Friends of West Africa: An Opportunity for Service

Reed L. Clegg

The leadership of President Kimball was usually gentle but generated profound ripples for good. His enunciation in 1978 of the revelation granting the priesthood to the blacks may be characterized as a tidal wave. It has opened vistas for service heretofore impossible. This paper treats a specific program made possible by that revelation. It is embodied in a voluntary project to provide medical assistance through the Friends of West Africa — a nonprofit charitable organization.

Our involvement in West Africa came in the conventional Church way, a call in December 1979 to my wife, Naomi, and me to serve as Special Representatives in West Africa. Special representatives are advance-guard, mature couples called to serve in a foreign country where the Church has not been officially recognized. Their assignment is to establish a foothold for legal recognition.

Comfortable in my profession as a healthcare executive, I murmured: "Why me?" Naomi reminded that I had long agonized over the status of the blacks in the Church and in our society. Here was an opportunity to put conviction into practice, she added.

The period of service for special representatives in West Africa was limited to one year due to hardship conditions. Naomi and I were asked to go alone to Ghana while the other two couples in our contingent were sent to Nigeria. We served eight months in Ghana, broken into two segments because of visa problems. We spent the interim in Nigeria where the Church was more established. Couples of the special-representative era from 1978–80 were Rendell and Rachel Mabey and Ted and Janath Cannon (the originals), Frank and

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Clora Martin, Victor and Eleanor Bartholomew, Lamar and Nyall Williams, Earl and Dixie Olsen, and us.

In the middle of our tenure a formal Africa West Mission was established which encompassed the two English-speaking countries of Ghana and Nigeria. These countries are geographically separated by two French-speaking countries, Benin and Togo, making life difficult for the new mission president and his wife, Bryan and LaNore Espenschied. We then became missionaries but were still instructed not to proselyte for new members. Our function was to consolidate the nascent organizational phase initiated by the Mabeys and Cannons. On their own volition, dozens of Ghanaians insisted on learning of "the true Church" and joining its ranks, however.

During this time three Mormon families stationed in Nigeria and Ghana served as havens of refuge. Dr. Bruce Knudsen, with his family, was employed by World Health Organization in a mosquito-abatement research project with headquarters in Enugu, Nigeria. The Knudsen family had a major influence on the location of the first special representatives in that city.

Phil and Sharon Hardy and family lived in Lagos, capitol of Nigeria, from whence he commuted to the oil fields in the Nigerian state of Cross River. The majority of the Church members in Nigeria lived in Cross River. Lowell and Shirley Diamond lived in the capital of Ghana, Accra, with their children. Lowell was employed by the Agency for International Development (AID) of the U.S. Government. Bud and Virginia DeMaster lived in Tema, Ghana, where he worked for Kaiser Aluminum. They were all bulwarks, especially to the special representatives who hungered for back-home companionship and an occasional American meal.

