator of general neuroticism, as well as a measure of change in psychopathology. It had been used in various cultures indicating its cross-cultural applicability.

The Life Events and Social History Interview and the Hopkins Symptom Checklist (HSCL) gave demographic information, and the degree and type of trauma(s) experienced, and the subject's type of stress responses to them. The Social Support/Social Network Instrument gave information on the subject's social support and how much they took advantage of it. The Coping Style Scale, which indicated differences between trait, (commonly used coping mechanisms of an individual), and state, or specific coping strategies for particular circumstances. All of these were paper and pencil tests.

TPO recognized that it was necessary to go beyond paper and pencil data, and to collect other forms of data collection. The qualitative data was to be collected to yield specific information not likely to be found in the more impersonal testing. Focus groups were used to discover how people felt about their own mental health, including the ways in which they talked about it, that was their cultural concepts, the choice of words, etc. Key informants were to be chosen, because of having a special view of the community, to talk of their experiences (teachers, parents, children, and the elderly). Snow ball sampling, finding a subject with a particular characteristic and asking the subject to identify others with the same characteristic, so that insiders would add their point of view about particular topics, also helped in getting information from particular points of view was to be utilized. And data was to be collected from the use of participant observation and from narratives from various people. These kinds of data would help TPO discover how people had been able to cope, and therefore provide an avenue with which to work.

In addition to research, the TPO project included training a Core Group of people in mental health so that they would be able to train non-professionals to give mental health services in communities where trauma was prevalent.

What follows in this paper is a discussion of the information gleaned from the qualitative data and the problems and promises of training a Core Group. Most of the information comes that we report on here comes from the work we did in a single shelter, Kaliti.

The Survey

To begin to assess the psychosocial problems in Kaliti we had planned to start by numbering each household, but before they could do that we had to define what we meant by a household. We listed the characteristics of a household as the physical place where people slept. It had to have demarcated boundaries. In some cases one wall of a household was the tent wall, while the other three were made from cardboard, but whatever their construction they still served as walls, and they were used by the occupants to define the boundaries of their home.

Using these criteria we found that almost no households had their own separate four walls, by far the majority of them shared more then one wall with their neighbors. It more than a few cases all four walls were shared so that to get into the household it was necessary to walk through another household. Since, we defined households by these physical dimensions and included all the people who slept in the space, we found that many households had more than one family in them. Who slept where, and who could be

considered, as a member of a household if they slept in and out of the camp was often difficult to determine.

We had also to deal with the fact that some people who said they lived in the camp were not always there. Some were visiting family and routinely left and returned, others lived outside of the camp for a time, then came back. There were also many kids who were fostered in Addis by relatives or friends of relatives, and these children returned on the weekends or on holidays. Some came back to stay in the camp. These were in fact coping strategies that the people of Kaliti used, and because on the guiding principles of TPO is to build upon existing coping strategies we were particularly interested in pursuing our understanding of this.

There were also many people who were in the hospital. Some of the came back, others came back after time, and some did not come back. People left to take the holy waters and did not return for a month. Even faster than the people left and came to the camp, were the far too common deaths. On the other side of life and death were the many newborn children.

It was also problematic that the physical structure of the households changed over time. As time progressed and people's financial statuses changed for the better or for the worse there household changed. In some cases new households were built, although more often people made improvements on their existing households by changing a wall of newspaper to a wall of cardboard, or moving an old wall to make a larger space. In cases where financial situations worsened people had to downslide their spaces.

One thing we did was to take the census twice. After we numbered the households and made their first count of the people who were living in each one we made plans to come back and recount. The variability between counts gave us an additional reliability check. When we did the second count there were instances when we found someone who was there on the first census, but not there on the second. The opposite also occurred.

In spite of our efforts we were never able to eliminate problems. These were mostly related to the displaced being caught between trying to be honest with us because we knew each other, and having to inflate their numbers in fear of being left out of getting what was their due. All we can say is that we made several attempts to reduce this bias as much as possible while realizing that in was in part a way of their coping with their poverty.

In our second census we found a population of 2,076 people in Kaliti. There were 218 households. The average household size was 9.55. This was not the same as the average of people in a family, which was 3.86. Since we defined a household as a give space demarcated off from another space and the people in the household were the ones who slept in it, then it became obvious that people of different families were sleeping in a single household.

We then measured the perimeter boundaries of the camp, as well as the dimensions of the tents and the households within them. With this data we obtained information on population density. The approximate size of Kaliti camp including the living and non-living areas was about 4,125 square meters, or slightly less than an acre (4,840 square yards). The density of living space (including private living areas, public buildings like the schoolhouse, latrines, and stores, and public walkways) was about one person per 1.98 square meters. This meant that if a step was taken in any direction a person would either bump into someone else or be forced to take a side step.

We could only guess at what their current incomes were, because like getting the names of who lived in the camp getting the amount of money they had or earned was fraught with similar issues, including the fact that they used this as way of coping with their situation. I knew that daily laborers were jumping at the chance to work for 4 birr per day, which amounted to about 80 birr per month (at the time there were 7 birr per US dollar). Because of the esteem in which these jobs were held we thought that this was a high-income figure for the camp.

The Material Conditions of the Shelter

There were four types of living accommodations in Kaliti. The camp had originally been built by the UN to house Sudanese refugees. These structures were made of mud and had tin roofs and were divided into small apartments. They were the first to be taken when the displaced arrived. Next were three large tents donated by the European Economic Community (EEC). These were supplied soon after they arrived in 1991. They were 25 meters by 12.2 meters, or 305 square meters. One of these tents, much like the other two, had been subdivided, in this case into 26 households. Each household had 11.7 square meters of living space. This meant that each person in the tent, which had a population of 247 people, had 1.23 square meters of living space). There was no electricity, no water, and no toilet facilities in these tents.

Most of the 26 households contained more than one family. Tshenish a chronically ill woman for example, shared her household tent space which was 3.5 meters by 2.8 meters (13.8 square meters or slightly more than 40 square feet, the size of a five by eight foot American prison cell) with a family of four. She lived on a bed made of dried mud mixed with straw. It was covered with the same blanket she received when she arrived. The other family had a slightly larger bed, also made from mud and straw. Newspapers and cardboard boxes composed the walls, as they did in most households in the camp. And, similar to almost every household in the camp, there were decorations on top of the newspapers. In this case there was a copy of a religious painting in bright pastels, and several figures of attractive young white women cut out from newspapers and magazines.

There was a plastic five-gallon container for water, and a black long necked ceramic coffeepot with six small, white ceramic coffee cups. All of her personal belongings were stuffed into one corner in two cardboard boxes, each large enough for a single person to use as a stool. Her single set of extra clothes hung from the Eucalyptus pole tent rafters.

The households had no roofs, save the single roof for the whole tent, so that conversations and cooking odors were communal.

From June to September it rains every day in Addis Ababa, often excessively making the public health problems severe. The mud combined with the sewage and flowed into the public spaces. Drinking water should have been boiled, but this took fuel, which cost money. Carrying water was not easy so it was difficult to wash adequately. Using the latrine because it was a walk from the tents was problematic for the weak, and most children did not go there, particularly at night. Instead they relieved themselves in buckets, or on the ground in front of the tent. It was not much better in the dry season, because the heat inside the tents became intolerable, and the flies intrusive. Whatever the season, every night, the noise from painful tubercular coughing rumbled throughout the camp.

