



# TurtleWill, sponsored by Turtle Tours

Helping traditional peoples retain their cultures and preserve their dignity

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TURTLEWILL IS DEDICATED TO THE IMPROVEMENT OF THE LIVES OF TRADITIONAL PEOPLES AROUND THE WORLD IN A MANNER CONSISTENT WITH THEIR TRADITIONS AND CULTURE.

## HOW YOU HAVE HELPED !

2003 ACCOMPLISHMENTS with only \$125,000!

### In Mali we

- Ran three bush clinics among the Tuareg, Dogon and Bozo treating 600 patients
- Financed an irrigation pump for Tuareg refugees living along the Niger River
- Funded sound equipment and a van for the talented musical troupe of handicapped in Mopti with the help of Robert Plant of Led Zeppelin
- Funded a vegetable garden and 75 goats, sheep and food for the refugee Tuareg community near Timbuktu

### In Niger we

- Ran four bush clinics among the Tuareg and the Wodaabe treating almost 900 patients
- Purchased another 17 wheelchairs for handicapped Tuareg and Hausa
- Purchased two months of feed for 32 drought stricken cows for the Wodaabe
- Helped fund a schoolroom, grain storage and boutique for Wodaabe nomads
- Started the 2003/04 school year for our five bush schools funding three daily meals to enable more nomadic children to attend school, especially girls

### In Ethiopia we

- Ran three bush clinics among the Mursi and the Hamar treating 1403 people
- Funded the surgeries for five Borana children and educational sponsorships for 12 students

### In Mongolia we

- Purchased four herds of cashmere goats for blight-stricken nomads in the Gobi desert

### In India

- A year's funding for Tumudibandh Youth Hostel for Kutia Kondh tribal children in Orissa

## FIELD NOTES:

From our Volunteer-Funded Medical Program in Ethiopia, August 2003

Our medical mission to **Ethiopia's Omo Valley** was terrific; truly high adventure and despite the most adverse weather conditions possible, we managed to treat 1403 people. With me were Carol, Doris and Archie as volunteers and two native Ethiopian doctors Tariku Gelda and Tessfaye Dadi, each of whom had worked with me at our previous Borana clinics.

Both Doris and Archie had been to the Omo Valley before so they knew what to expect. But for Carol and the doctors this was a really new experience. For the doctors the Omo was a world they never imagined they would or could ever get to. The Omo Valley is where the Mursi women still wear lip plates and the men are generally nude, where the Hamar women still dress in bead decorated skins and the men wear a smear of ochre on their foreheads to indicate that they've killed an enemy, and where the Karo men and women excel in body scarification.



*Mursi women and children waiting at our clinic*

**Our reason for going?** These are among the most remote tribes in the country, ones who receive the least amount of help and also ones whom we know well.

Ethiopia had more rain this year than in 30 years....it started raining in the Omo the day we arrived. We had more mud than you can ever possibly imagine...stuck in Mursi territory on the Mago Road for hours and hours, with our three vehicles leap frogging each other from mud hole to mud hole until we reached our first destination, the Mursi Plateau.

Our clinic among the Mursi was very special. The Mursi who can so often be aggressive and demanding when confronted with tourists, were patient and courteous, waiting their turns quietly for hours to see our two doctors. We ran two full days of clinic and treated 360 individuals. It rained on and off during the day and again at night. The Mursi didn't seem to mind, easily covering themselves with cow skin capes against the rain, while we were snug in our big medical tent during the days, and in our own sleeping tents at night. As for Carol, Doris, Archie and the two Doctors...they went with the flow as if daily rain during the normally dry season were the most normal condition of all.

We had to reroute three times because of the weather. We didn't get to our planned clinic among the Karo at the village of Duss because, in the words of WC Fields, we just couldn't get there. But this was no deterrent to our goal of running three clinics.