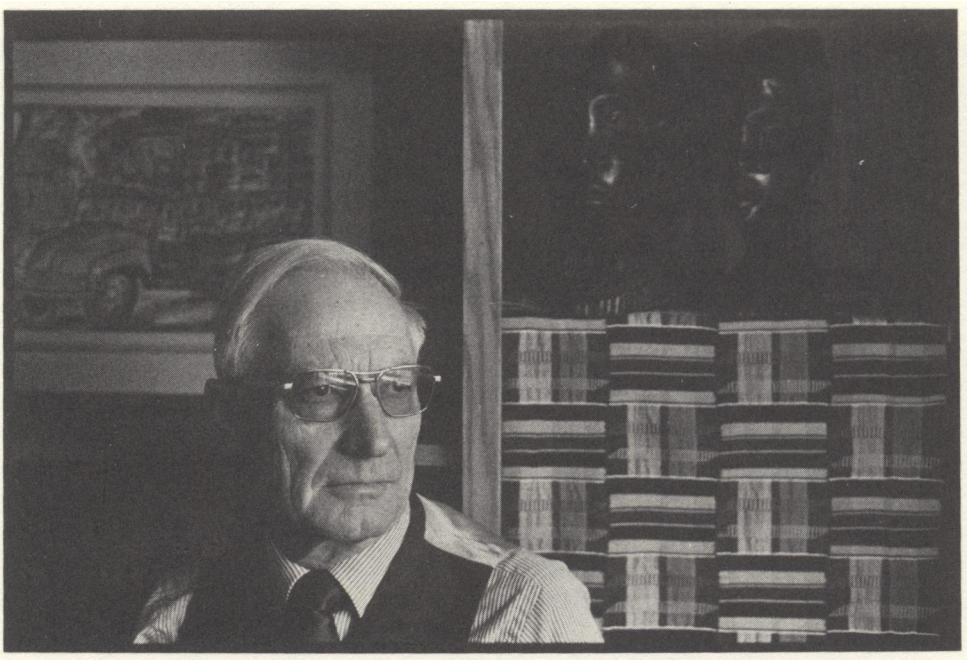
Earlier, during the 1960s and '70s, a few adventuresome scholars and commercial souls of Utah-Mormon background had ventured into West Africa for an academic year or so. Dr. Virginia Cutler was one of the early Utah educators to serve in Ghana and is still remembered fondly. Neff Smart, an educator and journalist, spent considerable time in Ghana. Victor and Eleanor Bartholomew, and Lorry and Gloria Rytting and family were in Nigeria at the same time on academic assignments. Brother Rytting, serving under the broad title of Branch President of Nigeria and Ghana for the International Mission of the Church performed what is believed to be the first baptism of a West African in his or her own country. Lon Merkley and family spent several years in Ghana as partner of a lumber business. And there were others, of course.

Anyone from a Western nation who spends more than a quick tourist safari in West Africa suffers from cultural shock. Economic deprivation was extreme when we were in Ghana. Food and other essentials were meager. In Ghana of 1980–81, meat was unobtainable except later on the rare visit of the mission president who would bring a canned ham or so. Scrawny chickens were going in the $45 to $50 bracket on the legitimate foreign exchange rate which, as emissaries of the Church, we were bound to support. Out in the bush you could purchase a "grasscutter," which resembled a very large rat. It may have provided a succulent meal but we never inquired the price. Milk was not available nor were other protein foods which accounts for the prevalence of

"Kwashikor," a disease caused by protein deficiency and named after the village so greatly afflicted. Bread was sold on the street without wrappers. In our early days, water came from a public tap a few blocks away and it had to be filtered. In season, tropical fruits were available and delicious. So were a limited number of vegetables. The staple diet for the Ghanaians was casava (a farina-like substance when mashed), yams (more like a giant Irish potato that did not spoil in the heat), and groundnut (peanut) soup. Market mammies on the streets handled a few imported commodities at high prices — especially at the official exchange rate. Stores which had once been modestly stocked were as bare as Mother Hubbard's cupboard when we were there.

Since then a pervasive drought triggered a famine which exhausted even those limited resources. A letter written in 1983 by a missionary couple tells of a branch of the Church in the village of Assin-Foso which had no flour. Sacrament consisted of popcorn and water. Currently, the drought has eased but most of the people of Ghana subsist on a woefully inadequate diet. Nigeria was not in such dire straits when we were there. You could buy American-type food at the markets. Since, the drought has wreaked havoc there, too.

On the city streets and in the villages lived many people crippled or suffering from disease. Our awareness was heightened when we visited Emmanuel Abu Kissi, M.D., at Korle Bu Hospital. A long line of sick patients were queued up in the hot sun waiting to see him. He and the other personnel at the hospital had precious little in the way of medicines, dressings, sutures, etc.,



to apply. Urgent cases ofttimes could not be treated for months with the consequent mortality rate very high. While we were there, the only instrument sterilizer at Korle Bu became inoperative. After waiting weeks for action, the surgical staff staged a sitdown and the government finally ordered parts from England.

