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THE HON. DAME QUENTIN BRYCE AD CVO

SUE WILLIAMS

# HEALING LIVES

TWO REMARKABLE FRIENDS, MAMITU GASHE  
AND DR CATHERINE HAMLIN, AND THEIR  
SHARED STORY OF CHANGING THE  
WORLD, ONE PATIENT AT A TIME

READING NOTES





## BLURB

**‘A story of friendship like no other . . . breathtaking in its tenderness and inspiration.’** The Hon. Dame Quentin Bryce AD CVO

Two incredible women, an unlikely friendship, and a united mission to save the lives of some of the world’s poorest and most desperate women.

*Healing Lives* reveals the untold tale of Mamitu Gashe, Dr Catherine Hamlin’s protégée, and the inspiring almost 60-year friendship between the two women.

In 1962, three years after Drs Catherine and Reg Hamlin arrived in Ethiopia, an illiterate peasant girl sought their aid. Mamitu Gashe was close to death and horrifically injured during childbirth after an arranged marriage – at the age of just fourteen to a man she’d never met – in a remote mountain village.

The Hamlins’ Addis Ababa Fistula Hospital saved her and, in return, Mamitu dedicated her life to Catherine’s mission. Under the iconic doctor’s guidance, Mamitu went from mopping floors and comforting her fellow patients, to becoming one of the most acclaimed fistula surgeons in the world, despite never having had a day’s schooling.

This is the moving story of the friendship that saved the lives of over 60,000 of the poorest women on earth.

## THE AUTHOR

Sue Williams is an award-winning journalist, travel writer and best-selling author. She’s now written 23 books, mostly non-fiction. Previous biographies include *Mean Streets, Kind Heart: The Father Chris Riley Story; Father Bob, The Larrikin Priest; The Last Showman*, with Fred Brophy; *No Time For Fear*, with Paul de Gelder; *The Girl Who Climbed Everest*; and a number of books about Australian outback characters. Sue, originally from the UK but now living in Australia for 30 years, has also spent much of her life travelling in Africa, and wrote one book based mostly there, *Getting There: Journeys of an Accidental Adventurer*. She returns regularly.



## PLOT SUMMARY

*Healing Lives* reveals the untold tale of Mamitu Gashe and Catherine Hamlin, and their almost 60-year friendship as they supported each other and saved the lives of more than 60,000 women with obstetric fistula.

Mamitu was just 14 years old when she was horrifically injured during childbirth in her mountain village in remote Ethiopia. Through the determined efforts of her family, Mamitu managed the journey to Addis Ababa despite her terrible pain and incontinence and sought the aid of Drs Reg and Catherine Hamlin. After a series of operations, Mamitu was saved, but was left with partial incontinence and decided to stay with the Hamlins at the hospital.

Mamitu sought to contribute to the community of the hospital where she had been treated, and started by mopping floors so the nurses would have more time for their patients. Then she started comforting fellow patients, and welcoming new patients, assuring them that they could and would be cared for. Delighted and impressed by her initiative and commitment, Catherine and Reg asked Mamitu to start taking on more duties, teaching and training her. Today, Mamitu is one of the most acclaimed fistula surgeons in the world despite never having had a day's schooling.

*Healing Lives* is a moving and inspiring account of two incredible women who were born in different worlds yet came together in an unlikely, unbreakable friendship. For nearly 60 years, through the lows of political turmoil and the loss of their husbands, and the highs of Nobel Prize nominations and audiences with royalty, Catherine and Mamitu dedicated their lives to helping and healing the lives of the poorest women in the world.

## THEMES

### Biography

1. *Healing Lives* is a biography of Catherine Hamlin and Mamitu Gashe and their extraordinary friendship. What are some of the advantages of telling the stories of the two women concurrently? Do you think this was the best way to tell their stories?
2. Catherine Hamlin died in March 2020. How do you think that may have affected the way the book was written? Do you think it would be easier or more difficult to write about someone who will never read the final product?



3. Sue Williams is an award-winning journalist and experienced biography writer including *Father Bob: The Larrikin Priest*, *Women of the Outback* and *Mean Streets*, *Kind Heart: The Father Chris Riley Story*. How do you think her previous experiences aided her in telling the stories of Mamitu and Catherine?

