

FROM AUSTRALASIA TO ADDIS ABABA:



Portrait of fistula patient Felekech at the Addis Ababa Fistula Hospital. Photo by Kate Geraghty/Sydney Morning Herald/Fairfax Media via Getty Images

REFLECTING ON THE LIVES OF REGINALD HAMLIN
AND CATHERINE NICHOLSON HAMLIN

Tony Bazi, MD



Dr. Bazi is Associate Professor, Obstetrics and Gynecology, American University of Beirut, Beirut, Lebanon. Dr. Bazi's essay is the recipient of the 2022 AQA Robert H. Moser Essay Award.

Almost every resident of Addis Ababa (the capital of Ethiopia) has heard of the "Fistula Hospital," as the

locals refer to it. Many can even direct you to its location, in Agusta.

Two physicians, Reginald Hamlin (1908-1993), and Catherine Nicholson Hamlin (1924-2020), founded the Addis Ababa Fistula Hospital in 1975. Through their lifelong devotion to women's health, they had an everlasting impact on the fate of countless women in Ethiopia, Africa, and beyond.

Reginald was born in New Zealand, where he graduated from the School of Medicine at the University of Dunedin. A traveling scholarship took him to Australia; and after spending a few years at Crown Street

Women's Hospital in Sydney, he became the medical superintendent there.¹

Catherine was born in Sydney, Australia, where she studied Medicine and graduated in 1946. After going through many internships, she joined Crown Street Women's Hospital as a trainee, the only female physician there at the time.²

Reginald and Catherine were married in 1950, and moved to work in London, then in Hong Kong before returning to Australia where Reginald assumed a medical leadership position at Adelaide's Queen Victoria Hospital.¹

In 1958, the couple responded to an ad in the medical journal *Lancet* to establish a midwifery school at the Princess Tsehai Hospital in Addis Ababa, Ethiopia. In 1959, they, and their six-year-old son, Richard, travelled by sea to Aden, then flew to Addis Ababa.^{1,3} Little did they know that what was intended to be a three-year contract, would turn into a one-way journey that transformed their lives and the lives of millions of women suffering from, or at risk of, developing obstetric fistulas.

The midwifery school project did not survive beyond one year, allegedly due to governmental financial



Reginald and Catherine Hamlin with the staff of the Addis Ababa Fistula Hospital, circa 1975.

From Australasia to Addis Ababa

constraints.⁴ While the Hamlins continued to render medical services at the Princess Tsehai Hospital, they were dismayed by the rather frequent presentations of women with obstetric fistulas, a rather rare condition in Australia and other high-income countries with resources earmarked for medical care and adequate transportation.³

Obstetric fistula

Obstetric fistula (OF) is one of the most serious and tragic childbirth injuries. A hole between the birth canal and bladder and/or rectum can ensue following prolonged obstructed labor especially in the absence of skilled health care providers.⁵ All too often, the stuck baby is finally delivered, but stillborn. If the mother survives, she can be plagued by incontinence of urine and/or feces due to tears in the respective storage organs with false tracts into the vagina.⁴ Following this horrific experience, the woman is frequently abandoned by her husband, and in some instances may not even be taken back by her original family due to the smell of the continuously leaking body fluids.⁴ Furthermore, a complication known as foot drop resulting from nerve damage due to prolonged labor and exaggerated thigh flexion, can render the woman incapacitated, unproductive, and unable to attend to her personal needs.^{4,6}

Finding a fix

The Hamlins felt compelled to try to alleviate the suffering of these women by attempting to surgically repair their fistulas, as no other option was available. The problem was that the Hamlins had had very little exposure in this malady, and had received no training in fistula repair.³

“We started with cases that we could do, we started with small fistulas, and we soon learnt,” recalled Catherine.⁷

They consulted textbooks, and reviewed surgical literature, particularly that of Heinrich Martius’ method of flap reinforcement in the correction of fistulas.¹ They also communicated with colleagues and experts around the world, including Naguib Mahfouz of Egypt, and Chassar Moir of Oxford (UK), and benefited from on-site visits of others, such as Robert Zacharin, the renowned Australian gynecologic surgeon.^{1,3} They gradually sharpened

their skills, and were able to modify their technique depending on the complexity of the case.

