A Balkan Adventure:

Humanitarian Missionaries in Albania

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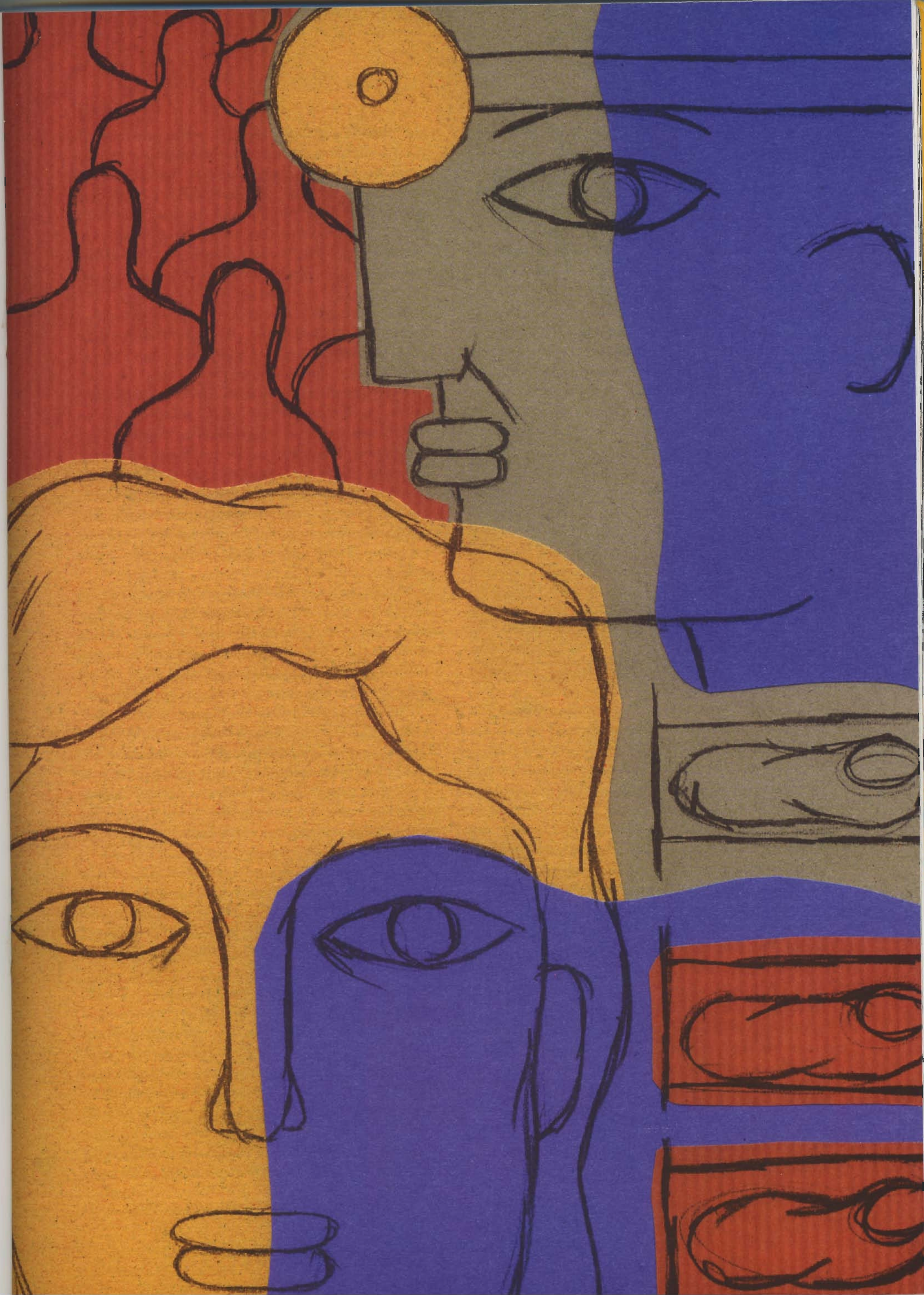

From mid-February 1992 until August 1993, my wife, Charone, and I and Melvin and Randolyn Brady served as humanitarian missionaries in Albania. We were called as the first LDS missionaries ever to serve in that least known and smallest of the Balkan countries.

