

INSTITUTE OF CURRENT WORLD AFFAIRS

IMW-18
Masailand's Mobile Medicine Men

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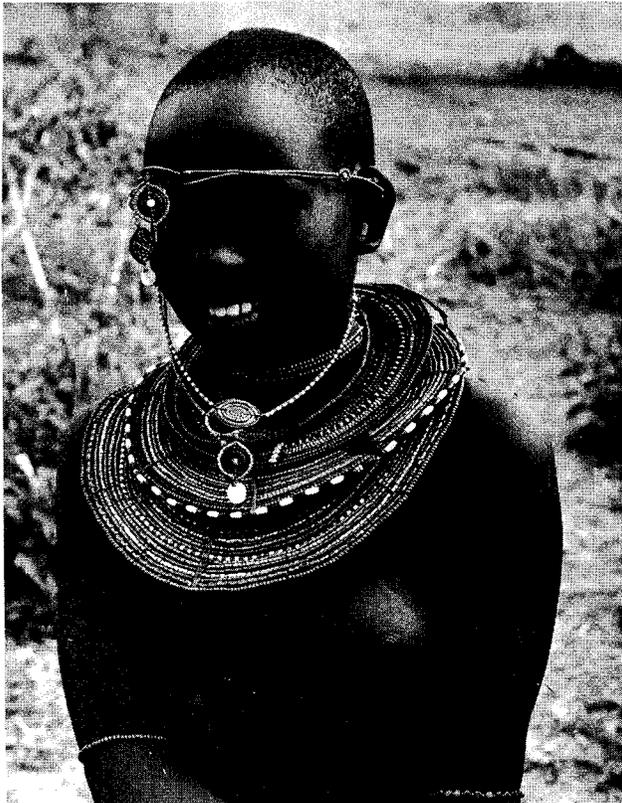
Mr. Richard H. Nolte
Institute of Current World Affairs
366 Madison Avenue
New York 17, New York

Dear Mr. Nolte:

We recently received a letter from Roy Shaffer, an American, who is Government Medical Officer at Monduli, a small town in northern Tanganyika. He offered us the opportunity of going to Masailand with "the African Research Foundation Mobile Unit working in Longido district. The team includes an Australian nursing sister, a Medical Assistant, and a Masai Rural Medical Aid who is very conversant. With them you would be close to the people and be cast in a very favorable role by being identified with the Unit. You would see a lot of people and have access to villages at your leisure."

Obviously this was not the type of invitation we could turn down, and a week later we were on our way to Longido heavily laden with safari beds, a tent, artichoke hearts, beer (on safari water is always suspect) and a case of aerosol sprayers. We were prepared, or at least we thought we were.

Masai Girl



Outside of East Africa the Masai are one of the best-known tribes; inside, one of the least-known. Through an accident of history the Kenya-Tanganyika boundary runs right through the middle of their traditional tribal area. This has had a considerable influence on them. The Kenya Masai are a great deal more advanced than their Tanganyikan brethren, none of whom has had an education above the eighth grade. A nomadic, pastoral people, the Handbook of Tanganyika calls them "proud, aristocratic, supercilious, brave, impetuous, scorning agricultural work of any kind, loving their cattle above all else and considering themselves the lords of creation".

The central feature of their tribal organization is the age-grade system, under which every young man



HEALTH

The Mobile Unit
in action.

Conjunctivitis: The bandages kept
out the flies.

Malnutrition: This four-year old
weighed barely twenty pounds.



passes through the grades of junior warrior, senior warrior and elder. The rights and obligations of each grade are closely defined, and the transition from one to the other is marked by elaborate ceremonies. The first British administrative officer in Masailand had this to say about the Masai:

"They are quiet and dignified in their bearing, very low voiced, and they use practically no gesticulations. When making a speech, however, a Masai will hold a stick or knobkerry, with which he emphasizes his sentences by raising and letting it fall quite slowly, with the rise and fall of the periods. This quietness and repose of the Masai is particularly striking, and is one of their most distinguished traits. They have an undoubted gift of oratory, and are greatly affected by it. The similes employed by them are excellent, and they work a speech to a climax in a most masterly manner. Added to natural habits of observation, they possess considerable reasoning faculties, and their sense of justice is particularly strongly developed. They, therefore, have no difficulty in realizing that if they are responsible for personal loss, or theft, it is incumbent upon them to make sure that at least the equivalent is returned. As a race they are intelligent and truthful, and a grown Masai will neither steal nor lie. He may refuse to answer a question, but, once given, his word can be depended upon."