Quickly news of the successful repairs spread, and more patients with OF presented to the Princess Tsehai Hospital, filled with hope for the once incurable condition.³

The Addis Ababa Fistula Hospital

Recognizing the dire need to service a much larger population of agonized women, in 1971, the Hamlins purchased a large lot next to the Akaki River on the outskirts of Addis Ababa, and planned to erect the first hospital exclusively dedicated to the treatment of women with fistulas. The project was primarily funded by inter-



The Addis Ababa Fistula Hospital. Flickr image 15981775

national donations solicited by Reginald.

The hospital—the first of its kind since the days of Marion Sims (1813-1883) in New York—was officially opened in 1975, and named the Addis Ababa Fistula Hospital (AAFH).^{1,3}

No woman with a fistula condition was turned down, and the care provided was totally free. Consequently, there was an exigency for financial sustainability.

Reginald was an eloquent orator and could articulate with faith the miserable conditions of women living with fistulas. Describing himself as “a professional beggar,” he continued to successfully raise funds to secure the uninterrupted operations of the hospital.³ What made his case uncontested, is that he and Catherine lived in a cottage adjacent to the hospital, receiving only modest salaries from the Ethiopian government.

The AAFH quickly gained reputation and started to receive women with OF from rural Ethiopia and neighboring countries. These women were primarily the ones who had the good fortune to know of the hospital's existence, and who could afford the cost and hardship of many days of transportation. Most of these women had been suffering from incontinence an average of four years prior to their presentation.⁴

In addition, AAFH was also the referral destination for many women with fistulas not related to childbirth. Those would be mostly victims of rape and violence, within and outside of marriage, especially during war times.⁸

AAFH never functioned solely as a surgical center, but rather as a sanctuary for women with fistulas. Usually, women arrived at the hospital in a jeopardized, sometimes critical state: exhausted, malnourished, dejected, and often with skin sores due to chronic urine irritation.^{1,4,6} Upon their arrival, they were embraced by nurse aides and staff, many of whom were former patients with fistulas.^{1,4,6} Their general condition was assessed, including their nutritional status, and the presence of infections and infestations. They were fed, given comfortable sleeping space, and provided cleaning facilities and new clothing. They were started on physiotherapy programs, should there be a need to address foot drop or muscle contractures developed after lying in fetal position for a long time following their birth injuries.⁴ During this preparation phase, they were able to stroll along the gardens on the hospital compound, meet former patients with success stories, feel the hope within, and get “mentally and physically transformed.”⁶

Patients were operated on only when their medical condition, including their nutritional status, permitted. After surgery, they were kept on the ward for a minimum of two to three weeks, the necessary time to assess the outcome of the surgery. Women were never discharged without a concrete plan and clear destination.⁶

“We don’t just treat the hole in the bladder, we treat the whole patient with love and tender care, literacy and numeracy classes, a brand-new dress, and money to travel home,” Catherine summarized explaining the philosophy of the holistic approach at AAFH.⁹

Attracting worldwide talent

The center received attention from the professional medical community worldwide, and started to attract local and international physicians who joined the faculty. These faculty members would operate on a daily basis in an open theater system where many surgeries were performed simultaneously in one large hall. This allowed for intraoperative mutual consultations among surgeons, thus further enriching their experience. The postoperative ward was also an open space with no partitions, so that the limited number of nurses could easily observe and attend to the needs of the patients.¹

The AAFH became the training site for many surgeons who later became experts in their native countries and went on to establish fistula referral centers in India, New Guinea, Pakistan, Bangladesh, Nigeria, Niger, Sudan, Malawi, Benin, Tanzania, Kenya, Nepal, Zaire, and Ghana.³ Surgeons from Europe, the United States, and other parts of the world visited the hospital as observers. The AAFH had developed a policy to train surgeons, only if they would be working in countries where OF are common.³

