

## **Ethiopia - the way out**

Written By: L/Colonel Eric Goulston

As a young Sydney surgeon, I suddenly found myself thrust into Abyssinia in 1941, after the fall of Greece and Crete. Our 2/5 Australian General Hospital remnants, regrouped and re-equipped had been dispatched to Asmara, the delightful capital of Eritrea, to set up a medical base if the all-conquering Rommel over-ran Cairo.

Fortunately El Alamein held. With an experienced orderly, I was dispatched to form a surgical team to support a mobile guerilla native force against the well-equipped entrenched Italian garrisons still holding out in Northern Abyssinia.

We were commanded by a tall fair academic Englishman named Shepherd, an intellectual with Brigadier Wingate's irregulars, and Professor of English History, on leave from Cairo University, who knew the country and the Amharis language.

We joined this force of about 500 warriors and spent the next 4 - 5 months regaining the land by bold raids, mostly at night, of the hit-run variety, at the same time looting supplies, equipment and arms, and advancing steadily towards the rear of Gondar. Determined bands of rebels highly motivated, in wild mountainous country, and a friendly population, proved irresistible and our morale soared as increasing numbers of fighters, weapons, and loot flowed our way. I was generously kept supplied with the best Italian instruments, the latest pharmaceuticals and a few mules, as we became a well-organized team always ready to move and treat the many gun-shot wounds encountered. We left our patients on improvised stretchers immobilised often in windowed plaster casts, strewn over the countryside, cared for by attending women, who would appear from nowhere. These Abyssinians proved intelligent comrades and we soon trained them to give anaesthetics, mainly using captured chloroform and evipan, and administer sedatives and available sulpha drugs for infection.

They kept our supplies plentiful and organized a mule transport system. 'Shep Force' soon expanded and trebled in size, with appropriate teams able to keep up with forward units. The country was a picturesque Walt Disney dream, of rugged beauty at 6,000 - 8,000 feet, with cool streams, small villages, a good climate with no malaria and no anaerobic infections.

After the victory parade at the end of the campaign in Gondar historic Portuguese town, with the diabetic Crown Prince taking the salute from Kenyan regulars, South African and Indian colonial troops, and our bedraggled irregulars, I made contact with some British medicos, who subsequently stayed on and worked in Addis Ababa after the war. Our leader Shepherd was given an immediate DSO in the field. I met him later in Cairo on leave. Sadly he was killed by communists in Greece, a few months later on his next mission.

In 1942, we were recalled to Australia and served in the South West Pacific Area for the duration. My only association with East Africa was the reduced to Christmas greetings. However a quick visit became possible in the mid-fifties when I was invited to speak at a Medical Association Meeting en route to a European Congress.

To my great surprise, in the mid-sixties, I received an official University invitation to take the Inaugural Chair of Surgery at the Addis Ababa University. I accepted in due course and spent three fascinating years teaching and learning from a 3<sup>rd</sup> world nation's medical problems.

We lived under very comfortable surroundings - a walled bungalow with adequate grounds, day and night guards, a cook and house-boy - all very loyal servants who remained with us throughout. We ran two cars and two horses, and although electricity would fail regularly, we had no complaints.

Haile Selasse was a benevolent dictator at this time. Distinguished and dignified, he ran the country alone and there was no successor in sight. He traveled abroad incessantly, bringing back much required finance, gifts and enterprises. Due to his initiative, Africa Hall, the home of United Nations in Africa, OAU Headquarters, the home of the Organisation of African Unity, and seventy five embassies were established in Addis Ababa - 'New Flower' - making it the prestigious capital of Africa.

However, social problems, such as land ownership, birth control and blood transfusions were overlooked.

I was fortunate in gaining the Emperor's early nod of acceptance, when I was able to cure a wrongly diagnosed liver cancer patient, who was a retired general and friend of the Emperor, merely by draining an amoebic abscess.

The mixture of feudal life and modern society was fascinating. Cattle always had the right of way in traffic, and the installation of parking meters was a dismal failure, due to looters. Political intrigue was intense and our politicians could have learned much from these Ministers of the Crown.

Ethiopians are Christian Copts, mainly with a Muslim minority and have no Negroid African features.

Their women are well groomed, attractive and intelligent and proud of their traditions.

Their morals were high. We had many friends among the British, Italian and American expatriates, and made many camping expeditions to various provinces. The scenario for tourists is a revelation and is more-or-less unknown. Places like Lalibela, the Blue Nile Gorge, Baharda, Gondar, Lake Tana, The Rift Valley, Axum, Harar and so many other sights and ancient churches, are magnificent to behold.

The array of diseases encountered was always challenging and the surgical sphere of any narrow-minded specialist was soon markedly broadened. Ethiopian students were recalled from Beirut, and we began turning out a stream of intelligent, capable young doctors, so badly needed by their own people. Expensive modern technical advances may have been lacking, but basic clinical signs are always available if looked for, and the standards of surgery, medicine and pediatrics were very satisfactory. Perhaps due to diet and genes, common ailments were greatly between Europeans and Africans. Coronary artery ischaemia is rare in Ethiopians, in whom myocarditis is the commonest cause of cardiac insufficiency. Tuberculosis is often seen in bone and joint disorders and causes constrictive pericarditis. Bowel cancer is not common in Ethiopians, in whom primary liver cancer is probably the commonest growth. Appendicitis and biliary diseases, formerly rare, are now more prevalent due to the growing popularity of European diet in Cities.