Injera, the local bread, was made from *tef, (ragrostisis teff,* a very small kerneled grass indigenous to Ethiopia and related to an ancient wheat species) an ancient wheat species that was milled, boiled and fermented, then poured into large pancakes and cooked on coal fires. In the morning the people ate *injera* with *wat*, (*wat* is the stew or sauce, made of onions, garlic, pepper, and meat if possible). There was no lunch, except at times left over *injera* without *wat.* At night it was *injera* again, maybe with lentils. Many meals were no more than sweetened popcorn.

At first families were given grain rations of 500 grams per day per person by the government, which in turn received the grain free from international donors. The grain did not always come on time, perhaps a few months late. After this stopped a new program, the Food for Work Program allowed one member of each family to engage in a public works project, usually repairing roads, cleaning sewage lines, or the like. The family was paid in grain. When food was earned this way it created incentives for families to disperse so each person could get more to eat.

Many Ethiopians felt that the wheat each displaced family received from the Food for Work (FFW) program was too much. As we said the people in the camps around Addis had been displaced for six or more years. As time passed the amount of relief aid was diminished. At first there were food handouts of 15 kg of grain per person per month. Later it was reduced to 12.5 kg per person per month. The FFW program then replaced the food handout. At the start of the FFW program, every capable person could participate by working on public projects, like fixing roads. This was modified so that only one person was allowed to work from a single family. At the beginning FFW was paying 4kg per day to a maximum of 100 kg a month. Even at this higher amount it wasn't much. The value of 100kg per wheat was between 120 and 140 birr. This was about $20 per month in food per family.

In fact the grain was not a gift from the government. The grain came from donors who gave it as international aid. The Ethiopian government from Haile Selassie's time to the present periodically told donors that they had to pay an import tax on their donations before this aid could enter the country, but more of that later. For the time being as

painful as it was to accept the argument that the displaced were getting too much assistance the people offering it might have had a point, particularly if the displaced were compared to the overwhelming number of Ethiopians who made up the impoverished masses. The Ethiopian infant mortality rate of more than 11.4% meant that more than one child in ten died before the age of two. Only 85% of children survived to see their fifth birthday and half of them were underweight which was defined as more than two standard deviations below the median for weight given age. Two thirds of the children who lived to be five years of age were stunted meaning that they were more than 2 standard deviations below the median for height given age. Two thirds of the population was below the absolute poverty line, defined as not having enough family income to buy food even at the lowest level of nutrition. Life expectancy was 49 years of age (UNICEF, 1997). In comparison, life expectancy in India was 62 years of age, while stunting and infant mortality in India were half of what it is in Ethiopia.

Surviving in the Shelter

As soon as we started going to Kaliti we came to the realization that each time we went we were brought to see a person who was either gravely ill, or we were invited to attend a ceremony for a person who had just passed. This was becoming so common that the greater part of my days was being taken over by going from one to the other of the acutely ill or by attending funerals. Furthermore it was not simple to help them.

Astra, a small dark skinned woman in her mid 30's was so acutely ill that she could not raise her head to acknowledge us when we came into her space. She had a fever and was dehydrated. Her friend Checkla said that she had not eaten for several days. By her side was her eight-year-old boy, Frazier, who we were told was her only living relative. He had remained with her night and day.

Astra, as we were to learn from the other acutely ill in Kaliti, coped with their illnesses by waiting until they got better or died. After we sat down to try to get Astra's attention Checkla helped her change sides to face us. When she did the plastic grain sack that was her blanket came off her body, revealing her thread thin legs and a pair of red bikini underpants. Checkla held her gently while we tried to take her history. Her immediate concern was that she didn't have enough food to take her medicine with so that each time she tried to medicate herself she vomited up the medicine. With a grunting physical effort that was more eyes than words, she pleaded for money for injections, because injections could be taken without food.

We were told that in spite of having the referral paper to see a specialist she had not gone to the doctor, because she did not have the money for transportation. We were to hear this over and over again. She had already spent all of her resources on medicine, which in fact was bought with the money that was supposed to be used for food. This was the reason why she was not eating.

There were three ways for her to get money, each revealed the stark reality of how they had to chose between coping strategies. One was for her to borrow form a family or a

friend. She had no family except her boy Frazier who had been contributing a few pennies by shining shoes. Her neighbors had already loaned her some money. They had no more to give without jeopardizing their own lives. The second was for her to borrow against her future grain rations, which she had already done once. She knew if she did this again she would have no hope of being able to retire her debt and in her demise the debt might pass onto to her son. Third, she could get money from us. We knew that short of success on one of these options she would die.

Being white and foreign meant that she, and the others in the camp, thought we had a lot of money, which in comparison to Astra and the others we did. Although the parameters of our wealth were probably substantially exaggerated in their eyes, it is sufficient to say that we had enough to give her and many others adequate care. On the other hand what we did have, even if we were to give it all to them, would never cure all of their problems. We did have to accept that in Kaliti (as in Ethiopia) we were wealthy, not even solidly middle class as we were in our countries. The question was how to act given our newfound status. We did not have an easy answer, indeed much of what transpired over the next couple of years was in great part trying to figure out a moral and comfortable way to answer this question.

What was our responsibility as wealthy people? Should we give money to Astra? If we did what would be our rationale for giving in this case and not another? If we started giving to Astra or to anyone when would we stop? Should Astra die, which seemed imminent would we have wasted the limited available funds? When she did die should we pay for her funeral, given its much higher importance in this culture than in ours?

How would the act of helping materially alter our role as mental health experts? Any material assistance given would also have to take into account that our program had already tried to come to terms with the camp on this issue. We had agreed that in return for our work we would give some of them training in mental health, the services of a nurse, a teacher for a school, and psychiatric care at the hospital. If we gave Astra money, what would this mean to our previous agreements and how would the people in the program look upon my efforts?

With Astra in front of us we also thought about how the displaced people in the camp might help her. At what point would Astra's friends and neighbors stop giving her money, would it be at the point when they thought she would die with or without it? Once they made a commitment to her would they follow through until she was buried and her death properly mourned? What about Frazier her boy, would there be any effort from the community to help him? Did they talk about these options openly, or was there some other way they dealt with these decisions? Obviously, how they came to make or avoid making these decisions would shed a light on the mental health of the community.

We would continue to go on these daily rounds and see the sick and dying. Our giving or not giving material aid was not just an economic or theoretical problem, it was a therapeutic issue. Coming to an acceptable agreement with them about what it was that the program had promised, and how we would deal with the inevitable situations that

were outside of this domain, like the problem with Astra, would be an on going trial. A struggle of no less significant outcome than who would live and who might not.

