

Maryknoll sister works her way out of a job at Kenyan mission

By Teresa A. Parsons

A mud hut with one door and a window was where Maryknoll Sister Dorothy Louise Doescher started back in 1972. That's when the Rochester native and a colleague opened a dispensary in Kitale, Kenya.

"It was so small we could only admit one person at a time," Sister Dorothy recalled.

Last year, that same clinic — now a sturdy, 11-room cinderblock building — treated 89,000 patients, providing maternal and child health care, dental, laboratory and natural family planning services. "It's the busiest mission clinic in the country," she boasted.

But rather than savoring what she'd accomplished in 13 years of hard work, Sister Dorothy recently gave the clinic away.

Before traveling to Rochester for a home visit with her sister this fall, Sister Dorothy and her partner turned the dispensary over to an African congregation, the Assumption Sisters.

It wasn't easy to leave what she's worked so hard for, especially at the age of 60. But since the ultimate goal of mission work is to make oneself obsolete, a missionary has no business becoming too comfortable, she noted.

When she returns to this country every five years for a home visit, Sister Dorothy said it's always a culture shock. The phone, television and washing machine are all new challenges. "I feel so stupid and helpless pushing buttons on the washing machine," she said. "But I'm afraid I'll break it."

Sister Dorothy feels fortunate to have family members to welcome and support her, but added she gets a feeling of rootlessness each time, seeing and hearing about what she's missed.

"You immerse yourself in the culture there ... but the people look at you just as someone who can fix them," she said. "You come back and you don't fit in here anymore either. You feel like you don't belong anywhere."

Nevertheless, when she returned to Kenya, Sister Dorothy planned to use her experience as a drug dealer — buying medicines and supplies for a network of clinics and dispensaries.

In the near future she also hopes to open a new, smaller clinic. "I hope it will be a smaller, more friendly operation," she said, pointing out that mission teams need to function as more than just "people fixers."

Sister Dorothy was assigned to Kenya in 1968 after eight years as a nurse in Sri Lanka and six years working at a Maryknoll nursing facility in California. But first she had to study the Swahili language in Tanzania for a year. In 1969, she began work as a nurse at a government hospital in Mombasa, Kenya.

Although she was assigned to one hospital, Sister Dorothy said the government shuffled her all over the country as needed for two and a half years. The constant moving and the shortage of supplies and medicine she frequently found at government facilities prompted her to consider opening a dispensary sponsored by the local diocese.

Patients came to Sister Dorothy's mud hut dispensary from nearly 50 miles in all directions — in wheelbarrows, by tractor or bicycle. When their patients couldn't come to the clinic, Sister Dorothy and her staff made "hut calls." One day a week the dispensary

even sent a "safari team" out into the bush country to treat those who couldn't come to them.

"Malaria is the big killer," she said. "The babies die from dehydration and adults from other complications."

But the cure is nearly as bad as malaria's chills and fever. "You become immune to the medicine and get worn out by it," Sister Dorothy explained. In her case, the medicine is debilitating her eyesight gradually, but she doesn't seem to mind.

Malnutrition was another common condition at the dispensary. Most of the people Sister Dorothy treated were farmers whose quality of life fluctuated with the rains and weather. Although Kenya's northern desert region has suffered from the much-publicized African drought, Kitale is in the southern part of the country, where the crops have been poor but "enough to scrape by," Sister Dorothy said.

The diet of the farm families is mainly ground corn mixed into a thick, hard, paste called *ugali*. Typically, it's served with green vegetables and gravy or occasionally a bit of fish or chicken. Infants and children eat a watered-down version of *ugali*.

"They live hand-to-mouth there, buying for one day at a time in tiny quantities," Sister Dorothy said. Often, the people purchase such "luxuries" as cigarettes at the expense of things they really need. Most stores also offer credit, so when the crop is bad people switch from store to store, running up the maximum bill at each.

Even when the crop was good, Sister Dorothy saw people who were malnourished. "They're not aware of the makeup and importance of a good diet," she pointed out. "Education is needed to get them to eat well."

Sister Dorothy found that she needed some education as well — on culture. She found, for instance, that during the month of Ramadan, it was useless to order Muslim patients to take medicine during the day. "They don't even swallow their saliva till sundown," Sister Dorothy explained.

She has also had to struggle with patients' understanding of directions. "Sometimes we'd give someone a bottle of pills with instructions to take two per day for two weeks. Two days later they'd be back asking for more medicine," she said.

Another time, the clinic was distributing powdered milk mixed with a protein supplement for babies. Sister Dorothy realized that instead mothers were using it to lighten their tea. "We had to tell them it was medicine so they wouldn't use it," Sister Dorothy said.

Birth control is another area where culture clashes with civilization. Since a man is permitted to have several wives and a woman's value depends heavily on her fertility, families in Kenya tend to be very large. In fact, Sister Dorothy said that Kenya has the highest population-growth rate in the world.

The Kenyan government, meanwhile, is always seeking loans from the World Bank. Recently, the bank has begun refusing to grant loans to Kenya unless the government pursues sterilization and birth control campaigns.

Those who attempt to teach the people about birth control are handicapped in



Jeff Goulding/Courier-Journal
Sister Dorothy Louise Doescher's grandmotherly appearance belies the fact that she leads medical teams into the bush country of Kenya.

several ways. Men often travel to nearby cities seeking work and so are difficult to reach with information about birth control. Women, on the other hand, are afraid that if they stop bearing children, their husbands will take other wives.