Our assignment did not allow us to get involved in the health of the citizenry and there was little we could have done, anyway. This did not stop us from grieving while Brother Cobbinah, a Church nightwatchman, went months without treatment of a serious medical condition. He, incidently, was a Ghanaian soldier in World War II at the Burma Hump of General Stillwater fame. We visited the mother-in-law of William Johnson, then district president and the person who brought the Church into Ghana almost singlehandedly. She had been shifted from hospital to hospital in an effort to find surgical supplies and blood for excision of a large tumor. When we saw her, she had rampant infection and there were no antibiotics. The postmaster who was our communication link with home had very bad eyesight. He had a prescription for eye glasses but could find none in Ghana. He appealed to us for help and President Espenschied, on his next trip to England, had the prescription filled. Another Church member, Sister Sampson-Davis, a teacher in a secondary school, had a stomach ulcer for which she could find no medication. We shared our antacids and monitored our consumption of groundnut soup liberally laden with hot peppers. Out in the villages, there was hearbreak because of disease. I shall never forget being invited by a village chief to bless his wife who appeared to be on the verge of death or holding a little child who was so feverish he almost burned me.

We thus became aware of individual health conditions. Upon returning home we learned that the official infant death rate in Ghana was 114 per thousand (well over one in ten children dying before their first birthday). The infant mortality in the United States was less than 12 per thousand. The Ghanaian figure would be even more gruesome if it recorded the many infants who die back in the bush without becoming a statistic.

We did tilt with one public health issue while there. During our early stay in Ghana we noted with pleasure the absence of smokers. In the four-month hiatus while we were in Nigeria, that happy circumstance had changed. Youngsters were hawking the weed at cut-rate prices. Billboards were carrying alluring messages. Clearly, conspiring men were trying to penetrate that market. Dr. Kissi and we decided to obtain some anti-smoking ammunition from the Utah Cancer Society. The posters and literature hardly fit the African scenario, so we decided to wait until another day. Later, Dr. Kissi wrote that he had found a better way. A Ghanaian broadcasting official whom we knew had subsequently joined the Church and was planning to ban tobacco and liquor advertising from the air.

The sisters taught a little sewing in Relief Society. They talked about ways to preserve food with no means of implementation such as fruit jars. Our next-door neighbors in Cape Coast, William and Charlotte Acquah, studied a copy of the Church Welfare handbook left behind by the Cannons. They organized

a group purchasing movement among the members which gave them better bargaining leverage in their daily struggle with the market mammies. Otherwise, they had not the tools or the knowhow to accomplish self-help projects. Charlotte, a home economics teacher in the public schools, was already a member of the Church from Cannon-Mabey days, and Bill joined during our time.

The second mission president, Sylvester Cooper, and his wife, Elizabeth, introduced the self-sufficiency concept after our day. They initiated garden, poultry raising, and well-drilling projects. Without local resources, these weren't a great success but did come to the attention of the Ghanaian Government which invited our local members in for consultation.

Back home it was hard to forget the temporal hardships of our acquaintances in Africa. Other expatriates experienced similar feelings. Some sent clothing and books. Others sponsored students. For example, the DeMasters supported Maxwell Manu of Tema, Ghana, at Ricks College. The Lars Bishops, ex-missionaries in Nigeria, brought a Nigerian student over. He is now on a Church mission. Others of us supported missionaries such as Crosby Sampson-Davis, son of the high-school teacher and Samuel Bainson. The latter two served with distinction in the England Manchester Mission under Ellis Ivory. In these and other ways, returning couples contributed individually.

After we came home in 1981, Dr. Kissi's institution sent him to the Eastern United States for professional meetings. We brought him to Utah where he met members of the medical community and the Church leadership. Dr. Charles Smart, then chief of surgery at LDS Hospital, took Dr. Kissi on surgical rounds and to staff conferences. Dr. Kissi also visited the surgical department at the Medical School, University of Utah. All were impressed by his professional abilities and especially by his sincere compassion for his countrymen. Despite offers to relocate at a physician's normal income, Dr. Kissi had remained in Ghana where physicians are paid less than taxi drivers. He inspired us to do more for his people.

Shortly after Dr. Kissi's visit, President Cooper returned to Salt Lake for consultations with Church leaders regarding the economic plight of the Ghanaian people. He urged us to increase our involvement. Up to that point we had arranged for the shipment of individual packets of medicines upon specific request of President Cooper.