It was impossible to come to a judgment between their constant need to get what they could from us, and in our continual desire to draw the line and prevent them from becoming dependent upon us, outside of the Ethiopian context. There was something in this akin to the Ethiopian beggar asking for alms. In each case it was stark reality of their coping choices. Still it was difficult for us to understand (and for Westerns generally) that the beggars were working in God's service by asking people to help. On the streets the more persistent the begging, the more the beggar asked for, and the worse the presentation of the beggar's self (elephantiasis) and leprosy being common), meant that the beggar was actually creating a favorable situation for the benefactor. Because the more in need the beggar was in the greater the opportunity the benefactor had to demonstrate his religious generosity. What was happening in the camp was not dissimilar to what was occurring on the streets. In the cultural context it was our duty to share out wealth.

Astra finally was admitted to Mother Teresa's home for AIDS victims and her friend, Checkla, who took her there was staying with her because Astra needed constant care. A problem emerged over what to do with Checka's two children. Several people were gathered around to talk about this problem. Before long the conversation became heated. A flamboyant stout middle aged woman, Amharish, screamed at us to get out of the camp. We were not helping them, she said, only causing more problems. Why should she give up her *teff* (her grain ration) for these two children when we, the *ferenji* (the foreigner) could give them money. An argument immediately broke out. Yeshe disagreed with Amharich and told her about the teacher at our school, our offer to give them psychiatric care, and our effort to get a nurse. A few other people came forth to support us, but it was clear that the woman was not alone.

On the face of it the reasoning was clear, we had a duty given our wealth. But there were other factors to consider. The crowd felt we were closer to Yeshe than anyone else in the camp, and thus believed that she must have been getting something material from us. (Another aspect of Ethiopian culture is that patrons take care of their help [Pankhurst, 1990]). They were not able to feed anymore children, and they thought that it was Yeshe's or our responsibility to take over this added burden.

We also had to consider that the motivation of Checkla for taking care of Astra in the hospital was financial. As we did consider how she figured out how she would coped with this problem. She might have calculated that she would be able to get extra money by earning a profit on what we would give her, and therefore have something left over for her family. It was also possible that part of the anger from the camp was coming from their frustration. Each time they saw us coming they became agitated, it was almost a physiological reaction. As if seeing us was the stimulus that provoked their recurrent worry of the uncertainty of whether or not they would get help.

Review of Mental Health Problems, PTSD and the Horrors of the Camp

Over the course of our work we had many visiting European experts on post-traumatic stress disorder (PTSD) come to the camp. They had been in Cambodia and Rwanda, and other places. Usually they commented on the lack of PTSD in Kaliti. The central symptoms of PTSD, which they felt were not apparent, included unwanted mental interruptions of images and thoughts. At night the afflicted person had bad dreams, during the day he or she were not able to control troubling thoughts. In short, people with PTSD were plagued by what they were trying to forget. We came to believe that the visitors did not see PTSD because the people in Kaliti were preoccupied with getting something to eat and obtaining medicine, often for death threatening illnesses, and so the visitors were not able to separate their mental health problems from the "real world" problems.

Yet, in spite of the obvious needs of the displaced in Kaliti, the trauma they had lived through paled (at least by our standards) in comparison to what the Europeans told us about the highly traumatized people. Pol Pot's regime murdered more than a third of the population, often with the family's participation. Among the inhabitants of Kaliti only a few had seen their loved ones murdered, and no one that we knew of had been made to maim or kill their relatives in order to survive. Nor, had they been through the kind of genocide that was associated with Rwanda.

What characterized the people of Kaliti was their march across the Danakil, and their poverty. A paper yet to published by TPO on the results of the epidemiological survey will show that the march more than the poverty predicted what PTSD that was found. Their poverty meant they were able to eat only one meal a day. This meal was no more than a threadbare *wat* and *injera*. They were also familiar with no or nearly non-existent medical care that forced them into a demeaning posture to even obtain the minimum service. Having been promised compensation for what they had to leave behind, or perhaps more succinctly holding on to the possibly of what they thought they had been promised, they also lived with the fear of giving up what claims they had. Thus they were unwilling to leave Kaliti because they knew it would certainly mean forfeiting any of their claims and therefore of the possibility of being able to return to the style of life they had had. Some of these people remained in a deadly state of a psychological waiting. They were unable to look back and resolve their grief or make a decision to move forward. This was what separated the resilient from those who were likely to succumb. It also helped us realize that there was probably a selection factor of the people who were now seeing at Kaliti. In the physical reality of Kaliti there was some question about long a person with a severe psychosis could last. This helps explain why over the time that we were working there were less than expected cases of psychosis. We found no one who was mentally retarded. This might well have been because psychotic people did not live through this type of ordeal. (We should be clear, acute psychosis was more common, but much of it probably came from HIV infection, untreated epilepsy, and TB).

We never were able to get an accurate assessment of how many people left the camp. I would not be surprised if over the years, the better functioning people left. What we were seeing was not a random sample of the all the people who marched through the Danikil.

We were seeing a narrower distribution, as if the ends of the normal curve were truncated. In this middle, the people stayed afloat, barely, but for the most part clearly. Where usually found resiliency from attachments to other people, most commonly this was family, but it was also between young men and women, and also from administering and receiving care for the illnesses that were always present. Also, in many ways they were like Job, in spite of being tested above and beyond what life should bring, they maintained and found solace in their faith. Resilience also came to some extent by preexisting biological factors.

Another explanation for the visitor's observations was that PTSD might have had different symptoms among the people in Kaliti. We wondered if the horrendous of the common was what the experts visiting Kaliti missed and therefore this was why they did not see the people of Kaliti as bona fide psychologically traumatized? In Cambodia nearly 40% of the population was killed, and in Rwanda 14% of the population had been slaughtered in three months. In Mozambique 48% of the health care facilities and 45% of the schools were destroyed. Did the trauma in Kaliti, much more a feature of the 45 million refugees and displaced in the world, fade by comparison so that the visiting experts from the worst stations of Hell could not find the manifestations of trauma in the more common spaces of Hell?

Over the two years we worked with them we could not help but imagine the mental health of the people who shuffled through a day and then another day leaning against the weight of promises and possibilities made and broken. It was not possible to accept them as psychologically functional as we saw them being forced to bend again and again to the vagaries of the on going weather of despair and hope. In fact, throughout the study we went from believing they were suffering from PTSD, to believing they were not, and later coming up with a broader, and we believe more accurate assessment of PTSD, one that would encompass their psychosocial problems, which finally we could not dismiss as benign. These subtler, yet still debilitating, psycho-social manifestations of trauma, their manner of coping with their problems, included many physical symptoms, difficulties of facing new challenges, and problems associated with engaging unnecessarily and often self destructively in petty disputes. All of these symptoms overrode the process of coming to terms with the larger issues of grief and recovery that the people would have to face. They were therefore serious symptoms of mental disorders.

It was almost as if the people found that the symptoms were too frightful to bear. Instead of being able to cope directly with them, their problems were released in constant bickering between different factions seeking help and in being too demanding to those who were trying to help. There was also a terrible void in the civic body. No public health efforts were made even though the community had plenty of time for to care for one another. Poor sanitation and nutrition led to preventable illnesses that reduced the people's capacity to function, which in turn led to further community health problems, and so on, all of which added to the stress of life in the camp and to mental disorders. In fact the cycle had placed them at such a low level of morale that many people, particularly those who were outside of the traditional kinship system and those with

particularly strong stressors to deal with, were not able to meet their basic mental health needs.