At Longido we met Roy and the rest of the Unit. This consisted of Hilary Prendergast, the Australian nursing sister; John, a Masai Medical Assistant; Lilly, an African midwife; Lerumbe, an all-around helper; Danieli, the Unit's driver; and Rejabu, the cook. After a sandwich and a cup of tea, we set forth on the sixty-mile journey, estimated to take four hours, to Gelai where we would remain for the next ten days.

It was a hot and dusty day, and the road was so full of pot-holes and washouts we could only move very slowly. But it was beautiful. Most of Masailand is low scrub bush, the type one sees in movies about hunting safaris. At first we headed west towards Kitumbeine mountain which is reputedly capped by a cool cedar forest. At its foot we turned north to Gelai, passing through wonderful herds of oryx, zebra, Grant's gazelle and an occasional gerenuk.

We reached Gelai about 4:30 p.m. and quickly pitched our tents as a storm was threatening. Unfortunately Roy couldn't stay, and so he left quickly for the rain would make it a serious job returning to the main road. We had picked a campsite under a giant thorn tree from where we were able to look out upon a whole series of Masailand's mountains, some of which are volcanic and others non-volcanic in origin. From left to right we saw Longido, Kilimanjaro, Meru, Monduli, Kitumbeine and just above us was Gelai. It was an idyllic spot to camp for ten days, and we were very excited as we talked of our plans over dinner that evening.

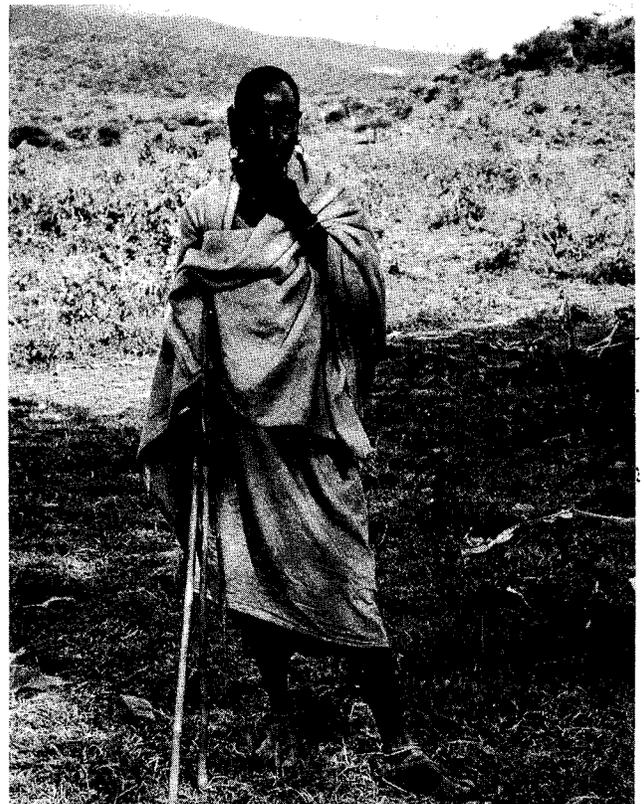


MEN

A morani's "helmet"
coiffeur.

The more common pigtail variety.

An elder from Olemaparuk.



The Masai present quite a challenge to those wishing to practice modern medicine amongst them. Free love, friendship for flies, a dung-coated environment, spitting as a social grace and starvation during pregnancy are among the customs that make it hard for them to take modern health practices seriously. Their largely nomadic existence prevents continuity of contact with school, dispensary or any other source of health education. An increasing number attend dispensaries, but they are learning nothing about the cause and prevention of disease, only that disease is easily cured by the almighty sindano or needle.

Clearly a revolution is needed. In Roy Shaffer's words, "To be realistic---and quite literal---the first changes will have to be Herculean, for the Augean stables had nothing on Masailand for 'the manure problem'. Furthermore, Hercules had a river to work with, while we have only sparse boreholes and ponds. So it is obvious that even with complete understanding and co-operation on the part of the Masai, their problem of filth and flies will not be easily solved. Not less involved are the problems of sterility, infant nutrition, housing, circumcision, etc." In other words Masai survival depends on Masai enlightenment.