In the mid 1970s, there was a violent uprising in Ethiopia against the regime of then-Emperor Haile Selassie. What followed were years of civil unrest, and a shortage of food and medical supplies.³ The vast majority of foreign physicians left the country, as personal safety was at stake; the Hamlins did not. Catherine recalled a stray bullet landed on the sofa in her living room just minutes after she had moved from that seat.³ “All through those difficult years, we had a full hospital,” recalled Catherine.⁷



Dr. Catherine Hamlin, left, Birru, right, and Yeshe, center, at her home in Addis Ababa. Birru and Yeshe worked for Dr. Hamlin since arrival in Ethiopia in 1959. Photo by Kate Geraghty/Sydney Morning Herald/Fairfax Media via Getty Images via Getty Images



Medical staff with a fistula patient. A photo of Dr. Reginald Hamlin hangs on the wall at the Addis Ababa Fistula Hospital. Photo by Kate Geraghty/Sydney Morning Herald/Fairfax Media via Getty Images via Getty Images

Giving it their all

The Hamlins would go back to Australia about every few years to see family and friends, but felt that Ethiopia was their home, and they just could not turn their backs on the “fistula pilgrims.”³

In 1991, Reginald was diagnosed with a lower limb sarcoma. During his illness and treatment, he enjoyed going to the AAFH every day, and talking to the patients before their surgery and giving instructions before their hospital discharge, just as he had been doing prior to his illness.³ Reginald passed away in 1993, and by that time more than 10,000 women had been treated at the AAFH.¹ Catherine, then 69-years-old, went through a short period of uncertainty, but finally decided to stay in Ethiopia, feeling that her work was not yet done, and with the presence of the “talented and devoted staff,” she was not alone.³

What started as a 40-bed hospital would become a 120-bed facility by 2020, with more than 60,000 fistulas treated as of that date.¹⁰

Restoring self-worth

The majority of patients had successful repair, regained their continence, and their lost dignity. However, some had extensive tissue destruction and failed many attempts at closing their fistulas, while others had to have urinary diversion requiring lifelong access to bags and other necessary supplies. For this group of patients, a haven was established in 2002, Desta Mender, or Joy Village in Amharic. Established 17 kilometers from Addis Ababa, in that village, women learn farming, cooking, sewing, and other various tasks, as part of a strategy that helps restore their self-worth.⁴

In view of the amount of complex services rendered, a foundation, Hamlin Fistula Ethiopia, was created to organize funding, budgeting, and day-to-day operations. At the same time, AAFH was renamed Hamlin Fistula Hospital Ethiopia.

The Hamlin model of a medical/surgical/rehabilitation center was successfully replicated by the Hamlin foundation in other, larger provinces in Ethiopia. By 2010, the organization had launched five regional facilities.⁹

The extensive experience gained over decades at the AAFH allowed for a realistic analysis of assets and obstacles in establishing a successful Fistula Center in other countries. This was shared in a 2002 publication by Catherine Hamlin et al., that put together a road map for others embarking on similar projects. The publication was tailored to the resources of developing countries where OF is endemic.¹¹

There currently exist numerous centers dedicated to treating OF, along with ongoing training programs for fistula surgeons. These centers exist in partnership with academic, governmental, and United Nations affiliated organizations.¹²

An ever-present problem

Despite the success stories of OF repair outcome and the proliferation of the fistula centers, the Hamlins were aware that there would never be enough resources—human or financial—to cure all fistulas. In a 2006 survey, the prevalence of untreated OF in rural Ethiopia was 1.5 per 1,000.¹³ It is estimated that two million women worldwide are currently living with OF, half of whom are in Sub-Saharan Africa and Southeast Asia.^{12,14}

Improved obstetric care is key to the prevention of OF, specifically in rural areas of very low-income countries.