What we found was that there were cultural differences in the symptoms of psychopathology. For example elective mutism, hysterical blindness and other dissociative disorders like shaking, falling down was far more common in Kaliti than in the West. These unsuccessful coping strategies, which we were rarely faced seemed in our encounters with them to stake out the bleak degree of what they were dealing with. In fact it was difficult to know if people were possessed by spirits, or physically or mentally ill, and to go one dimension deeper past our Western cultural beliefs, it was difficult to know if there were any differences between the three. What we did find important was that all the above disorders were related to anxiety, which is also considered the source of post traumatic stress reactions. It might well have been that this was the way they showed their post-traumatic stress, rather in the more typical symptoms defined in the DSM-IV4.

We also found that not everyone in the camp suffered or coped in the same way. There were the physically ill who were emotionally strong like Tsehenish, who before her illness was able to roll over her less than righteous job as a bar-girl into the ownership of her own bar. This strength helped her cope with her fatal illness and in coming to terms with the death of her husband and the loss of her daughter. Also in this category was Solomon, who died a slow death from HIV infection, which reduced him from thinking of a career in theatre to thinking about suicide.

Another category was the physically ill who were also emotionally compromised either by intense environmental factors like Yodit whose loses mounted almost beyond what was imaginable, or by existing mental disorders. In this category there were psychiatric patients, including those with AIDS and AIDS related dementia (it was impossible to distinguish without laboratory testing AIDS related dementia and some other mental disorders). There were far too many Traz, who were not ill themselves but who had to treat and deal with the loss of their loved ones who were ill. Grief was as rampant as the lack of health.

There were also the resilient like Mama Zewde who had buried three children since being displaced, but who danced in public ceremonies. And, Ato Abdu, the one legged man who fostered an orphaned girl. And Mulu's whose stepfather spent his days with her two-year-old hemipolegic daughter on his lap. And, there was Lumlum who found pleasure from fostering the orphaned boy, Frazier. And there was Shama who never stopped working to find health care for Mengistu, her eight-year-old epileptic boy.

There were the overqualified who hadn't given up like Mengistu Asefa, the former captain who had led a Division in war, but could do not better than sell chat in a local kiosk. And Afwak who raised his family to succeed (his oldest daughter was at the top of her high school class) without work. And there were many under qualified like Abana, a woman with eight children who could not feed any of them. She could only survive by getting assistance. Not much could be done to help her or others like her, save building a strong community, one capable of taking care of its lowest functioning members.

Trying to Intervene, Concepts and Misconceptions

Each couple of months, the Christian Relief and Development Association (CRDA), a self styled mega- NGO of all the groups working with refugees and the displaced in Addis held a meeting. The CRDA wanted to coordinate programs, thus avoiding duplication and serving as a focal organization for donors and the government. They had produced a document on the displaced that they were going to discuss today. They were hoping to take a vote and come to a final position statement. We were asked to make comments.

As soon as we convened and there were representatives from all the NGOs, we started talking about how difficult it was for the NGOs to continue working in the camps. Donors were offering relief but not rehabilitation funds. (Relief funds come immediately after a disaster and are for food, shelter and immediate medical care. Rehabilitation funds, which come at least six months after a disaster, are for more long-range assistance, including job training. These funds are more difficult to get and become even more difficult as time progresses).

It was the opinion of many in the meeting that the government did not want the NGOs to continue. They thought that what the government wanted was to worsen the situation in the camps and therefore make it easier to close them down and get people out. This made more sense than the other position, which was that the government wanted to destroy the camps by using bulldozers. We thought it was more likely for the government to use an approach of benign neglect than out right hostility. They would just stop giving aid and let the displaced live where they were going to live, which was what happened in most parts of the developing world where squatting had been the way that the poor got a start with a home. It could happen here so we were more optimistic. In fact this might be used as a good negotiating stance with the government - you stop giving us food, we keep the shelter. The government could shed its responsibility and the displaced would keep their place and their community. By negotiating this rather than just letting it happen it would at least make things clear and allow people in the camps to get on.

The CRDA report began with the background information about the displaced, which stated that there were 52, 927 displaced people in Addis. This was twice the figure of the second registration, which came without warning. Some people in the room thought the real number was closer to 24,000 and maybe even less than that. They argued that the inflation of the numbers was "a coping strategy" that the displaced use to get more aid. We didn't think it was a meritorious coping strategy. It was too much like fraud, because given a limited amount of funding for the displaced the ones who increased their numbers received more, thus cheating the honest people, or causing everyone to lie. It was a matter of citizenship, of the importance of working toward the communal well being over self-interest. While others continued to see it as a legitimate way of dealing with a corrupt government policy we thought that what happened in the government registrations was that people without families were being pitched against families, while the government was winning the war of not caring for its own.

The report focused on giving priority assistance to the women and children. In fact it was our opinion that it was men who needed the most help. The women were working in Food for Work (a public work project funded by donor countries), and had continued with their traditional roles in child rearing and being in charge of the household. They were too busy, but better off than the men who sat and played cards, chewed *chat* and were out of work, but desperate for it.

Although it was easy to view the men who were only drinking tea, gambling in card playing, and not taking care of their families or communities, as part of their cultural gender roles, we saw these men as emasculated from their gender specific roles and clinically depressed.

As young men they moved from their rural homes into the cities, competed successful to gain access to miniscule salaried economy, some in the military and many in what might be referred to as the military industrial economy. In this new life they worked in teams on tasks that were far greater even in imagination than they had ever dreamed of. They learned to be mechanics for tanks, transport vehicles, and some worked on airplanes and naval ships. In the civilian sector they refined oil, learning and becoming in command of the technology that it required. They earned enough to buy homes, electrify them, have refrigerators. They had children and the children were fed and clothed, and attended school. The family had medical care. They were a part of the Ethiopian middle class.

It was in the tearooms where they sat like patients in a hospital day care recovery room, rather than as men (most of them were young and hardly any of them were too old too work) relaxing and celebrating their accomplishments. They had lost the power to support their families, their wives were doing what minimal and menial work in the Food for Work program that was available. They were no longer warriors or providers, nor part of team of men working together to reach a challenging goal. They were war victims, not physically wounded, but certainly injured and deserving of attention. Giving priority to children and women would make men even more withdrawn and less involved. This would place yet more stress on their families, even the families that were able to make it intact through this would only find themselves in more in stress and disharmony.

We thought it prejudicial (and wrong) to say as many in the meeting did, that the men walked off with money that was given to them, while the women actually would used it appropriately. What was being said was that Ethiopian men, (and also by implication men of the third world) were not responsible. The quick reaction was to spend all resources on women and children were not only inaccurate. If there was any truth that men were not responsible would this not be even more reason why they needed help before women did?

In fact it was prejudicial to favor any group over another, but this was what came out of central planning. It worked to reduce individual initiative. It was better to take things case by case. We told them about Abdu, the one legged man who had adopted his deceased friend's daughter. Here was a man without a family, the lowest on the scale, yet he might

be the most worthy and the best investment for funding. Why shouldn't he be given priority? Why not meet everyone on his or her own merit?

