

## EXCURSUS III

### Kevin M. Cahill, M.D., on Working Among the Irish of Africa

I have worked in the most remote areas of Africa, as well as in Asia and Latin America, but Somalia holds a special place in my heart. Possibly the genes of my Kerry forebears—who survived on bare rocky hills far from the green fields of Eire—influenced this selection. As we all know, Irish genes are most unusual, and, if the attraction to Somalia was purely hereditary, that might explain why I hold so firmly to this isolated and, until recently, forgotten part of East Africa.

I have returned there again and again—twelve trips in fifteen years—and traveled all Somaliland, working among the sick, carrying on medical research, rejoicing with my Somali friends as their own new nation evolved. I have relished every hot, dirty, lonely moment of it. It is the people, more than the land, that captured me, for here are “The Irish of Africa.”

Sir Richard Burton—not today’s Celtic thespian, but the explorer and linguist who discovered one of the sources of the Nile, mapped much of Africa, and was the first non-Muslim to visit Mecca and survive—left Aden in 1854 and traveled across the Gulf into an unknown land. Five months later, with a Somali spear having pierced his jaw and with one of his companions dead on the beach at Berbera, he returned to “civilization.” Burton had visited the holy city of Harar, had recorded the customs and language of the Somali, and described the people as “a fierce race of Republicans, the Irish of Africa” (see his classic *First Footsteps in East Africa*).

In addition to their possessive love of the land, the Somali had other typical Celtic qualities: great respect for poetry, religion, song, democracy, and age. They loved to talk and had a highly developed sense of humor. They were brave but reckless. As Burton noted, they had “an unquestioned—if not occasionally injudicious—warlike manner.” Above all they had a fanatic pride in Somalia and the Somalis. Burton wrote: “they are full of curiosity and travel the world accepting almost any job without feeling a sense of inferiority, perhaps because they believe that they are superior to everyone else.” Irish indeed.

It is not irrelevant that Burton’s background included a grandfather who was the Protestant pastor of Tuam in Galway and a father who “was a thorough Irishman.” Burton noted that his father constantly spent the family fortune “on the wildest speculations,” and on two separate occasions, after wounding an adversary in a duel over a minor matter, he devotedly nursed his opponents back to health. Clearly, Burton was the right man to initiate Western contact with the Somalis and open the area for exploration.

The eastern horn of Africa is the land of the Somalis. Its coastline, the largest in Africa, runs from the Red Sea and the Gulf of Aden down the Indian Ocean for sixteen hundred miles. The strategic significance of that vast expanse of shoreline, and particularly its critical position across the oil lanes from Arabia and at the entry to the Red Sea, has not been missed by the superpowers of today. In the southern part of the country two fertile strips of arable land surround the Juba and Scebelli rivers that run from the Ethiopian highlands toward the Indian Ocean. But the rest of the Horn is harsh and arid.

The Somalis are primarily a nomadic people who migrate endlessly with their herds of camel, goat, and cattle over the dry savannah and semidesert plains that cover 80 per cent of Somaliland. In the dry season it is incredibly hot, with temperatures regularly exceeding 110, but with relatively cool evenings. Scrub bush and occasional acacia thorn trees dot the landscape, and life revolves around an endless quest for water. The culture reflects an existence geared to a constant struggle for survival, and the success or failure of the semiannual rains is the subject of poems and song and virtually continuous conversation.

I have traveled the bush for weeks on end with the nomads, slept in the open under the Southern Cross, and shared their meals, while tracking their diseases. I have come away with an enormous respect—almost approaching an awe and certainly reflecting a love that can only be forged in hardship—for their strength, their kindness to the stranger, their silent wisdom, their knowledge of nature, and their remarkable ability to read the stars and the hot winds.

The physician has a unique opportunity to communicate with even the proudest people from totally different cultures. Healing wounds, preventing epidemic diseases, and caring for sick babies are entrées to isolated societies afforded few others. In Somalia the common ground of concern for health bound us closely.