Albania had been virtually isolated from most of the world for nearly 50 years by the dictatorial rule of perhaps the most tyrannical and paranoic of all Communist leaders, Envar Hohxa (pronounced Ho Ju).

Our assignment had come about as the result of a visit to Albania in May 1991 by Elder Dallin Oaks and Elder Hans Ringger, then president of the European area for the Church. Their visit to Albania was the result of the persistent efforts of Elder Ringger to get into the country, even though their requests for visas had been ignored. Once they were in the country, however, government officials welcomed them. They were then directed to the ministers of health and education for identification of projects where professional expertise and medical aid might be of benefit to the country.

Elder Brady, an economist, was called to teach free-enterprise economics and Sister Brady, an English teacher, to teach English at Tirana University. My wife, Charone, who is a nurse, and I were called to help at the Dystrophy Hospital, a hospital for malnourished children, and at the hospital attached to the Pediatrics Department at Tirana University School of Medicine.

Albania is a small Balkan country that is surrounded on the north and east by states of the former Yugoslavia and on the south by Greece. The west coast of Albania is on the Adriatic Sea and lies approximately 70 miles to the east of the heel of the boot of Italy. It is a country about the size of Maryland, much of it mountainous on the north, east, and south, where it abuts Montenegro, Macedonia, and Greece.

The people of Albania are varied in habitus and appearance. The majority are of medium height and have brown eyes, dark hair, and an olive complexion. In northern Albania there are many tall (over six feet) men and women of slender build. Also, there are a considerable number of blonde, blue-eyed, and, occasionally, some red-headed people who are likely the remnants of the Normans who settled along the west coast of Albania when it was a staging area for the Crusaders traveling to the Middle East.

Although Albania was officially declared an atheistic state—atheism was written into the constitution in 1967—approximately 70 percent of its people profess to be Moslem, while 20 percent are Orthodox, 10 percent are Catholic, and a few are members of other Christian religions. Most do not practice their religion.

The country's inhabitants date from the Paleolithic period 500,000 years B.C. Artifacts from this period and the Neolithic period have been found in various sites in Albania. These were the ancient Illyrian people from whom the Albanian culture developed. The country was dominated at times by various invaders. The Greeks were there approximately 400 B.C.; the Romans, 300 B.C. to 100 A.D. The Byzantine Empire controlled much of the country for several centuries. Finally, the Turks dominated the area for nearly 500 years from approximately 1450 to 1912 A.D.

The people of Albania have retained a unique language called Shquip. This language was derived from the ancient Illyrian language and is unlike any other language in the world.

Following the overthrow of the Turks, a fledgling democracy developed in the 1920s. A strong tribal chieftain, Ahlmet Zogu, was elected president. However, three years later he overthrew the government and made himself a king—King Zog. He apparently was a fairly beneficent ruler, because many of the older people in Albania remember him with warmness. At the start of World War II, Mussolini's forces from Italy invaded Albania to gain use of its ports and oil production. This forced King Zog into exile.

The Communist party became organized in Albania during the period of World War II and became partisan fighters. When the Germans were expelled from Albania in 1944, the Communist partisan fighters, with the backing of Marshall Tito of Yugoslavia, subdued all other political parties in Albania by force and established Communism.

The tyrannical Communist dictator, Envar Hohxa, with a ruthlessness worse than Stalin's, consolidated his rule. Tens of thousands of Albanians were executed. Many thousands more were imprisoned or put into forced labor camps. This rule continued until his death in 1985. Following the emergence of a new Communist leader, Ramiraz Alia, there was a gradual relaxation of tyrannical rule.

Student rebellion against Communism in late 1990 and early 1991 gained widespread support, forcing a general election. The Communists won by a slim majority but were unable to rule effectively. This forced another general election in March 1992, after we were in the country.

This time the Communist Party was defeated substantially by a democratic party headed by Sali Berisha, a physician/cardiologist. His government is struggling to keep the country from collapse during this period of transition from a centrally planned to a free-market economy.