We ended up thinking that it was not wise to cultivate inter-NGO support. The NGOs wasted too much time and money by the need to make communal decisions or in spending money on offices, equipment, vehicles, etc. On more than one occasion we had seen $35,000 dollar vehicles, being driven by salaried drivers, running errands to accomplish a $1.00 task, like getting photocopies. Consensus building tended to work toward continuing the past, rather than trying the new. At the ground level the job of helping the displaced didn't need political consensus.

There were plenty of other problems to deal with. Based on our Western training we wanted to start by using the family as the basic level of social interaction, but we could not stay with this for long, because most people in the camp no longer had traditional families, and what their traditional families were changing quickly. In fact the balance between the traditional the modern was always a difficult act to understand.

There were for example long standing Amharic descriptors for mental illness, including people who wandered naked on the streets and whose language was unintelligible, who were aggressive and talked to themselves (*ibd, kewes)*. *Wofefe* referred to rural people whose mood fluctuated suddenly. *Bisichit* described people who were greatly of irritable, intensely gloomy or severely anxious. *Abshiu* referred to people who were aggressive because of being intoxicated. The reader can see Araya and Aboud (1993) and Kortman (1987) for additional terms. The main point here was that in the West mental illness was assumed to come from childhood experiences, ongoing mental stressors, and physiological dispositions, while in Ethiopia mental illness was believed to be caused by evil spirits, the main ones being the *buda*, and the zar (Vecchiato, 1993; 1993a).

In Ethiopia it was estimated that 2.6 million adults and about 3 million children suffered from psychiatric disorders (Araya and Aboud, [1993]). Very few of these people would be served in secular offices. Almost all the mental health services were provided in the church or in an area, which were designated for its spiritual value.

Our philosophy was secular humanism and our counseling practice was democratic, while in Ethiopia the practitioner was religious and authoritarian. When an Ethiopian went to Church or to a traditional healer for psychological problems they supplicated themselves to God or to other forms of the supernatural. For us it was more common to form a professional alliance and to expect healing to come from secular theories based on natural scientific principles.

Our therapeutic expectations involved occasional emotional arousal. But it was mostly well thought out recollections of past and current events, while among Ethiopians counseling clients were expected to be taken over by what we might refer to as a "hysterical" or dissociative trance or what they referred to as spiritual procession by for example a Zar. While we were expecting the clients to listen and contemplate they were expecting prayed and to follow directives.

On one occasion we were presented with a 40 year-old woman who like a few others in the camp was living with non-relatives. She never had had any children, and no money of her own. As she said, she had no relatives, no blanket, no clothes, and no friends. The couple with whom she was staying had just had a new baby. We were taken to see her because the noise in the house and the crying of the newborn were driving her as she said, crazy. She cried uncontrollably. While she was crying the new child's aunt came out and held and hugged the woman. One of the Ethiopians with us told her in no uncertain terms that in spite of the noise she should stay in this house where she was loved and where she would be missed if she left. She agreed, stopped crying, became more animated, and we left. Counseling in Ethiopia was often done when a person of higher status lectured and gave direct order to a person of lower status.

We began our intervention by starting school for the children, and beginning supervised sports activities. We also organized some adolescents in the camp who were interested in the performing arts. We found that beginning with children helped the community come together because they were able to put aside their differences to help their children. We also believed that as the children learned more and became more active, their self-esteem would rise. And as the children's self esteem rose the community would feel better, and this would result in having more energy to tackle the long list of other problems they faced.

Our first training began with four young men and four young women who were identified by the Kaliti community as having high character. We paid them a small stipend and enlisted them as students. They accompanied us on our daily rounds, and listened to us as we talked about what we were doing. In spite of the possibility of being ethnocentric (and modern) we demonstrated to the community with these eight people that we were willing to collaboratively with them.

Trust between us loomed as a serious problem in this particular cultural context for the reasons we have suggested, but also because of their particular history. They were displaced persons and they had been traumatized. They had become too efficient at understanding how they should respond, they said only what they thought needed to be heard. For us to penetrate this barrier we had to drop the draping of conventional professionalism and open up to a much more personal approach. Our work with the eight camp students helped us in this and in coming to terms with the differences of our cultures.

What we found was at the heart of the resilience in this community was the value they received from their spiritual beliefs. They were actively religious. Even after they came to grips with the loss of their loves ones and the demise of their material lives with faith and philosophy they were able to endure. We should acknowledge that these very two factors were commonly the focal points of criticism of life in the West. On the other hand their civic politic, a strength in the West was particularly weak in Kaliti.

We could not move forward without a way of knowing if their mental health was improving. In the case of the children we could look to see if our work was improving attendance or performance in school. But there were less tangible but important parameters. These included the balance between religious and civic life. For example, we wanted to improve their camp committees so their duties would be more fairly carried out. We wanted to help them form new coalitions as situations demanded so that adolescents or widows or orphans for example could work together for a common goal better met by collective than by individual efforts. We wanted them to become stronger when relating to the political process that so scared them. We hoped that they would work on their own sanitation problems instead of waiting for someone to help them, or that they help each other with resources like pooling money to buy food communally.

We wanted to help the community get to the point where they were ready and able to make a decision about staying or leaving the camp. If they chose to stay we wanted them to acknowledge that they would continue living with the onslaught of programs offered by the government to get them out. They would also have to live with the decreasing amount of assistance by the NGOs, including the increasingly lack of adequate health care, food and shelter. Their food was coming later and less regularly. The governmental offerings to get them out of the camp were coming more frequently and were coupled with stronger threats about closing the camps and taking away all services.

If they chose to stay we wanted them to realize they were facing only the hope of getting a better compensation from the government, and we wanted them to dig into camp life and make it better, instead of spending all their energy asking for help. What was important was that they acknowledge the reality of their circumstances, and make a clear decision - either take one of the options offered to them, with the realization that it was not as good as they wanted or perhaps even deserved, or stay. If they chose to stay we hoped they would do something more than wait, we hoped they would become involved in improving their lives.

Working with the Core Group

To reach this end we began a 15-week training of a Core Group of 18 mid career Ethiopians who were working for NGOs, the international associations like the UN agencies, the Ethiopian government, and from Churches. These institutions were the ones that were involved with refugees and the displaced, although they did not have mental health programs. What we discovered was that while these professionals began their careers working in the field they had long ago moved into the office. If they had been to any of the camps it was on a quick, “official tour”, which meant they rarely had more than a perfunctory view. Most of them really had no idea about what life in Kaliti was like.

After the first week when the students came back with their first written histories, they said that their clients did not have mental health problems, only physical health problems, and problems of poverty. One man from the Ethiopian Orthodox Church for example began counseling a chronically ill woman. She asked him for medicine. A week later he

brought it to her, and then he was ready to change clients, because he saw no reason to continue seeing her. Yet, he understood what that counseling could be of help to her if for nothing else than preparing her for her demise and death.

Another of our students, Makde, interviewed Yodit, a young woman who lost her child and her husband last year, as well as being chronically ill. After her initial interview she did not think that Yodit had a mental health problem. We wondered if the reactions of these two students, and of several others, was not a form of mutual denial. For example, Yodit denied the intense loss of her husband and child by thinking that her return to her mother would resolve these losses, while Makde contributed to Yodit's denial by avoiding thinking how these problems might cause her mental duress. The same for giving Tsehenish medicine when our student thought she would be better and have no problems, an idea as unrealistic as it was foolishly hopeful.