We made our first regular shipment of medical supplies to Ghana in the winter of 1981–82. Substantial assistance came from Richard Kinnersley and old colleagues of the Utah Hospital Association. Staffs in several Utah, Wyoming, Idaho, and Montana hospitals gathered a surprising amount and variety of medical and surgical items which were obsolete to their needs but which would be the best available in West Africa. For example, one hospital gave us fifteen pairs of new wooden crutches. In West Africa the standard crutch is a tree limb. These institutions salvaged surgical instruments, bandages, splints, needles, sutures, etc. We knew how useful these items would be from an experience we had while in Ghana. We brought from home disposable needles and syringes for our inoculations. After Dr. Kissi had 'shot' us, he carefully retrieved

the used items saying they would be re-used many times in his hospital. You will recall that was Korle Bu, the university's teaching institution.

In all, four shipments went by air to Dr. Kissi in 1981 and 1982 for free distribution to needy patients in his new hospital, renamed Deseret, and in other university and community institutions. The Church Distribution Center capably packaged and shipped our cargoes with the willing help of Carlos Gardiner and his staff.

The discards from America found good use in Ghana. Dora Williams, R.N. missionary from Arizona, wrote on 29 December 1982: "I want to thank you for the medicines. There is such great need for them. My heart aches at the predicament these people are in. We took Eleanor Dadson all over Cape Coast to 'chemist shops' to look for tablets to test Ato so he could go into the hospital to be treated for diabetes. We finally had to go to Accra and get some from Dr. Kissi. Last week a man needed an emergency operation for blockage. His brother came looking for oxygen, antiseptic and towels before they could operate. Today we visited him in the hospital. He looks like he isn't going to make it. They found worms and do not have any medicine. We are going to Dr. Kissi tomorrow in hopes of getting some."

In placing the distribution of the supplies completely in the hands of Dr. Kissi, we had implicit faith in his integrity and professional capability. He has not failed us. The Williams and the Willets, missionaries in Ghana after our time, served as our early on-site monitors. Fortuitously, the Thrasher Fund sent Val MacMurray, its executive director, and James Mason, executive committee chairman, to explore possibilities of establishing a project in West Africa. They graciously looked into our project and reported that it seemed to be filling a need and was administered honestly. They recommended formal organization.

From the beginning we have held to three principles: (1) No profiteering, (2) no government interference or tax, (3) No political, religious, sex or other bias. As far as we can tell these requirements have been observed. We have not shipped a succeeding cargo until the previous one had been fully accounted. This is somewhat of a record in these days of diversion and black markets.

In the winter of 1982–83, the Church and affiliated organizations showed increasing concern about West Africa. We were hopeful that they would assume the burden and leave our group in a behind-the-scenes supporting role. These entities were the Church Welfare Program, the Thrasher Fund, and the Collegium Aesculapium. The pervasive drought in Ghana and the forced return of 1.2 million Ghanaians from Nigeria motivated the Church to send massive relief shipments to Ghana in early 1983: These consisted of fifty tons of food, medicine, and other emergency supplies. We helped a little in suggesting some appropriate items and the necessary government contacts.

As stated above, the Thrasher Fund was seeking an African connection. This fund, handsomely endowed by Al Thrasher, is administered by the Church on a nonsectarian basis. Its interest lies in child health research and demonstration projects. The fund had appointed Janath Cannon, then on the Relief Society General Board, and me to its executive committee.

During this period we learned of another group that might be interested in African medical affairs. Dr. Milton Brinton, a returned missionary from the Africa West Mission, was active in the Collegium Aesculapium, an organization of Mormon physicians who were seeking Third World projects. We were hopeful they would be interested in West Africa and particularly in Ghana where the medical establishment had been rather sophisticated but was falling into disrepair. We envisioned their participation to be one of arranging for physicians from among their ranks to serve in Ghana as volunteer practitioners and teachers, and vice versa.