## Writing style

4. The book begins with a moving scene of Mamitu sitting vigil at Catherine's deathbed. What do you think of the choice to begin at the end? Did you find it an effective introduction?

5. Sue Williams tells the stories of Catherine and Mamitu as a chronological, interweaving narrative, from their births in Australia and Ethiopia, until their meeting. Why might the author have decided to structure the book in this way? What are the advantages of such a structure?

6. Sue Williams uses many interviews with family members and colleagues to give a full picture of the lives and friendship of Catherine and Mamitu. In what ways does this shape the narrative? If a biography subject is self-effacing, is this a more open and honest way to tell their story?

7. *'They follow the teachings of the Ethiopian Orthodox Tewahedo Church, which has been tied to the Coptic Orthodox Church of Alexandria from the first half of the 4th century. Christianity here predates all the churches of Europe, and the north of Ethiopia has a vast number of striking World Heritage-protected rock-hewn churches and monasteries from the 11th and 12th centuries.'* (page 27)

There is a lot of information on ancient and modern Ethiopian history in the book. Were you surprised by the rich history of Ethiopia and its people? How important is understanding the historical and cultural background of a place to a story such as this?

## Mamitu's journey

8. Mamitu was raised in an unusual family situation, with her mother acting as a 'handmaiden' or surrogate to her father, who was married to another woman, so he could have more children. She lived with her birth mother before moving in with her father and stepmother. How do you think this upbringing shaped Mamitu's definition of family?

Mamitu had three mothers, her birth mother, her stepmother, and Catherine. How do you think each relationship shaped Mamitu's life?



9. *‘Ethiopia has long had one of the highest rates of early marriage in the world, and Amhara records the very highest in the nation, with 82 per cent of girls becoming child brides. Marrying so young isn’t considered an issue among those keeping up the old ways.’* (page 39)

Mamitu was a child bride, and says she was happy in her marriage, saying of her husband, ‘He is very kind to me. He speaks gently and helps me a lot. We help each other.’

Did Mamitu’s view of her marriage surprise you, and if so, in what way? Her sister Zewde ran away from home to escape a similar marriage. Do you think she made the right decision?

10. Consider the photo on page 4 of the picture section. The caption reads, *‘Mamitu and the Princess Tsehai Memorial Hospital nurse aides in 1965, two and a half years after she first arrived at the hospital. Mamitu is third from the left and her great friend, Lete Birhan, is fifth from the left.’*

Discuss the girls in the picture.

11. Compare Mamitu’s situation to that of Aberash Bekele, who was also 14 when she was kidnapped and then killed her rapist, as shown in the film *Difret*. Do you think fictionalised accounts based on true stories are an effective way of sharing these stories?

12. The story of Mamitu’s five-day labour and its outcome is harrowing and devastating. With increased claims and calls in developed countries for a return to ‘natural’ birth, is it important to read stories like Mamitu’s as a reminder of the dangers of ‘natural’?

13. After Mamitu’s surgeries, she wants to give back to the hospital and help more patients. Her role evolves from cleaner to greeter to nurse to assistant surgeon to surgeon, all without formal qualifications.

*‘She’s soon assisting visiting surgeons too, and they’re similarly impressed, especially when they’re told – always afterwards – that their obviously enormously competent helper doesn’t have any formal training or qualifications.’* (page 172)

What roadblocks would Mamitu have faced if she had tried to qualify formally? Do you think Mamitu would have faced stigma or resistance if the surgeons had known she was ‘uneducated’? Is Mamitu’s journey to becoming a world-leading fistula surgeon a story of triumph over adversity? In what ways?



## Catherine's journey

14. *'Her family is wealthy and has given her the best possible start. Born in Sydney in 1924, the second-eldest of six, she's grown up in a convict-built sandstone mansion, The Hermitage'* (page 15)

*'Whatever you do, do the best you can,' Theo would tell them. 'Be the best you can possibly be.'* (page 17)

How important is material wealth in giving a child the best possible start? Do you think there are other things that are more important to give or impart to a child?

How important is the support and belief of a parent in achieving your goals? Would Catherine have been as determined without the support of a loving family? Would she have been as successful? How does the love and support offered to Catherine compare and contrast to Mamitu's family situation?