Eventually we were able to overcome this problem my asking the to think of Yodit. She was barely 21 years old, had been married, left, remarried and had a child who had since died. She also was a chronic TB patient and probably was HIV positive. She obviously had a lot of grief and worry and also probably very little idea of herself as an adult woman. There were many ways that counseling might be of help to her. This suggestion was not difficult for them to understand.

We also noticed that when the mid-career students began counseling they did not have a clear idea of what the outcome of counseling might be. For example, Nesibu a serious young man who was one of the growing number of Ethiopians that after being brought up in the Orthodox church converted to Protestantism was counseling Getachew a 28 year old Amharic man whose wife left him with their boy who was then a toddler. Since then he had been bringing up this boy, who was now nearly six years old. Getachew complained of sleep disturbance since his wife left him. He also had a chronic health problem that eventually led to his demise. Nesibu brought him some medicine and gave him clothes for his son. Nesibu explained his work as “spiritual counseling” in order to change Getachaw’s “life style”. He didn't think he was successful because after two weeks his client continued to have vices, meaning he smoked cigarettes and chewed chat. It was as if the goals of counseling could be accomplished miraculously, as if there was no psychological aspect to it. Did this work? I think it had temporary benefits. It was in line with the customs so it was easy to digest and getting the material comforts also was uplifting, but I never saw that it changed character.

The student's traditions gave them information about what behaviors were considered mentally ill. These included acting strangely or severe anxiety or depression. They were aware that some things in the camp were morally wrong. They knew that some people took advantage of the weak, either by lending money and exorbitant interest or by charging for services like administering medicine that should have been given to abject for free, they did not consider these issues of people's psychosocial well being. We tried to point out that to a great extent the level of a person’s psychosocial well being was what separated those who succumbed to those who survived. When we made our rounds of the sick, it was clear that there were differences in their will to live. Among the people who

were not sick, the differences they had that the future would be better, was also a factor that kept determined the energy they had to compete for the daily struggle of getting food and getting health care when it was needed. The amount of fear about what would happen next was also important to predicting who might survive and who might succumb. Rest at night and some peace from anxiety in the day, kept people physically healthier. Constant distress wares the body down. With serious illness so close this too was dangerous.

Over the course of our work we were beginning to see some changes, although most of the people were not. What broke the door open to understanding was a remark by one student in the mid career students. He said that although his client was getting sicker and sicker, and there was nothing more that he could do for her physically, he thought talking to her had helped her feel better.

Several people over the next several class sessions mentioned a few practical feats we had accomplished. We were able to get health letters from the Kebele for people who were not properly registered. We were able to get the TB patients reregistered for extra rations after they were taken off the list with the second registration. We were able to increase the numbers of people from the camp who could go to the clinic each day from 10 to 15. We had a meeting in which the displaced and the government talked directly to one another, and even though it was not a pleasant meeting, both sides agreed to meet again. We also agreed that we were more educated about the problems of the displaced, and that we had raised the awareness of others in the NGOs, in the government and among the international organizations. Among ourselves we were thinking about the fact that in many ways these successes were political in nature.

This coupling, the connection between impacting the government and improved mental health posed a professional dilemma, in the West mental health practitioners did not become involved in this way. On the other hand, while it was true that these were tangible results we pointed out that in the field of mental health it was very difficult to know if or what progress was being made. We said that rather than see someone make a significant change in his or her life, it was more likely to see someone see old problems more deeply and complexly, and to question old themes more subtly. Then Almaz a student in the class said that she had been working with a woman who had no food and was about to die. She didn't know what to do. Finally she thought of going to see Sister Mary's feeding program. She went and was given food to give to the dying woman. After the woman ate, she said her wish was that her only son would know his father before she died. She gave Almaz some details and she began to trace his whereabouts. Although the woman died before she could fine him, Almaz said that the search itself had given the woman hope and she died knowing that it was still possible for her son to meet his father.

It was apparent that they had been counseling clients who had died while they were working with them. Most of these deaths had been from preventable diseases, meaning that the students had watched the people suffer from sicknesses that could have been avoided by public health efforts, often with just a little bit of money, sometimes no more than the transportation needed to get them to the hospital.

It was obvious that we were asking a great deal from these students. We were telling them to work without being able to give much if any material support to their clients who were in dire need of it. We were telling them to get and give solace solely from the psychological help they could give. We were also saying that they needed to do this in the face of death, in fact in the face of preventable death.

It was highly unlikely that any of us would find a definitive pleasure or raison of being from out work in Kaliti. Like most of our clients the progress of the mid-career students would be subtle and complex. Just as the mid career students were beginning to see some changes and the more involved they became, the greater the emotional difficulty of working in the camp became so that in the end the biggest problem was to prevent them from dropping out due to frustration.

Discussion and Conclusion

One European woman who been hired by an NGO to ascertain how their organization might help the "poorest of the poor" came to class to talk about her work. She said the two major assumptions of her organization (and indeed this was true of the NGO's in general) were first not to give direct assistance to these people because this would produce aid dependence, and would in the end be spent foolishly without making long lasting changes. The second assumption was that local people should be used as much as feasible and that as soon as possible local people should replace all expatriates. In a lively discussion we disagreed with both of these points.

She encouraged the generally accepted idea among most donors that as soon as possible the donors should turn their organizations over to local people we found another point of contention. This was in our position usually a mistake. The turnover policy transferred money from the middle class in the developed countries to the aspiring middle class of the developing countries. I wanted her to know this was not in itself immoral or unwise, but it was a far cry from helping the poorest of the poor in the best possible way.

The usual career path for local personnel was to start out at the lowest level of helper, as for example as assistants to people collecting data on health or vocational programs. As soon as they entered the NGOs, even working in entry level capacities they received relative to their compatriots employed in local organizations far better pay. If they continued with the NGOs, putting in time, and receiving some training by ex-patriots they moved up to mid-level employees, such as the data collectors for our epidemiological survey. As they moved up their income would be in a higher income bracket that further separated them from their countrymen in the local market, even when the latter also moved up in rank. Then, with another level of expatriate training, possibly including a trip to a workshop or conference in a developed country, they would get to point where they would be working under the expatriate administrator of the program. At this point they would be on the edge of entering the local middle class. Finally, with additional time and exposure (and comfort) with the employees from the donor country they would be ready to take over the program.

We were impressed that the Ethiopian people who had been in Kaliti and who were on this employee track were very moved by how badly the displaced were living, but they all nevertheless had a reason not to contribute. Their reasons for not helping the displaced in Kalilti invariably included the fact that working with the displaced would disrupt their careers because the displaced were not favored by the government. They had built up or were building up some middle class security and they became very careful not to lose their perch. This was apparent across cultures, but seemed to shine more clearly when the stakes, like they were in Ethiopia, were higher and the potential fall from grace more profound. There were very few middle class options in Ethiopia and those at its precipice knew how important it was to look after one's own welfare. It was imperative not to make a mistake. The result was that people in this position did the same of what had been done before, usually with more gusto.