Our three year interlude ended all too quickly with poignant farewells from the people who knew we would never meet again. I was granted a farewell audience with his Imperial Majesty or 'H.I.M.' as the newspapers always referred to him. Everyone expected bloodshed and disaster when he died, but no one predicted a palace and army revolt, or his subsequent murder in 1975.

It was 15 years later, when I was again invited to re-visit Addis Ababa, and I profoundly affected with such a changed state, despite the well publicized terrible drought. There had only been scanty world news in our media, and I promised myself access to British newspapers in the future. Censorship of mail from ones friends was a great news deterrent also. We were unable to go outside Addis Ababa, and there was a much different way of life which I had not expected in such reality. Freedom of speech was greatly restricted, with the obvious presence of informers and collaborators under the new Marxist regime, and huge banners of Lenin, Marx and Engles were displayed everywhere. There was tenseness in the city with a greatly increased population. The golf course was now the site of the Russian Barracks, although the Soviets kept a low profile. There was no freedom of travel; coupons and queues were common and passes required for many areas. No private cars were allowed on the streets on a Sunday. The shops were almost bare, with a little variety of products.

There were few smiling people, the intelligentsia and many leaders of society, University and army had been liquidated, and a strict Stalin communism prevailed.

The Royal Family had been imprisoned without trial for 12 years, and it was not for another two years and five years before the Princesses and male descendants respectively were allowed some form of local freedom, thanks to sustained British diplomacy. An Australian anesthetist working in Addis Ababa for the past 3 1/2 years told me he had never been allowed outside the city during this time. I gave a talk to the staff

At the Black Lion Hospital, presented endoscopes from Sydney colleagues and

determined to try and do something about the distressing situation on my return. I felt rather ashamed I had not realised a grim war had been waged by Eritrean rebels for 27 years in their fight for independence from Ethiopian rule.

The style of fighting was almost a replica of the guerilla warfare in which I had been involved, but only for some few months. During my stay in the late sixties, the Australian Ambassador resided in Nairobi, and looked after Australia's interests in Kenya, Tanzania, Uganda and Ethiopia. Now there was a full time Australian Ambassador with full consular staff stationed in Addis Ababa. Goodness knows how they filled in their time working with the murderous dictator Mengistu, whose unrestricted bombing of defenseless Eritrean villages had been rampant for years. This was political expediency at its worst.

I thought a cease fire could be established between the rebels and the Ethiopians, if a suitable venue and an outstanding neutral Australian Chairman could be found. I suggested our embassy in Cairo as the venue, but all my suggestions were really never considered by Canberra, where indifference was manifest by our bureaucracy. Eventually a year later, I received a letter from the Minister that as it was an internal matter, we could not interfere.

However, the old patriotic spirit of hit-run defence and attack was re-born and superior will-power, endurance and sacrifice enabled the rebels from Eritrea, Tigrai and Oromo, to eventually outflank and defeat poorly led dispirited young Ethiopian conscripts in their thousands.

Important towns and the vital port of Massawa were recaptured, and after 30 years conflict, Mengistu found himself eventually holding Asmara and little else.

When Soviet support completely evaporated and with the Tigrains poised outside Addis Ababa itself, he fled supposedly to Zimbabwe, and has not been heard of since. In 1991 Mengistu's great army had been defeated by desperate rebels, without any aircraft or defence and without any purchase of weapons. They had looting down to a fine art.

The whole media has painted Ethiopia as one of the poorest African countries, riddled with drought, famine and malnutrition. Actually it's a wonderful old country with the mysterious ancient awe of its creation 3000 years ago, when according to tradition the union of King Solomon and the Queen of Sheeba, produced King Menelik 1. Then much silence prevailed through the ages, relieved by stories and memories of Portuguese invaders, tribal warfare, King Theodore, Lord Napier, Emperor Menelik II, Haile Selassie and finally Mengistu. Except for four years under Mussolini 1936 - 40, Abyssinia alone in Africa was never colonized by European powers. Its people have never had a chance of independent achievement in their own isolated country, but have had to conform, belong and bow. The few who had been able to travel abroad, seldom returned, and if they did, found the situation impossible and depressing. There were many suicides.

It is no wonder laissez - faire prevailed, with an occasional sense of pride in Olympic marathons. Now they have their first real chance of forming a democratic way of life. The possibilities of this new Ethiopia are tremendous, if a peaceful unity of purpose can prevail among various factions. Such is the hope of all expatriates and friends who have watched this long courageous struggle for freedom. We believe they have the intelligence, drive and support to win this final battle to become leading and not the poorest state in Africa. They have won out alone in the field of horrific odds.

Ethiopia is about the size of New South Wales. (With a population around 50 million)

It would appear that adequate communications, irrigation and agricultural planning would solve the threat of future droughts. New suggested industries would play a large role in boosting the economy. The prognosis is good with an outstanding leader and good government.

The battle now is to win the peace under the Presidency of the victorious Tigrai commander, Miles Zenawi.

He will need the help and co-operation particularly of the Amharis.

Whether Eritrea goes it alone with complete autonomy remains to be seen. The future is difficult and challenging. Modern agricultural methods, better communications, education and health care, birth control, the marketing of the delicious coffee they gave to the world from Kaffa province, the exploration of the promising mineral potential in the northern border region, and lastly tourism, could transform this wonderful country within ten years. -- Ethiopia needs trade.

#### *ACKNOWLEDGMENTS:*

To pack up and leave a well-ordered happy existence in Australia in mid-life, is a lot to expect from one's wife, but mine was well able to cope graciously and work at the same time.

The small Australian contingent in Addis Ababa was more than fortunate in having as our first Australian Ambassador, Sir Walter Crocker.

Australia was represented by the finest representative one could ever have the privilege of meeting.