*Mursi men and boys waiting their turns*

Instead of the Karo village we headed directly to Hamar territory and spent the first night among my Hamar family at Dambaite where my three little god-daughters (Irma Rachel, Irma Sarah and Irma Leah) live. We were each embraced as family and we celebrated with traditional Hamar coffee and blessing, accompanied by a hilarious attempt to teach Carol to perform this distinct Hamar ritual. Carol and Doris then set up a bead stringing class with all the little girls and Archie found himself entertaining one of my Hamar "brothers" in his tent.

The family quickly sent out the alert to neighbors about our clinic the next morning at the family compound. Again it rained but the Hamar kept arriving in streams, well protected in their goatskin rain capes. By noon that day we closed the Dambaite clinic having treated 165 individuals!



*Borana Mom and child*

*Hamar Mom and child*

*Some of our clinic patients*

From there we moved on to the Hamar village of Turmi where we set up our clinic at the Public Health Center. Remote health centers do not have doctors on staff, only nurses. They also have extremely limited medical supplies, and treatment is generally not free. Our 2-day free clinic was quickly announced to all by loudspeaker in the local market.

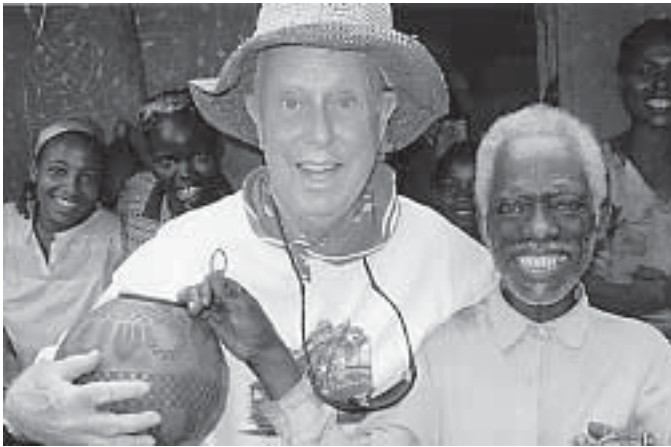
Thus forewarned of a potential flood of patients, our team of six got busy. We worked each day till we could no longer see, so that no one had to come back the next day. For many, home was five miles away by foot! At the end of the clinic we were staggered by the count. We had treated 863 people in those two days, more than double the number of Mursi treated! And no-one was left unattended.

We still had hopes to run another clinic among the Erboire. But the weather the next day was again a deterrent. Turmi's normally dry riverbed was so swollen with water from the previous night's rains that we waited eight hours to cross! Our two doctors opted to join the wading locals and crossed the still rough waters on foot. We picked them up on the other side, beaming from the adventure.

**That evening we did a final tally. We had treated a total of 1403 Mursi and Hamar during the course of our 2-week Medical Program.**

**What is the value of what we do?** Most of these individuals suffer from chronic illnesses such as malaria, parasites, respiratory, gastrointestinal, uro-genital infections, dermatologic conditions and arthritis. These debilitate their bodies far more quickly than our Western bodies so plied with medicines at every sniffle. Our brief interventions ( it is my dream to make them far more frequent) “buy” each person a little more time, making their lives a little easier and more productive in their pursuits of daily survival.

**These Volunteer Medical Programs are very rewarding, and they are also fun.** I take extra volunteers so “relief time” is always available. Doris would often go out to photograph, buy lip plates from the Mursi or headrests from the Hamar, or to visit with waiting tribal women and children. Archie loved sharing with curious Mursi and Hamar the images magically held in his digital camera. Carol was steadfast and never left her pill counting job, unless a mother arrived with a tiny infant which she would rush to cradle. But she’d dash back to camp each night to string beads with the children of our hosts.



*Archie and Adisu share pleasure at purchase*

**It was an amazing adventure for all of us.** For our two Ethiopian doctors it was the experience of a lifetime meeting and treating these almost mythical tribal peoples, but they also loved the mud, the swollen river, even when our car briefly got stuck in it. For Doris it was working with our great Ethiopian doctors. For Carol it was the loving welcomes from the tribal peoples we already knew. For Archie it was the chance for one-on-one interactions with individuals from these unique groups.