Once in the position of being responsible for a project and a budget the local person had two camps to please. One was the foreign donors and the other was local people who the person would live with far after the donors packed up their bags and left for home. Thus once in power, there was a strong tendency to look in both directions. From the local viewpoint it was necessary to take care of one's own kind, giving favors to friends, to others who might be helpful in the future, and to those who had been helpful in the past. This was the local cultural way of sharing wealth. It was the obligation of those who had some income. This meant making sure that the right local people were able to share the largess. In the case of our project, the university was receiving considerable overhead from the project, and would inherit the cars, computers, and other capitol equipment. They expected that the local director would see to it that these extras were not jeopardized. At the same time the local director had to make sure that his own accomplices were taken care of, lest he be considered a turncoat. If he were they might have reason to accuse him of irregularities, like how the funds got into the country.

As more aid came into the country, and because in this case aid had been coming into the country for many years, there was a privileged group of people who owed their special advantages to the foreigners who had placed them in their positions. The burden that was placed on them, of trying to keep what they had, and to take care of those who they needed or might need and those who had former claims from friendship or family invariably contributed to problems. At the same time they had to do the work the donors demanded, which often relied on a completely different set of cultural expectations. Given all of this would it not be better to have a foreigner pass out the scarce but highly needed resources that assistance program brought to the poorest of the poor?

At the same time this was not to blame the local people. It was not easy to get any job, let alone have a decent level of income. I told her to look carefully at local history. Ethiopians have had to live under several governments. In each case making a mistake could be quite costly, either in economic prospects or in civil liberty. Add to this the importance Ethiopians gave to family and friendships. It was important to consider before donors hired local people to run their programs.

In fact there were many comparisons that could be made about how the people in the camp were coping. Their strategies laid on a continuum, on the one end they were self-defeating. These people were retreating from their problems like the young men in the tearoom who were playing cards instead of taking care of themselves. Or the constant bickering between different groups in the camp, like the people from Asab and Asmara, which took away the energy to gather together and work in common. Somewhere in the middle of this continuum were the people who put their names on lists unfairly to inflate their chances of getting aid, thereby serving themselves but possibly depriving others in equal or more need.

At the highest end of the continuum people's coping strategies provided them with a resilient shield that we wanted to learn about. For example, Zewde after losing three of children on the march expanded her remaining family by including Mulu's family, and the orphaned Soloman. She became known by the moniker "Mama". The way Soloman coped with his illness was also an example. He stated out being suicidal but later became the first person in the camp to come forth with the fact that he had AIDS. Or when Mengistu, the unemployed middle aged electrician came to terms with his losses by finding comfort in helping his daughter reach her academic potential.

The comparison that I wanted to make to the woman was that the continuum did not only exist in the camp, it was also part of the culture, and was part of our argument against automatically hiring local people. Both the local hires and the people in the camp shuffled up to expatriates. Like poor Ethiopians for centuries they asked and expected their patrons to help.

The demands that the local hire would have to face were also not qualitatively different than the strategies for coping that Astra employed in the face of her death. In her case she had three chances to live. She could continue to borrow from friends even though she was overdrawn with them, or continue to borrow from a loan shark and sell her son's future because he would inherit her debt. Or like the local hire she could hope to get money from an expatriate or an expatriate funded group.

Another common method of coping common to both groups was they tended to inflate their own needs. When Checkla figured she might be able to charge us a little extra for the transport for Astra, she was figuring out how she might be able to earn something for her family. It was not dissimilar to the common exchange between Ethiopian and *ferenji*. This had served to reduce the income disparity between them, and was one reason why the woman I was talking with, like the NGO's she represented wanted, to give the money to local people. So did Checkla.

Persistently asking for help and over estimating your need for it bothered people from the West. We in the West are more likely to favor independence over asking for help, and explicit accuracy to vague boundaries. But their coping strategies had often proved to be of value. Asking for help gave a person of relative wealth a way to find grace with God. Being less than straight forward about needs reduced the need to say no. In a culture on the fringe of physical well being this was an effective coping strategy.

There was better way to help the poorest of the poor by trying to ingratiate oneself with the local populace by hiring puppet leadership or establishing a situation that was deemed at the moment to be politically correct. Instead hire an expatriate to lead the project, but only if during the interview they said that instead of buying vehicle from the donor country and developing an office to meet donor country standards, they had other ideas like avoiding overhead and caring for the needy. But these were only some things to look for, there was another important one, accepting the coping styles of what people were accustomed to was another.

While we thought it was impossible to work with truly poor people without addressing their immediate needs immediately. We wanted to find a way to help them directly with their basic and immediate needs but to link this assistance with their own coping strategies and that in the end would help them.

The woman argued against giving material benefits. She thought that this could not be sustained, which was another holy word among the NGOs. But what did sustainability really mean? How long would the effects of an intervention have to endure to be considered sustainable? If a program existed for a period of time that was equal to the time of the funding would it be considered sustained? Would it be sustained if it existed as long as the government itself? Another way to look at sustainability was to see it as part of a person's life cycle. If a displaced person got a needed boost like medicine given to a sick boy or girl, at the very moment when it would be most helpful, and therefore never be forgotten, would that be considered sustainable?

To help them be sustainable was necessary to join them in they coped successfully. There was one way in particular that the camp coped with their circumstances that moved the whole community forward. It was an example of the kind of change that once adopted might well be sustained. This was the community’s openness in allowing a nontraditional life style particularly with young females who were allowed to become adults fully and with legitimacy without having to subsume the traditional subservient role of women.

This allowed the young people to open up to each other. In spite of their antecedent trauma and current conditions many of the adolescents were able to see their lives in less than dire terms. They did this by taking an historical perspective of youth and women and realizing that they had the opportunity to take advantage of the expanded role of mixed gender relations. The conspicuous absence of delinquency, child abuse and neglect in Kaliti was one positive outcome of this. Perhaps, the largest evidence of their resilience was that they took care of, and enjoyed each other. Young people were in love, and their love shed an embracing light over the poverty of the community. They danced and sang both constant reminders to everyone that happiness was still possible.

There were other signs of resilience in this camp. One by one they may not have been impressive, but in total it was possible to envision supporting their coping strategies so that counseling could become viable. Although all the households were poor, they were cleaned every day. Beds were made. Each item they had from the red plastic buckets

which were used to wash feet and clothes, to the spoons needed to stir the *injera* were either being used, or elaborately cleaned before being hung in their proper place. In spite of the difficulty of carrying water people continued to bathe, even if it was just their feet and their faces it was evidence of persistence in surviving. People found ways to earn money in spite of the lack of employment opportunities. One man bought discarded cotton, and made mattresses from it. Some older women bought raw wool from sheep, spun and wove it. Young women made beer, or sold *injera*, onions, garlic, or peppers. Life went on.

With every meal, no matter how meager it it was followed by the coffee ceremony. A few strands of freshly cut grass were lain under white cups, the grass and the color of the cups were subtle signs of life. Then incense was roasted with coffee beans and the smells served as a sensual reminder that pleasure was still possible. Three cups were always served offering a lengthy reprieve from the outside world and which mandated conversation and intimacy. Each time they shared the coffee ceremony, which in some cases was several times a day, they had a palpable sign that life was better than it had been. They derived the same comfort from other ceremonies. They celebrate birth through birthdays and paid homage to death and burial, and the mourning that followed. These were common events, almost everyday many would have a chance to participate in their history, and a place to practice their culture.