The advantages of a Mobile Unit in forwarding the ideas of community health are several. It can get to the Masai in his true environment, communicate in his own idiom (helped by visual aids), and stay long enough for continuity and repetition to have had a chance to produce some new thinking regarding health and disease. Again Roy Shaffer says, "The Masai are notoriously reactionary, and it is easy to be pessimistic about how much of our counsel would take in their thinking. But it might take, and this small chance of real progress is worth the effort."

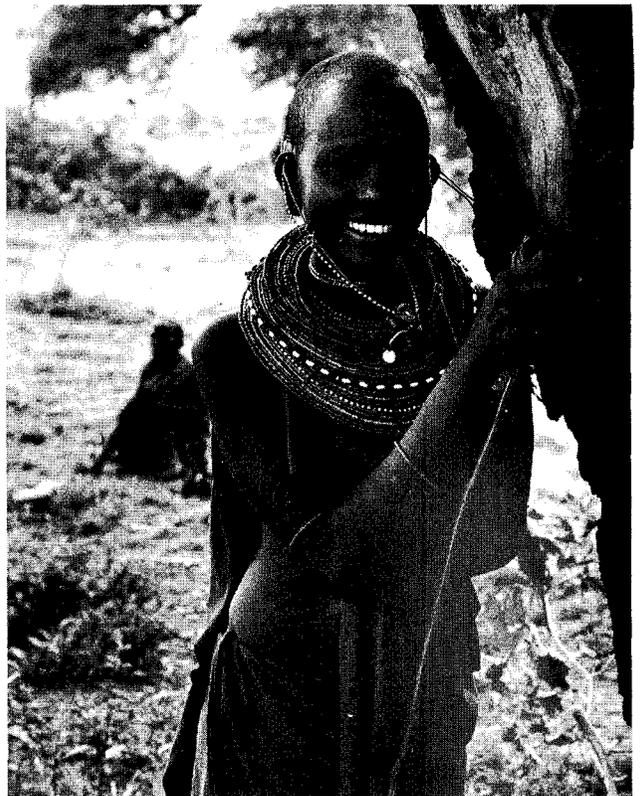
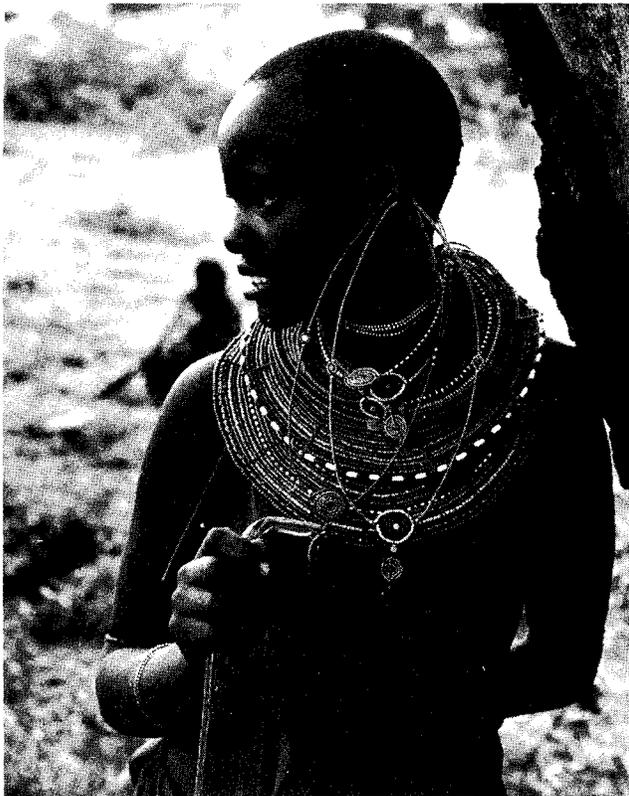
More specifically our job at Gelai was threefold. We attempted to get some accurate health statistics, give some very basic health education, and treat any obvious diseases. We did this in two ways, daily consultations and movies. Of greater importance were the daily consultations at the Mobile Unit, parked 100 yards away from our campsite near a borehole.

We attempted to get as many Masai as possible, both healthy and ill, to come to the Unit. There they were weighed and measured and checked for diseases. Hilary and Kitty were in charge of medications which they handed out with almost as much abandon as laue-laue (candy). Soon Kitty became known to the children and old women as "Mama Laue-Laue". Obstetric histories were taken from women, and finally each person had his finger pricked for a blood count, a prospect which threw a good number into a panic. In fact we finally had to move it behind the truck so as not to frighten away too many people. During the process a loudspeaker blared music, from Swan Lake to Bibbety Bobbety Boo, to attract customers.