When I first went to Somalia in 1962 the nation had just become independent. There were no Somali physicians and, in fact, few health facilities and even fewer personnel. The health system was a chaotic amalgam of the British and Italian colonial medical services, such as they were. During the first forty years of this century the Italians ruled the southern part of Somaliland while the English controlled the area along the Gulf of Aden and inland to the Ethiopian highlands. Medical programs for the indigenous population were not a main feature of colonial governments at that time. The vagaries of international politics since the mid-1930’s made this early neglect in native welfare programs appear almost positive.

Mussolini launched his dream for an Italian East African empire from Somaliland. The pressures of initial military conquest, quickly followed by retreat and surrender, left little energy or enthusiasm for

local health problems. When the English army assumed control of all Somaliland in 1941, they did so only as a holding operation, and the continuity of planning and administration necessary for social programs was wanting. Even during the period of U.N. trusteeship from 1950 to 1960 higher priorities were given—maybe for good reasons—to constructing roads, building internal security, establishing police and army, and to the development of a basic economy. Health and education were farther down the list.

One of the most frustrating obstacles was the fact that the Somali language had no script. All writing—including basic documents such as a constitution, laws, and regulations—had to be promulgated in the foreign tongues of English, Italian, and Arabic. The common mode of recording history, for example, was by reciting epic poems. Many the night I sat by a fireside under the open sky at some remote and nameless well listening to an elder recite. My translator would render his lilting words as I tried to discover whether smallpox or malarious fever or the bloody cough of tuberculosis had plagued that particular tribe. Such were the methods for defining the epidemiology of diseases on the Horn of Africa. In 1972 an acceptable script was finally devised, and now an entire nation is embarked on the difficult journey from a totally vocal culture into one where literacy in a brand new written language is expected for young and old alike. Only with the spirit of self-reliance that marks the revolutionary government of Jalle Siad could all educated teenagers be assigned to the bush for a six-month crash teaching

program in order that their nomad brothers learn to read and write. These are the heroic—and humbling—efforts of emerging Africa.

When my work began, Somalia held the unenviable record of having no data available for twenty-two of twenty-four diseases surveyed in Africa. There had been virtually no medical studies emanating from the Horn for several decades, and the essential statistics for rational planning of health programs were simply nonexistent. Although my book *Health on the Horn of Africa* may hold the record for the least-selling volume in publishing history, I take inordinate satisfaction in the knowledge that that slim book still serves as the basis for the Somali medical services. The privilege of setting up a new nation's health system must be akin to the joy a lawyer might experience if asked to write a new constitution. That joy is rare and treasured. As I write this article in Mogadiscio in June, 1977, I sense the roots of Kerry deep in the soil of Africa. I'm received as—and feel—a part of the people.

I hear the chant of the muezzin calling the faithful of Islam to evening prayer. There can be few more beautiful or melodious sounds. One fellow African traveler described my reaction as one of having the unreasonable feeling that I have discovered what I have been searching for without really defining what it is. I only know I fall asleep feeling once more at home among the Irish of Africa.

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## OBSERVATION

### The Dade County Vote and Our Crisis of Community

*Paul Ramsey*

*Then God said, "Let us fail to make Adam and Bruce...." And God saw everything that he had made and that he had failed to make, and behold, it was very good. And there was evening and there was morning, a sixth day.... And on the seventh day God finished his omissions and his commissions and he rested from all his work which he had done [Gen. 1:26, 31; 2:2, 3, Queen Bryant's Version].*

**A**fter the overwhelming defeat of the Miami city ordinance prohibiting discrimination against homosexuals, we face a nationwide debate. It will unavoidably politicize an issue

that in most of its features should remain essentially private among persons and their communities. The Constitution will be set against families. Rights against religion. Role models against nondescriptness—in order to make way for arbitrary choices for and by the young.

We may expect a continuation of the same old polarization of liberals versus evangelicals in the churches. It is important to understand that this polarity has little to do with Anita Bryant's version of Scripture, or with any other. We need to get to the bottom of the value-conflict in all modern societies in order to understand that the versions of secularism within Christian opinion simply reflect that more basic struggle.