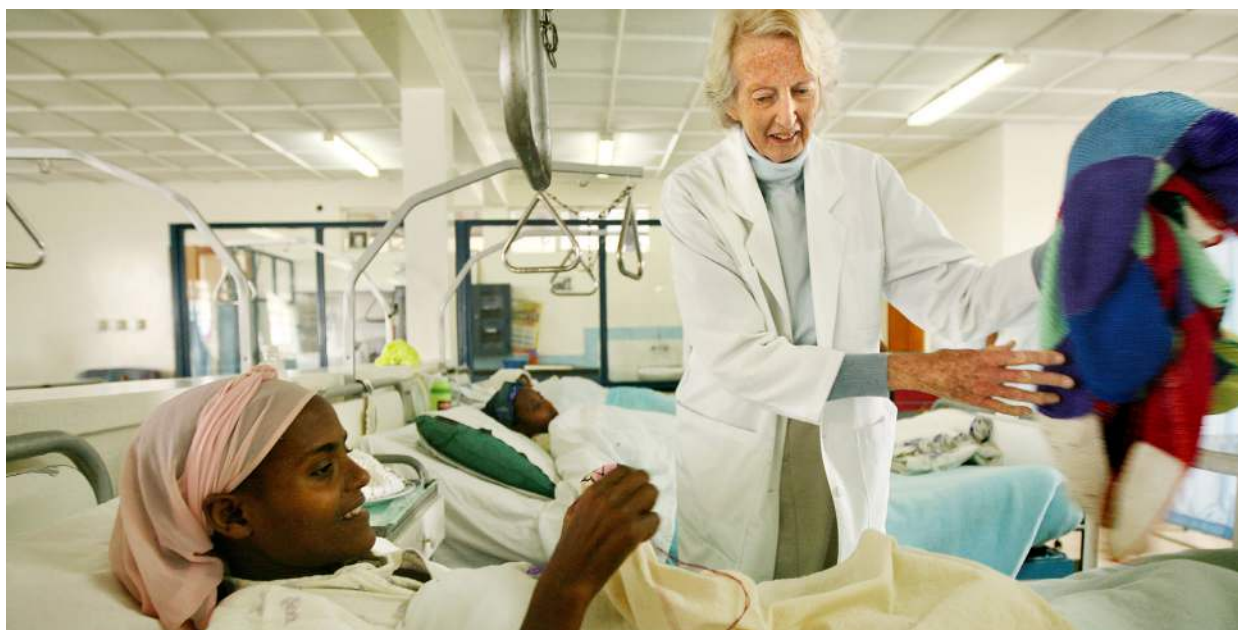
Catherine's dream came true in 2007 when the Hamlin College of Midwives was established. The College offers a four-year training program for students from the

country's most remote areas, so long as the graduate midwives go back to their communities to uptake much needed basic obstetric care.⁷ In 2020, there were reportedly 80 Hamlin supported midwifery clinics.

Neither Reginald nor Catherine was a prolific medical writer or researcher. Their time was concentrated to their clinical duties, surgical and post-surgical care, and running the daily operations of the center. However, the refinement of their surgical techniques, the volume of complex surgeries, and the availability of training for numerous surgeons have contributed to a better understanding of OF, and permitted the publication of numerous manuscripts of relevance, which have enriched the medical literature and helped guide surgeons worldwide in their approach to OF.

Zacharin started the preface to his 282-page medical textbook entitled *Obstetric Fistula* published in 1987 with, "Undoubtedly this book should have been written by Reginald and Catherine Hamlin, whose contributions to the practical management of obstetric fistula have been recognized throughout the world...but always the continual work load at their Fistula Hospital was adequate reason why such a book never could have eventuated."¹

During their lifetime, Reginald and Catherine were bestowed with many awards from academic, governmental, and private organizations.¹⁵ Catherine was twice-nominated for a Nobel Peace Prize, in 1999 and in 2014.¹⁵



Dr. Catherine Hamlin makes a 30-year-old fistula patient, Daro, more comfortable as she goes about her morning rounds. Photo by Kate Geraghty/Sydney Morning Herald/Fairfax Media via Getty Images via Getty Images

Such recognition was instrumental in raising awareness of the OF endemic, and in exposing the root problem: the marginal, often non-existent, obstetric care for women in rural areas of low-income countries.

When Catherine's autobiography *The Hospital By The River: A Story Of Hope*, was published in 2001,³ the AAFH was put on the world map of wonders.