15. *'Often she'll see a patient, examine him, then politely excuse herself for a few minutes and close the door softly behind her. She'll make a mad dash to her room, haul out her medical books and look up the symptoms and what she should do, before racing back, breathless, to gasp out her diagnosis and treatment.'* (page 30)

*'I [Hancock] learnt on the spot and luckily, I seemed to have a knack for it. Working with them, though, was an amazing experience. They put you in the deep end professionally and I was doing so much, including them teaching me how to do caesareans, just one year after I qualified. I learnt very quickly how to do things that would normally take months and months with formal training in England.'* (page 171)

Can you see similarities between Catherine's early experiences in learning medicine and treating patients and her work as a teacher and surgeon? Do you think on-the-job experience is more important than book learning?

16. *'Catherine is grateful for such recognition and the award, again mostly because it might bring further attention to the work of the hospital – and possibly more funds.'* (page 211)

Catherine was nominated for, and received, many awards, including being nominated twice for the Nobel Peace Prize. How effective was the personal attention for Catherine in raising awareness for the hospital? Do you think Catherine would have preferred to be in the surgery rather than doing interviews and awareness-raising?



## Status of women

17. *'Fistula patients are usually the poorest of the poor and cannot reach a specialised service even if one is available, and they return to their villages to live the life of an outcast. Nobody knows how many fistula patients have been forgotten and are without hope. Estimates are up to two million in Africa alone. In Ethiopia it is estimated that there are 9,000 new cases a year.'* (page 112)

Obstetric fistula is a preventable injury that is treatable by surgery, yet so many women must live with it, outcast and miserable. What differences would there be in treatment in a developing nation compared to a developed nation? Discuss differences in technology, transport and the status of women. Does the international community owe the same level of care to women in countries like Ethiopia?

18. At the time of Mamitu's birth, a leading cause of divorce was a woman's inability to have more children. Many of the women have been disowned by their husbands and families due to their injuries. Discuss the place and status of women in this society.

## Holistic care

19. Mamitu offered comfort and reassurance to other patients and to newcomers to the hospital. How important is emotional support and care in medicine, especially for women who have been cast out due to fistulas?

20. *'... back at the hospital, Catherine is keen to make life there as pleasant as possible in every way for both the patients and the staff. Mamitu is still confused whenever the doctor talks about creating a decorative garden at the hospital, but smiles and nods politely.'* (page 198)

How would you describe Catherine's attitude to care? What are the benefits to her approach? Do you think her patients would have recovered as well without it?

21. Desta Mender is set up to care for patients with long-term needs who can't return to their home villages. How important are these long-term considerations for a patient's physical and mental recovery?

After a few years, it underwent a reorganisation and transformation to accommodate the feedback and needs of the residents. How important is taking in feedback for this kind of project? How important is it to for the residents to be heard?





## Politics

22. The Hamlins sought the favour and financial assistance of Emperor Haile Selassie, who has been described as a benevolent autocrat. They kept a low profile as they continued their work under the Derg while many foreign citizens fled the country.

Who takes care of the people while the ruling classes fight it out? To what extent is taking care of the poor and sick political work?

23. *'... food production is plummeting, farm workers now pay more to the government than they ever did to landowners under the old feudal system, and civil unrest is growing. Young men from across the nation go into hiding to avoid conscription by Derg rulers who would compel them to fight against their own people.'* (page 199)

The 1983–5 Ethiopian famine was a man-made disaster. Discuss.

## CONCLUSION

24. *'Mamitu, can't you do it one more time? Will you come back to the theatre and start doing surgery again?'*

*Mamitu looks stunned. She can't speak.*

*'Do your grieving now, then take some rest and build up your stamina,' Tesfaye tells her. 'And then I'm looking forward to seeing you back in the operating theatre, where you belong. This is how we should continue this legacy.'*

*Back to surgery? The most brilliant smile slowly spreads over Mamitu's face.* (page 325)

What do you think of this scene? Is it a fitting conclusion for the book?

Reading Group Notes for this book are available on Pan Macmillan Australia's website: [www.panmacmillan.com.au](http://www.panmacmillan.com.au), under the 'Resources' tab