With these groups signalling involvement it looked as if our rag-tag group of expatriates could relinquish the torch to better organized forces. We proposed such to Elder Derek Cuthbert who, at that time, oversaw Church activities in Africa. After careful consideration, the Church leadership concluded that there was need for all, including our group. In its large shipment to Ghana, the Church had been most humanitarian in designating a sizable portion go to the general populace. With its worldwide commitments the Church could not be expected to single out West Africa for preferential treatment. As subsequent events have shown, the Church has continued to support African relief in a major way. The second group, the Thrasher Fund has the specific objective of research and demonstration projects, not relief measures. Currently, there is in Nigeria a large Thrasher project. The Collegium is an independent body and, although it had some further involvement with Dr. Kissi, as indicated later it opted to drop out.

Our group was encouraged to organize and expand our scope. We were single-minded in our purpose to help the peoples of West Africa. We had been there and knew the needs. As an independent agency, we could solicit help from sources outside the Church and deal with the Ghanaian government, still wary of any outside church.

We also explored other avenues of help, such as Direct Relief International, and Food for Poland. In some cases, their interests were too global for us, or they were concentrating on other areas of the world. In the larger agencies we sensed a business orientation where the concern centered on the staffs and the mechanisms rather than the basic relief purpose.

Feeling somewhat like the little red hen, in early 1983, Naomi and I invited the West African expatriates to a meeting to consider the propriety of formal organization. Thirty persons attended, which represented just about the potential, and authorized an ad hoc committee to proceed. Mark Bradshaw located an attorney who drew up the documents free. By April a charter had been granted by the state of Utah to Friends of West Africa, a nonprofit charitable corporation. The Board of Trustees also constituted the unpaid officers: Vic Bartholomew, Mark Bradshaw, Milton Brinton, Charles Johnson, and I. Charles had not been to West Africa but had special pharmaceutical skills. Our wives were very much involved but preferred to work behind the scenes. The Advisory Council consisted of six from the United States, namely, David Billeter, Val MacMurray, Ben Shippen, Charles Smart, Ewart Swinyard, and Bruce Woolley. The others were Emmanuel Kissi and Banyan Dadson from

Ghana, Alex Morrison from Canada, and Titus Efidiba from Nigeria. These are knowledgeable persons from the medical, legal, and business fields. Each official pays his own way. Certain ones have been most helpful and others less than interested.

Recognition by Internal Revenue Service came more slowly. The incredulity of the tax man is understandable when he reviewed our application showing no paid personnel, no rented office, and no warehouse. With the help of U.S. Senator Orrin Hatch and a staff man at that time, Bill Loos, the IRS granted tax exemption in November 1983. With that approval came the benefit of tax deductions for contributions. Also, we fell heir to the usual tax report requirements, many not fitting our situation. For instance, we are required to file quarterly payroll reports even though we have no payroll or personal service costs.

Several events occurred in the summer of 1983 which further cemented the Ghanaian connection. To promote the exchange of professional personnel, we had initiated contact between Professor Dadson and Brigham Young University with the end of having him serve as a visiting instructor. Dr. Dadson has impressive credentials. His Ph.D. is in chemistry from Cambridge, a Fulbright scholar and now Vice President of the University of Ghana at Cape Coast. He taught that summer at BYU.

The Collegium brought Dr. Kissi to BYU to participate in a symposium. The expatriates paid for his wife, Elizabeth, an R.N. and midwife in her own right, to accompany him. This made their temple marriage possible. The Kissis and Professor Dadson impressed the participants to the extent they again expressed a desire to help.

The Thrasher Fund and Friends of West Africa sponsored a reception for the Ghanaians in which they met a broader cross section of professional, community and Church leaders. Apostle David B. Haight met separately with them in his capacity as general supervisor of African Church affairs.

While the Kissis were in town, a meeting was arranged with the relevant Church groups. Karl Keeler of the Welfare Department chaired the session. In attendance were staff representatives from the Relief Society, and Welfare and Missionary departments; the Thrasher Fund; and Friends of West Africa. This meeting confirmed the physical needs of Ghana and our respective roles in meeting those needs.

Friends of West Africa continued to collect supplies donated by hospitals. Dr. Morrison put us in touch with a Canadian pharmaceutical firm, Novopharm, which contributed a considerable quantity of new products. Food for Poland gave us a large volume of surgical supplies it was unable to use. The expatriate group paid the freight costs to Salt Lake City. The Church packaged the cargo and shipped it to Ghana.