The fact was that almost all programs ceased as soon as the funding stopped. What kept aid sustainable were new funds or the memories that the recipients reflected upon, many of which came from the long moments they had together over coffee, or in celebrating or mourning the passage through life. It was thee memory of conversations that led to new understandings, and relationships between people that kept thinking about the future possible. These events led to actions that changed the direction of a person's life. These were the important (and most sustainable) aspects of any program. Yet, these difficult to measure phenomena were rarely considered part of a program, which was more often measured by the more easily defined nuts and bolts, like number of meals served, numbers of people in job training programs, etc.

From local ground zero we could see that programs came and left but what made them important were not their longevity but their impact during their existence. This often depended on the character of the person in charge and that person's freedom to make decisions on the spot. What kept programs sustainable were usually the skills of a single person and his or her commitment of living among the impoverished. The mix of two cultures this provided, the spice of difference sparked unusual encounters between belief systems and ways of coping.

We were proposing a structure that placed a person of integrity in the middle of wretchedness, allow him or her to make decisions, and after time through the decisions made and the moral directives given become accepted by the community. The community would learn from observations how to confront difficult situations. Through this person's example a special space would be created, where people could find retreat, and meaning and hope in the midst of their misery. This was why we were encouraging

our mid career students to work with the young people in Kaliti. To recognize and give credence to the ways the people were coping and rejoice with them, so that the fun they had, the care they took of what they had, and they way they gave to one another. These showed the example for the community to follow and created a space that gave them all some reprieve from their difficulties.

On the other hand all the job-training programs which were getting much more funding, mostly to employ local middlemen and women were known for their high overhead, their short life spans, and their questionable results in getting people employed. Hardly anyone actually received a salaried position as a result of job training, indeed about the only reliable job skill that was needed in getting a well paid job was speaking English, and we never saw a training for this.

She asked what would happen if in fact the donors were willing to have an expatriate in charge, how would that person know what the indigenous people wanted? We said she had spent the last three months going from person to place observing and talking in order to see what was needed. This seemed like an adequate plan. If we added the next step, which would be to begin a program, and then to observe it, modify it and act again, would this not be sufficient?

We educated expatriates shouldn't underestimate ourselves, and our training and our abilities. We should also keep in mind that in many cases our history and experience of living and working successfully (at least relatively) in multi-cultural democratic communities was far beyond the experience of local people. In this case, we should not be blind to the fact that Ethiopia had been involved in a war that lasted for three decades (and was still far from over). The way they treated one another had led to the very services that had brought us here in the first place. This of course did not mean to throw these points up in the face of our hosts, and certainly not to put down individuals, but we all were at least to some extent prisoners of our history and culture. In this case the history of feudalism and totalitarianism left its mark.

Initiative, a nearly sacrosanct characteristic in the West was not an attribute that was favored here, it was considered inappropriate even rude. While our Western upbringing had stressed making sacrifices at the expense of her family and friends so that we could perform as well as possible in the work place, our Ethiopian counterparts were raised first and foremost to make sacrifices at work. Ethiopians would be expected to spend time taking care of extended family responsibilities including time off from work to attend marriages, funerals, religious activities, to speak nothing of the priority of talking with friends over coffee. While we in the West would be expected to find time to take care of these duties outside and after work, Ethiopians would be expected to do this before attending to work. In short we could not discount the fact that people from the West (as a rule and not always) were much more likely to work on getting the job done, than our local counterpoints.

An Ethiopian man who was working for an NGO got the job in part because he was displaced and orphaned. His father was killed in the war and his mother died in one of the

camps. He was now in charge of his five younger siblings and was earning 300 birr per month (about 24 dollars, which was half the average yearly income of Ethiopians). He was obviously happy to be doing so well, and it was clear that he knew what he had. He was one of a group of people who were not normally considered dependent on receiving assistance, one of the local nationals working for an expatriate NGO. He was earnest and worthy and we were happy to see him get ahead, but we also thought that much of what we were saying in class was being shown to us in Kaliti.

Furthermore, we began to look more carefully at the term, "Aid dependency", which was frequently used to describe the displaced. It was a pejorative term that described them as being without initiative and unable to get along with the help they were receiving, which in fact was only making them more dependent.

In fact Aid Dependency also applied to the psyche of the donors more than it did the people in the camp that received the aid. It helped explain to us why we were having so much trouble keeping our mid career students in the field. Like the donors who were frustrated with not getting enough bang for the buck, our students felt "burned out" by trying to help and not being able to see results.

As the project came to a close we were aware of some particular problems that had to be left unsolved. There was the problem of coping beyond taking care of oneself and one's family. This contributed to the problems of governance, where people would have to learn to work for the common good instead of personal enrichment. There was the massive amount of illness, which was a test of will for the community, providing the awful drama of slow and tortured death, even though it gave them a chance to cope by showing their love and care. The latter being a force of empowerment which if coupled with their religion helped them deal with what we in the West could not imagine save for our most awful literary images of Hell.

All of our work was on one level, but there was work to be done on a higher level, one would have to consider counseling for reconciliation, not only for the victims but also training heir children and adolescents. Only the next generation would accept ethnic differences, which in the end was the only hope to prevent the cycle of recurring war.

References

Araya, M. & Aboud, F. (1993). Mental ilness. In H. Kloos & A. Zein (Eds.), *The ecology of health and disease in Ethiopia* (pp 493-506). Boulder, CO: Westview Press.

de Jong, J.T.V.M. (1996). TPO program for the identification, management and prevention of psychosocial and mental health problems of refugees and victims of organized violence within primary health care of adults and children. TPO: Amsterdam.

Endale, Yonas (1996). *Ethiopia's mental health trampled by armed conflict*. In T. Allen (Ed.), Search of cool ground: War, flight and homecoming in Northeast Africa (pp 274-277). Trenton, NJ: Africa Wold Press.

Hancock, G., Pankhurst, R., & Willetts, D. (1997). *Under Ethiopian Sky* (3rd Ed.). Nairobi: Camerapix Publishers.

Kortman, F. (1987). Popular, traditional, and professional mental health care in Ethiopia. *Transcultural psychiatric research review*. 24, 255-274

Pankhurst, R. (1990). *A social history of Ethiopia*. Addis Ababa: Institute of Ethiopian Studies.

UNDP, (1993) *Human development report.* NY:UNDP.

UNICEF, (1986). *Children in situations of armed conflict*. E/ICEF.CRP.2. New York: UNICEF.

UNICEF (1996). The state of the world's children: 1996.Oxford: Oxford University Press.

UNICEF (1997). *The state of the world's children: 1997*. Oxford: Oxford University Press.

Vecchiato, N. (1993). Illness, therapy, and change in Ethiopian possession cults. *Journal of International African Institute*, 63(2), 176-195.

Vecchiato, N. (1993a). Traditional medicine. In H. Kloos & Z. Zien (Eds). *The ecology of health and disease in Ethiopia* (pp. 157-178). Boulder, CO: Westview Press).