It was during this period and in this political milieu that we served as humanitarian missionaries in Albania.

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We arrived in Tirana, the capital city of Albania, on February 17, 1992. Our visas were to have been waiting at

the immigration desk at the airport. Unfortunately, they couldn't be found. Consequently we were escorted into a room and placed under armed guard while a search was made for our sponsor, the vice rector of Tirana University. He was in Greece and couldn't be reached. The plane from Italy had been held on the ground while this search and discussion were going on. Finally, after approximately two hours, we were escorted under armed guard back to the plane and sent back to Italy.

Meanwhile, our contact person in Albania was renegotiating with the university officials and the Ministry of Public Order to rearrange our visas. When all was in order, we flew back to Albania via Switzerland two days later, because planes went to Albania only several times a week. Interestingly, when we reached the airport, the Swiss airplane kept circling for a considerable time. When we got a look below, we could see sheep and cattle being herded off the runway.

This time, the letter authorizing our admission to Albania was in the customs office. It had been folded and was slightly soiled at the folds—as though it had been carried around in someone's shirt pocket for some time.

We were taken to the home of Dr. Anastas Suli, an English-speaking child psychiatrist, and his family, where an apartment had been arranged for us. Here we were warmly received by the kind and gracious family who were our hosts during our entire stay.

The day following our arrival, a bleak day with much rain and sleet, we became aware of the vagaries of life in Albania. The water—cold water only—was on three times a day, from approximately 4 a.m. to 6 a.m., 1 p.m. to 3 p.m., and 7 p.m. to 9 p.m. The electricity was erratic; it would suddenly go off for several hours, leaving us in the dark and without heat. The only source of heat was an electric radiator. So, we learned to keep bundled up most of the time and put in a supply of candles.

Our first visit to the Dystrophy Hospital is a vignette forever etched on our memories. The building was a dilapidated Russian-built hospital on the outskirts of Tirana. The central heating unit had long since ceased to function, and about one-third of the windows were broken. We were taken to the third floor and along a poorly lighted hallway to the rooms where the infants were kept. We were not prepared to see what we found. The rooms were gray and poorly lighted. The infants were lined up in wooden cribs against the wall, from 8 to 10 per room. Wind and rain was blowing in through the broken windows. The only source of heat in the room was a small electric heater around which the attendants huddled. They too had a gray appearance. Each infant was swaddled from the neck down or the shoulders down—only the older infants had their arms out. Each lay relatively motionless in his or her crib, staring at the ceiling. It was virtually impossible to get eye contact with them. There was no crying, because crying had apparently been to no avail. Each had a bony little malnourished face. Most had thin, little sticklike arms. Many had lesions of infected scabies; many also had a crusted pyodermia of the scalp. My wife, Charone, and I came out of the rooms with tears streaming down our faces. This was the hospital we had come to help turn around.

How did we go about this? It was obvious that the first thing we needed to do was establish trust and credibility with the doctors and staff. We needed to evaluate more thoroughly the hospital routines, how and what the infants were being fed, and what the resources of the hospital were. Also, we needed to have some idea as to the competency and training of the personnel.

The staff were aware that we were there to offer material help as well as medical expertise, so their general attitude was one of cautious openness and friendliness. We, in turn, were scrupulously careful to not be critical or judgmental about what we found—and were open and warm with everyone. The results of this type of relationship were that over the first few days we were able to establish firm trust and friendships, and we found answers to some of the questions posed in the previous paragraph.

Some of the relevant information we obtained was: The infants were admitted to the hospital usually because the mother had run out of breast milk, and there was no source of other milk or formula in the community to feed the infants. Commonly, the infants came in at two to four months of age, often weighing less than their birth weight. When they were hospitalized, they gained weight fairly rapidly for several weeks, then seemed to plateau in weight, sometimes going for a number of months without gaining significantly. The infants were changed only three to four times a day, frequently because of lack of diapers, but also frequently because of the caretakers' apathy. All infants were fed from battered aluminum caps, even the very small infants. They were fed rapidly and at times forcibly, and immediately were put back to bed. The for-

mula fed the infants was made up of powdered nonfat milk, granulated sugar, white flour, and water. No infant formula or cow's milk was available; no oil was available to add to the formula. The caloric content of the formula, as nearly as I could calculate, was about 12 calories for 30 ml of formula, approximately half the concentration needed to strengthen malnourished infants.