Dr. Kissi by this time had developed arrangements with six other health institutions in Ghana to share the shipment. The seven institutions were Korle Bu, Kibi, and Deseret hospitals, and Asuom, Martyrs, Abomosu, and Osino clinics. They had agreed not to charge the patients for the supplies.

The arrival of the shipment was a big event in Ghana. Newspapers carried banner stories and pictures. In Ghanaian currency the wholesale value of the

shipment was 2,600,000 cedis ($75,000 American) which was a sizable sum to them. The same papers carried news of a shipment from the Italian government amounting to 1,200,000 cedis so our contribution seemed large.

Dr. Kissi had proposed that he and his Ghanaian colleagues organize a branch of Friends of West Africa in Ghana. It didn't seem needful but we thought it would do no harm. His idea turned out to be pure wisdom. Up to that point, we had used the good offices of the Church for tax-free entry of our goods into Ghana. As a permanent arrangement this was not satisfactory. Later, the Government started challenging imports regardless of their religious or charitable purposes. Ours was let through because it had a Ghana base. FOWA (Ghana) received its Certificate of Recognition from the Republic of Ghana on 24 May 1984. The officers are Drs. Kissi and Dadson, and John Sampson-Davis, Crosby's father, all of whom we had worked with while in Ghana. An attorney, Alfred Kye, and a social worker, Ama B. Prempeh, are also officers. This home-grown organization has a vital ingredient often lacking in foreign relief programs. It is an autonomous, indigenous Ghanaian organization which has government acceptance but not government interference.

In a plenary meeting of the board and the expatriate membership in the fall of 1984 the question was raised, "Why not Nigeria?" Most of our group had served in Nigeria and not in Ghana. We and President Cooper had tried to obtain a presence in Nigeria but the government wanted to distribute the goods itself. We didn't want to risk that. Also, we could not locate a reliable professional to serve as the Dr. Kissi of Nigeria. We reminded them that the Thrasher Fund had a large project in Nigeria. Even so, when your heart is in a particular country, it's hard to sustain enthusiasm for another. Despite this, the group urged another drive for Ghana.

For the first time, we solicited funds beyond the expatriates and their families. We sent an appeal to approximately 3,000 persons. Many responded. We received a check from an elementary school class in New Mexico. A Boy Scout troop in Salt Lake City had a fund-raising dinner. Later, a high school group of dancers held a benefit for African relief. When they could find no interested agency engaged in Ethiopean relief, they turned to us. We also broadened our solicitations to medical supply firms with fair results.

Dr. Betty Dillon of the LDS Hospital staff and her husband, Dr. Bill Dillon, were assiduous collectors. Pat Moore and Charles Ellis, both University of Utah senior medical students, solicited pharmaceuticals on their own. With the cash donations, a considerable quantity of specific medications and vaccines were purchased for the most widespread diseases such as diarrhea, malaria, cholera, measles, and infections. This process extended from September 1984 until March 1985 with the shipments going by air for the perishables. In all, they approximated $150,000 in wholesale value. Charles Johnson and Mark and Elma Bradshaw worked very hard. Naomi was the exchequer along with Charles, and our house was the collection point. The Church packaged and shipped the goods, once more.

Another facet, as stated previously, was a hoped-for interchange of medical personnel. When the Collegium Aesculapium dropped the idea we approached

Dr. Kim Bateman, then president of the Utah State Medical Society. He was supportive, having participated in a like program elsewhere. A committee was appointed with Dr. Brinton as a member. This committee encouraged the two medical students, Moore and Ellis, but in the end did no more. The students came to FOWA for financial assistance and guidance. FOWA paid a portion of their air fare and put them in touch with other donors. Through a combined effort of such groups as the Kiwanis Club of Salt Lake City, St. Mark's Episcopal Cathedral, and individual donors, plus their own funds, Moore and Ellis were able to fulfill their dream of serving in a Third World country. Drs. Moore and Ellis are now back in the states, enthusiastic about the challenges they encountered.