In 2004, Catherine, in one of her infrequent trips outside of Addis Ababa, travelled to Chicago for an appearance on the *Oprah Winfrey Show*. Interestingly, she had never seen the program before, and did not know who Oprah was.⁹ However, Catherine's genuine testimony dazzled millions of viewers, and gave a tangible boost to the fundraising efforts to support the foundation.

In 2014, Catherine Hamlin received the Distinguished Surgeon Award from the Society of Gynecologic Surgeons. In a videotaped acceptance speech she said, "I just want to draw the attention of the world to this great need here for maternal health. Before I die, and I am 90 now, I want to help these women."¹⁶

Catherine died in her home on the premises of the Fistula Hospital, the land she cherished, on March 18, 2020, at the age of 96. She was buried along her husband in the British War Graves Cemetery in Addis Ababa.¹⁵

During the times when the Hamlins were treating fistulas of Ethiopian women, there were many other heroes in the world doing the same, and with no less devotion. Some are well acclaimed in their own countries and in the medical literature, while others remain unknown to us and to the rest of the world. The Hamlins, however, floated their hearts across the Indian Ocean, and drove the world's attention to global inequities. Their work opened the world's eyes to gender discrimination.

The true legacy of the Hamlins is in their inspirational life journey. Citing a cogent statement from a 1998 *Lancet* publication,

"As the work of the Hamlins amply shows, doctors can spend part of their professional lives, even a small part, working in less-developed countries. They can lobby governments and draw public attention to the discrepancies in medical services for women."¹⁷

References

1. Zacharin RF. *Obstetric Fistula*. New York:Springer-Verlag Wien; 1988.
2. The University of Sydney. Vale Dr Catherine Hamlin AC. News and Opinion. March 20, 2020. <https://www.sydney.edu.au/news-opinion/news/2020/03/20/Vale-Dr-Catherine-Hamlin.html>.
3. Hamlin C, Little J. *The Hospital by the River: A Story of Hope*. 2nd edition. Grand Rapids MI: Monarch Books; 2016.
4. Thomson AM. Women with obstetric fistula in Ethiopia. *Midwifery*. 2007; 23(4): 335-6.
5. United Nations Population Fund. *Obstetric fistula*. www.Unfpa.Org. Available at: <https://www.unfpa.org/obstetric-fistula>.
6. Williams G. The Addis Ababa fistula hospital: An holistic approach to the management of patients with vesicovaginal fistulae. *Surgeon*. 2007; 5: 54-7.
7. Hamlin C, Fleck F. Giving hope to rural women with obstetric fistula in Ethiopia. *Bull World Health Organ*. 2013 Oct 1; 91(10): 724-5.
8. Muleta M, Williams G. Postcoital injuries treated at the Addis Ababa Fistula Hospital, 1991-97. *Lancet*. 1999; 354: 2051-2.
9. Catherine Hamlin Fistula Foundation. Hamlin Model of Care. <https://hamlin.org.au/what-we-do/the-hamlin-model-of-care/>.
10. Cousins S. "Every challenge is here": fistula in Ethiopia. *Lancet*. 2022; 400: 647-8.
11. Hamlin EC, Muleta M, Kennedy RC. Providing an obstetric fistula service. *BJU Int*. 2002; 89 Suppl 1: 50-3.
12. Slinger G, Trautvetter L. Addressing the fistula treatment gap and rising to the 2030 challenge. *Int J Gynecol Obstet*. 2020; 148 (Suppl. 1): 9-15.
13. Muleta M, Fantahun M, Tafesse B, Hamlin EC, Kennedy RC. Obstetric fistula in rural Ethiopia. *East Afr Med J*. 2007; 84: 525-33.
14. Swain D, Parida SP, Jena SK, Das M, Das H. Obstetric fistula: A challenge to public health. *Indian J Public Health*. 2019; 63: 73-8.
15. Hamlin Fistula Ethiopia.
16. Iglesia CB. Dr. Catherine Hamlin: humble humanitarian, distinguished surgeon and 2014 Nobel Peace Prize nominee. *Int Urogynecol J*. 2014; 25: 1603-4.
17. De Costa C. A sort of progress. *Lancet*. 1998; 351: 1202-3

The author's E-mail address is tb14@aub.edu.lb.