It quickly became evident that most people suffered from one or more of seven maladies: conjunctivitis, malaria, syphilis, gonorrhoea, malnutrition, dysentery, and flies in ears. (One two-year old, with more than seventeen flies in his ears, had had both his eardrums



MASAI GIRLS
(and John).



punctured by his mother who had tried to remove the flies with a stick.) Some patients could be cured with one, two or three treatments, but most couldn't, and so they received only temporary relief.

In general the Masai were co-operative and eager for dawa (medicine), and they gladly subjected themselves to our treatments. One young fellow, however, was so shocked by an injection that in the midst of it and with the needle still firmly embedded in his rear, he shot off the end of the Unit, leaving Kitty deftly squirting penicillin into her eye.

Occasionally a reluctant woman would either insist that having her height and weight taken was all the dawa she needed or call out to her friends asking advice which often came from an enraged husband who, armed with a stout stick, would persuade his wife to remain. Things went smoothly after these beatings, but we had one woman return the next day asking for dawa for her bruises.

We began each day at 8:00 a.m. and, depending upon the number of people, we would work up until 5:30 p.m. Most patients with sores were so dirty that the affected area had to be thoroughly washed before it could even be seen. Many with serious diseases claimed they were fine. The child suffering from an extreme case of malnutrition (see photo on page 2) was brought in because it had diarrhoea.

In the evenings we usually visited kraals (villages) where the Masai lived. Children often screamed when they saw us, but otherwise we were received hospitably. The women were especially interested in Kitty. They had seen white women before, but since we were attached to the Unit, they felt very free with us. Once Kitty took off her hat, and everyone was amazed at her long hair (Masai girls shave their heads). When they saw her ears, they were really shocked. She had no loops! (The Masai stretch their lobes so they often reach the shoulder and in extreme cases encircle the head.) One old woman offered to "do" Kitty's ears for her and was crestfallen when Kitty declined. No doubt they were taking bets, when we left, on how long her marriage would last with such funny ears.

In spite of our queer clothes and ears, they really liked us. One day one of the headmen gave us a sheep. It stood outside our tent munching grass until Rejabu slit its throat. Unfortunately the poor beast had flukes in his intestines and liver, and so we couldn't eat it. Nevertheless John, Lilly, Rejabu, Lerumbe, and Danieli finished it that evening (with the aid of a local drug that hastens digestion and allows one to eat a great deal).

One of the first evenings we were there we went to see the small cluster of dukas (shops), run by Somalis, that make up the town of Gelai. No Masai live here, for they live in their kraals. It is inhabited by the few Somalis and their helpers. Their dukas carry everything needed here from Good Morning Lung Tonic and ear jingles to stick deodorant.

It was on the wall of one of them that the movies were shown every other night. Among other things they consisted of a short on building Kariba Dam, a slapstick film starring Rashidi Kawawa, the Prime Minister, about a country bumpkin who goes to Dar es Salaam, and a series of slides with Masai in them. The Masai were more interested in films with themselves as subjects (although it's extremely difficult to get them to pose for a snapshot), and so the slides were always the greatest hit. Kawawa's movie was often above their heads, since few had ever been to a town larger than Gelai. Kariba was usually greeted with hoots of laughter and remarks such as, "That's hard work. It's not for me!"

Eventually more movies with a health slant will be shown, but at the moment there are virtually none suitable for Masai. Until these are produced, they will have to get along with Kariba and Kawawa. Anyway they loved them, and the same men returned each evening.

We left Masailand with several strong convictions. The Masai are ridden with disease, largely a result of the drought which has killed up to three-quarters of their cattle and left many of the people in a weakened condition. They need help and they want help, and the African Research Foundation's brand of "bush medicine" is doing much needed good, although no doubt some of the techniques would throw a doctor used to modern hospitals into a frenzy. Nevertheless it is most effective here.

At the moment its greatest contribution lies in the compilation of statistics, but its educational and curative influences shouldn't be underestimated. If the Masai are to survive as a tribe, they have much to learn. But the small chance of progress, represented by the Mobile Unit, is real.

Very sincerely yours,



Ian Michael Wright

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