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What was our approach to this myriad of problems?

A preliminary list of urgent material needs was communicated to the humanitarian service headquarters of our church, which immediately readied them for shipment by sea container. These needs were blankets, baby clothing, diapers, baby bottles and nipples, infant formula, and other essentials. We began a search for some edible oil with which to supplement the current infant formula to make it isocaloric. Because it was obvious that nearly all infants were emotionally deprived, we had the doctors select 10 infants with whom my wife could work intensively in an infant stimulation program.

Mrs. Smith's program consisted of first unswaddling the infants and propping them up in bed so they could see one another. She started range-of-motion and muscle-stimulating activities. She constantly talked to them and sang to them, seeking to maintain eye contact, and she also took time to hold and feed each infant.

The results of this activity became apparent in 10 days to two weeks. The infants would begin to fix on her face. Some gave furtive smiles, some had learned to roll over, and some had begun to make pleasurable sounds. Also, many had begun to gain weight. By three weeks to one month, there had been such a drastic positive change, that Mrs. Smith was given free reign to work with all the infants in the hospital and also to encourage others to emulate what she was doing.

We found a source of soybean oil from Italy in approximately one month and were able to concoct an infant formula that was nutritionally adequate. The babies began to make significant weight gain.

My activity at this hospital after the first 10 days was largely that of a consultant and educator. I returned there only once a week to help with particular medical problems about which there were questions and to lecture on various infant care subjects ranging from nutrition to developmental pediatrics.

By the end of our stay in Albania, there had been a major turnaround in the welfare of the infants in the Dystrophy Hospital. Nearly all were happy and responsive and were gaining weight. Many had been discharged to their homes (unfortunately, others were admitted to take their place). Also, the physical facilities were more comfortable and attractive. Because of the publicity of Mrs. Smith's work there, and the supplies given by our church's humanitarian services, other agencies of the European community also began to contribute equipment and food. An adequate supply of baby food and infant formula was on hand, and sources of supply seemed stable when we left.

The success of our activity at the Dystrophy Hospital was largely the result of the daily work and teaching at that hospital by Mrs. Smith. Many of the nurses and attending doctors caught the vision of what should be done and were doing it. But there was still much apathy. Our proselyting missionaries in Albania are each spending some time at this hospital as part of their humanitarian service contribution. Also, another nurse had been recruited from Belgium and is working there daily, along with the wives in other senior couple missionaries in Albania. So, the initial work is being perpetuated.

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Our other assignment in Albania was to be of assistance where possible in the Department of Pediatrics at Tirana University School of Medicine. We were graciously received there by Dr. Toma Kristo, professor of pediatrics.

The physical facilities of the Department of Pediatrics were much better than we found at the Dystrophy Hospital. However, even though the Pediatric Hospital was only six years old, it reminded me of the buildings at Philadelphia General Hospital 40 years ago. There was no hot water and frequently no running water nor central heat. Bathroom facilities were Turkish toilets, essentially a porcelainized, slightly recessed area in a small room with a central hole that connected directly with the sewer. The electrical supply was also erratic.

In our first visit with Dr. Kristo, we found that Albanian medicine, like other facets of their society, had had very limited contact with Western methods. When foreign medical contacts were made, it had usually been with Russian, Hungarian, or Rumanian sources. Occasional physicians came in from France for several days to lecture. A few physicians had been allowed to go to France for

postgraduate training for one to two years. Their pediatric textbook was 25 years old and had been translated from an Italian textbook. No medical journals were available. Only a few pediatric subspecialty books were available.

Because their contact with Western medicine had been so tenuous, it was the wish of the Pediatrics Department that I begin to lecture twice weekly on various pediatric subjects and to give current thoughts about our approaches to them. Also, I was assigned to serve as a consultant and teacher several months at a time on a variety of the pediatric services.