**For me it was to finally be among these people whom I have known for so many years under a different set of conditions....just giving back!**

*TurtleWill has been running Volunteer-Funded Medical Programs since 1999 in Mali, Niger and Ethiopia. We bring health care professionals, volunteers and medicines and set up an “open air” bush clinic in remote areas. All treatment and medicines are provided free. These Medical Programs are funded by the volunteers and range in cost from \$4000 - \$4500 for a 2-week program.*



*Irma Turtle and Dr. Tariku Gelda at bush clinic, Borana territory, southern Ethiopia, February, 2002*

### **WHO WE HELP:**

Peoples in the remote bush with little recourse to medical, economic, or educational aid,

who are often ignored by their own governments, and

who are reached by the world’s major humanitarian organizations only in times of national catastrophies.

### **If we don’t help, who will?**

### **WHAT WE DO:**

We work to preserve communities and lifestyles so that these cultures may remain intact. We do this by:

- ◆ Providing medicines, temporary clinics, and hospital treatment to keep communities healthy and stable;
- ◆ Funding animal loan programs so that nomadism remains economically viable;
- ◆ Digging wells for additional water resources as lands shrink and people congregate closer together;
- ◆ Funding cooperatives to teach skills that generate income for greater economic stability; and
- ◆ Supporting schools and students to give individuals the educational tools for growth and for defense against external exploitation.

## GUARDIAN ANGEL PROJECTS

In the bush urgencies are immediately visible or are presented to us firsthand. Part of the uniqueness of TurtleWill is our ability to respond spontaneously and resolve quickly. We call these "Guardian Angel" projects. We are proud of our ability to make a difference so quickly.

- **TurtleWill has worked with the handicapped in Mopti, Mali and in Agadez and Abalak, Niger since 1999.**



*The Handicapped in Mopti have created an astounding dance and music troupe. With funding from Robert Plant (of Led Zeppelin) and other TurtleWill donors, we provided this bus and the sound equipment for the troupe.*

- **TurtleWill has been funding corrective surgeries and medical care for tribal children in Southern Ethiopia since 1997.**



*Haden is a victim of NOMA, a bacterial disease that eats away a child's face, leaving it disfigured and frozen. In 2003 we took Haden to Addis for surgeries. He is now a smiling, happy boy. He will need more surgeries on his cheek and physical therapy for his jaw...and he will lead a normal life.*

TURTLEWILL is now able to accept Marketable Securities as donations!

## COMMUNITY RELATED PROJECTS

We help these unique peoples stay together by:

- **DIGGING WELLS for additional water sources.** Without water no one can survive. In these arid countries wells are often the only source of water. As populations grow and tribal lands shrink, families must cluster closer together. A well which once served 10-15 families may now have to serve double. As a result multiple wells are now often necessary where one was once sufficient. Wells range in cost from \$5,000-\$12,000.



*TurtleWill has been working with TINAIT, the refugee Tuareg community of Timbuktu, Mali since 2000. Meet our friends from Teshak celebrating their new pump well.*

- **FUNDING COOPERATIVES to promote skills and greater stability within the group.**

TurtleWill has been funding Cooperatives in Mauritania, Niger and Mali since 1998. Funding provides initial training and materials. Cooperatives can include basketry, leather work, sewing and knitting, handicrafts, food stuffs. Cost is \$1,500 per cooperative.



*Tamazalak Women's Sewing & Knitting Cooperative, Niger began with Basketry, then evolved to Sewing and Knitting, while generating an additional eight cooperatives in the region!*

US Postal Mailing Address: PO Box 1147, Carefree, AZ 85377

UPS or FED EX Address only: 5924 E Gunsight Rd, Cave Creek, AZ 85331

Phone 480-488-3688 Fax 480-488-3406 Toll Free 888-299-1439 [www.turtlewill.org](http://www.turtlewill.org), [irmaturtle@turtlewill.org](mailto:irmaturtle@turtlewill.org)