As a result of the difficulties involved, many women have simply been forced to undergo sterilization or other birth control procedures without any understanding of what has been done to them. "Some women are coming out of the hospital after an operation asking, 'When can I have my next baby?'" Sister Dorothy said.

The Catholic bishops of Kenya are trying to register protests against this policy while retaining good relations with the government, Sister Dorothy explained. It is native Kenyan clergy and religious who are most vocal on such justice issues. "They are really wonderful, politically aware," she said. "They really stick their necks out."

If Sister Dorothy has faced overwhelming needs in her mission work, her experience also includes some notable triumphs. One

Kenyan mother brought her eight-year-old daughter to the dispensary. The child had been severely burned when she fell into a cooking fire. All of her hair was gone, one side of her head was badly scarred and she'd lost one eye. To her parents, the girl's primary value resided in the dowry she would bring at marriage. Because of her disfigurement, the child's future looked bleak.

Sister Dorothy was able to arrange plastic surgery for the girl at a Nairobi hospital. In the meantime, she managed to procure a glass eye and a wig for the child.

The mother was overjoyed at the improvement. In thanksgiving, she brought Sister Dorothy the most precious item she had — a goat.

By explaining that she was about to leave for the United States, Sister Dorothy was able with some difficulty to persuade the woman to keep the goat and celebrate a feast instead.

"They are fine people — very close to the earth," Sister Dorothy said fondly. "They always come bringing a gift."

Krol committee clears CRS of allegations

By Jerry Filteau

Washington (NC) — Catholic Relief Services has "nothing to hide" in its African operations, Cardinal John Krol of Philadelphia told the U.S. bishops meeting in Washington Nov. 14.

It would be a "tragedy if the allegations (of wrongdoing) were to take the focus off the continuing need in Ethiopia.... The real danger is one of 'donor fatigue,'" the cardinal said.

Cardinal Krol headed a three-bishop ad hoc committee appointed last summer to investigate allegations that CRS was misusing the millions of dollars donated for Ethiopian famine relief and that it disobeyed U.S. Agency for International Development rules in the way it handled token payments for food aid in Africa.

His committee, he said, recommended that CRS adopt a clearer "mission statement" and develop "more specific personnel policies" to avoid potential problems in the future.

But, he said, the committee also found that:

- "Catholic Relief Services is using its donations wisely and well in Ethiopia."

- CRS in Ethiopia "is moving food as quickly as possible.... Never was any food delayed by CRS because of a conflict with the U.S. government over the costs of inland transportation" as was alleged.

- Although CRS collected token contributions for food distributed, this was in accord with local advice and there was no evidence that anyone was denied food for lack of ability to pay or that any of the collected funds were misused.

One of the most serious allegations made against CRS operations in Ethiopia was that the Catholic agency delayed transportation of food from ports to distribution centers, letting people die because of a conflict with the U.S. government over who would pay the transportation costs.

The Krol committee found that "the contrary was true. CRS advanced the funds from its own private contributions so that food transportation could begin immediately."

So far, Cardinal Krol said, CRS has advanced "\$11 million of its own funds for the transport of food, monies which have been or will be reimbursed by the American government."

Father Robert Lynch, U.S. Catholic Conference associate general secretary and a staff aide assigned to assist the committee's investigation, told reporters later that the "token contribution" activity among food recipients in Ethiopia was limited to a few instances where the local agency that CRS worked through insisted on it. The Agency for International Development spot-checked 60 CRS distribution points and found the

practice in only three, all in the Tigray and Eritrea provinces, he said.

He also defended that approach, saying that as an American he went to Ethiopia appalled at the idea that people would be asked to pay anything for emergency food. In fact, he said, "I was turned around 180 degrees on that" when he learned how much importance people in those areas placed on avoiding the appearance of being beggars receiving a dole.

Both he and Cardinal Krol said they uncovered no claims that anyone was ever denied food for lack of ability to pay.

The accounting firm brought in by the Krol committee said the procedures CRS followed in collecting and allocating more than \$50 million for African relief within a few months strained the limits of its staff capabilities, leading to recommendations for new procedures in anticipation of any future occurrence of that magnitude.

Cardinal Krol reminded listeners that the outpouring of donations to CRS when America became aware of the Ethiopia famine was "the best ever recorded in human history."

"It would be a shame," he said, "if Monday-morning quarterbacking, particularly by those who were not on the scene, were to dim the luster of CRS's efforts in Ethiopia."

He said a local relief worker in Asmara,

where CRS is feeding 700,000 people, told an investigator, "If it had not been for CRS, everybody here could have died. In our minds, CRS is second only to God."

Cardinal Krol was joined in the fact-finding committee by Bishops John R. Keating of Arlington, Va., and William H. Keeler of Harrisburg, Pa.

The committee personally interviewed three of the four persons who originated the published complaints last August, he said, and the fourth, who lives in Paris, submitted a long written statement. It interviewed others in the United States and sent staff members and accountants to Ethiopia and three other African countries to do on-site investigation of all the complaints raised. The allegations were circulated to a number of U.S. bishops and received wide publicity after they were reported in a lengthy article in The New York Times.

The full, 27-page written report the committee gave to the bishops and the press concluded, "We find it difficult, if not impossible, to find serious fault with any decisions which either CRS-New York or CRS-Ethiopia have made."

At a press conference after the report was made to the bishops, however, reporters focused heavily on the areas where the investigators indicated a need for changes in current CRS practices, or better or clearer policies.