My wife was assigned to help teach infant stimulation techniques in the physical therapy and neurologic departments several days a week. However, because her expertise was acutely needed at the Dystrophy Hospital, after one week she began spending each day there.

My lectures were well attended and well received by staff and medical students. I lectured with the support of several excellent English-speaking interpreters and used case presentation material to introduce the subject for discussion. After approximately five months, we terminated the twice-weekly lectures and started a weekly "grand rounds" format that the entire Pediatric Department attended. There had been no regular grand rounds–type of teaching in the Pediatrics Department prior to this. These presentations have continued since I left.

Interestingly, the Pediatrics Department there is highly compartmentalized, with each subspecialty department having a separate ward and staffing. There was an amazing lack of communication between the departments regarding the cases each treated and a consequent lack of cross-stimulation between the various specialties. I was told this approach was the Russian system of medicine.

One of the great opportunities I had was occasionally sponsoring seminars involving topics that were of significant interest to several departments. For example, a discussion of the fluid and electrolyte problems of renal failure and their treatment involved both the nephrology and intensive care departments.

The experience was also an intensely interesting and challenging one because of multiple and severe medical problems that I had never or seldom seen. Examples of this were visceral leishmaniasis, neonatal tetanus (the result of tetanus infection of the umbilical cord), infants with chronic cold stress, hepatic coma, diphtheria, and tuberculosis, and a number of infants and children with acute renal failure. There was a hepatitis ward in which there were never fewer than 10 to 12 patients. So, if you like the stimulation of medical challenge, it awaits you in Eastern Europe and Third World countries.

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Much can be accomplished in helping a medical department if we commit to a long enough period of time to establish a bond of trust and friendship with the people with whom we work. Also, it is important to stay long enough to become acquainted with their problems and the resources they have to meet them. If we have an attitude of humility and noncritical helpfulness, our expertise and sources of help will be sought out.

We need constantly to subvert the urge to say, "If we had this or that type of equipment, or this laboratory test, we could make an appropriate decision." The bright people with whom we work are acutely aware of these lacks and are sensitive about them.

The fruits of this approach were trust and openness and an eagerness to share problems and thoughts. We became confidants and resource persons.

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In human terms, what has it meant to be humanitarian missionaries in Albania?

At the Dystrophy Hospital for malnourished children, there is more physical comfort because of clothes, bedding, and repaired windows. The surroundings are more pleasant because of new and brighter paint. There is much better handling of problems such as skin diseases, diarrhea, and nutritional disturbances. The children are more active, responsive, and better nourished because of adequate food. But more important by far to the more than one hundred infants is a consciousness that someone cares about them. Imprinted somewhere in their psyche is a section that will radiate the results of goodness and caring and love. In a few months or a year perhaps, they will not remember whence it came, but it will be there as part of their being. As a result, they will be able to respond to and return love.

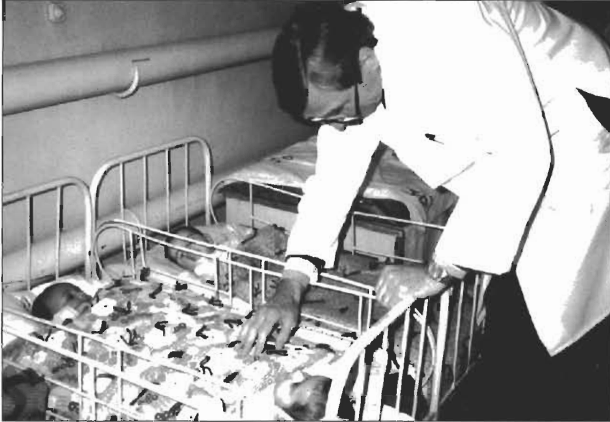
For the caretakers of these children—the doctors, nurses, aides, and other personnel at the Dystrophy Hospital—there is the example of selflessness, caring, and concern by someone whose only motive for being there was the welfare of helpless, dependent little beings. The efforts of Mrs. Smith at that hospital will not be forgotten.

At the Pediatric Hospital, we hope some new approaches to medical problems have been learned and that, as a result, some children may be receiving better treatment and some may have survived a difficult illness they otherwise may not have.