At this writing as 1986 begins, comes another season for decision. Should we launch a new drive or let things lie dormant? Up till now, we have relied upon the expatriate group to be the workforce, but its interest and participation have begun to wane. Several couples of the old guard have been called on additional missions, and our personal relationship with the newcomers back from West Africa is not as close. With the establishment of a mission specifically for Ghana, the pioneering days are coming to a close. While it's not an easy mission (which is?), the uncertainties and hardships are not there as in days of old. The notable exception to this reliance on the old guard is Dr. Betty Dillon who has neither West African nor our Church ties. When asked why she so diligently collects usable discards, she replies, "I just can't see things go to waste."

Bill Loos, now at the University of Utah, and others have urged us to broaden our horizons — to include interested individuals regardless of their connection with West Africa or the Church. This we are reluctant to do, for it would dampen the zeal and involvement of those of us who had personally lived the experience. We are afraid it could evolve into a self-perpetuating body of professional "do gooders," interested in continuing the enterprise for the sake of staff and reputation. We have seen that in relief organizations. Those who urge us to continue on a broader scale feel we have unwittingly developed a model for Third World relief efforts, capitalizing on the close relationships with local individuals and institutions such as Dr. Kissi, et al. Certainly we have two large virtues — our expense of operation is nil and the goods get to their destination.

In assessing possibilities, there is a virtually unlimited potential. Every modern health institution discards usable items in large volume. As mentioned earlier these are not wasteful practices. Labor costs make it prohibitive to reprocess many items. An operating room is a good example where they lay out the items they think they might need for the procedure (it would be risky to scrimp at that point) and it often turns out that several items were not needed. Its cheaper to junk these than sort them out, sterilize them, and return them through the supply line. The other factor is obsolescence. No hospital in America will use any but the very latest in technique and product. We picked up literally tons of such supplies in our limited drive. We were in touch with Alex MacMahon, president of the American Hospital Association, and the

Texas Hospital Association contacted us relative to supplying surplus goods from their institutions. We ended up discouraging them, for it would have meant a veritable flood of goods which we could not handle. It would also have meant greater financing for storage and shipping.

On the financing side, we have only tried a limited solicitation of 3,000 persons. We had modest success — no large contributions but many small ones. The terrible conditions in Ethiopia and other parts of Africa have focused attention upon their plight. Certainly the needs of Ghana are not as great. We do not know how successful, or deserved, a broader solicitation for medical needs in Ghana would be.

Perhaps we should broaden our perspective and involve others, including paid professionals. This would be foreign to our nature but might be for the greater good.

In the matter of exchange of medical personnel, the prospects are not so bright. Realizing that only a professional body could give the prestige and support necessary, we sought out three such organizations, including the University of Utah Medical School. Its dean, Richard Lee, explained that the school just didn't have the resources. The other two made initial starts but didn't follow through. It's true that such an "exchange" would be a one-way street insofar as the financing is concerned, but our American physicians would benefit by learning tropical medicine to which they have had little exposure. As the interchange of peoples increases, this knowledge would be valuable to American medicine. They would also get an appreciation of how fortunate they are and thus become more interested in their fellowman in other climes.

The real crux of our dilemma is the risk of fostering dependency of the recipients. We know of no way the patients could be meaningfully involved. They are so poor that even our suggestion of a token payment for services rendered them has not been followed. The medical staffs rendering the care are not supposed to charge for the supply items we furnish; and to the best of our knowledge they are not, but the fact remains it is still a relief program. We are not helping to instill within the health industry of Ghana the will and methodology of developing its own resources. This sounds grandiose for our small enterprise, but you wouldn't think so if you could see the poverty of the health establishment in Ghana. On this matter of dependency, we are consulting the experts.

Our motivation has come, not through altruism, but simply through an experience indelibly inscribed in our memories — of a beautiful people suffering from the lack of basic medical attention. Whether to continue on our path of personal involvement, or to broaden involvement, or to abandon the project altogether — those are the questions. In Ghana, each mammy wagon has its own slogan inscribed above the windshield. One of these assures us:

ONLY TIME WILL TELL