There may be better communication between various departments of the Pediatric Hospital and expertise may be more readily shared. We hope there is a greater desire to teach one another and medical students through conferences and case discussions. The new laboratory equipment has likely brought about more accurate and timely data and given laboratory personnel a greater sense of pride in their work.

We also hope that some of the Albanian physicians with whom we worked have a renewed sense of their

abilities—that they realize they are as capable as physicians anywhere in the world, given access to instruction and equipment, and that with this help, they have the capacity to solve the drastic public health and health-care problems their country faces.



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What about the other aspects of our humanitarian mission in Albania—that of being agents of the Lord in helping to spread the gospel of Jesus Christ? We, of course, were not proselyting missionaries and were assiduous in our daily work of providing service in our given areas. We answered questions about the gospel only if asked and were scrupulous not to hold long discussions about our gospel at work. However, there were the inevitable questions of, "Why are you here?" "Who do you represent?" "Are you Christians?" To these questions we would give straight-forward and simple answers and then invite them to our sacrament meetings the following Sunday. These were held in the living room of our apartment.

Each Sunday one of us four initial missionaries would discuss some aspect of the gospel of Jesus Christ, roughly following the missionary lessons, then offering opportunities for discussion afterward. Within six to eight weeks, between 20 and 30 people were attending sacrament meetings, crammed into our small living room. The attendees were people whom my wife and I had met as well as people from Tirana University who were contacts of Elder and Sister Brady. Among these were our translator at the Dystrophy Hospital and her husband. Both were members of prominent Communist families. She was especially fluent in English and volunteered to translate our talks into Albanian as we spoke.

Many of these people became intensely interested in the gospel, and the four of us had begun to teach some of them the missionary discussions in the evenings as our time permitted.

By the time our first proselyting missionaries arrived, June 12, 1992, we had been there four months. Awaiting them was a nucleus of English-speaking investigators, many of whom they taught the gospel discussions to. A significant number, including our interpreter and her husband, became members of the Church. While the proselyting missionaries were studying the Albanian language six hours daily, they did this teaching in the evenings. We helped out by giving new-member discussions to some of the people as they became members.

As the missionaries learned the Albanian language, the work went forward rapidly. Our sacrament meetings were moved to a hall in the Palace of Culture in the middle of the city of Tirana. Subsequently, Sunday School, priesthood, and Relief Society meetings were added.

We senior missionaries served in the branch and district presidencies and as auxiliary heads. Also, we had many shadow leadership duties.

Other proselyting missionaries arrived in November 1992. Members of the first all-Albanian branch presidency were called and set apart in December 1992 when there were approximately 50 members. More missionaries arrived in February 1993. Another couple, LaMar and Virginia Hansen, arrived in April 1993.

In March 1993, when there were approximately 70 members, the Tirana Branch was divided into the First and Second Branches. In June 1993 a third branch of the Church was formed in the port city of Durres. When we left Albania in August 1993, there were 130 members in three branches. We are told that as of this time, there are now approximately 170 members in three branches, with a new city, Korce, in the south of Albania to be opened in the very near future. Two Albanian missionaries are now serving in the United States, and a third will be leaving shortly for England.

We have been privileged to see the Church start and grow and become a force for good in a land where there was no belief in God. What this means in individual lives is best typified by what the young pediatrician who had served as my interpreter for seven months and who had become a member of the Church said. She approached my wife and I as we prepared to leave and said, "Dr. Smith, I've learned more pediatrics from you in seven months than I learned in the previous three years, but the most precious thing to me was being introduced to the gospel of Jesus Christ. I now have a feeling of hope and optimism for the first time in my life." This, I'm sure, is the feeling of many of the other new members of The Church of Jesus Christ of Latter-day Saints in Albania.

As much as the humanitarian efforts of Sister Smith and I and Elder and Sister Brady have meant in lifting "heavy hands" and "sagging knees" in Albania, our greatest contribution was serving as the vehicles through which the gospel of Jesus Christ was introduced into Albania, a country where it had been legislated "There is no God." □