MIRACLE MILES

WHAT DO YOU GET when you combine six eye surgeons, thirteen runners, six educators, two nonprofits, 871 cataract patients, 63,000 students, two of the fastest men on the planet, and one trail race in the remote highlands of East Africa? Accelerate Ethiopia. Welcome to the brave new world of adventure philanthropy. BY CHRISTOPHER KEYES

PHOTOGRAPHS BY JIRO OSE

A young cataract patient in Mekele

MEGAB, A DUSTY backwater in the far northern reaches of Ethiopia's arid Tigray region, is not a place that typically attracts visitors. The town is a pass-through on the way to more interesting sites. There is only one established road going through it, a graded-dirt regional highway lined on both sides by brown storefronts and stone homes. When the wind picks up, as it usually does in the midwinter dry season, an unexpected gust will leave anyone who stops here picking dirt out of their nose and eyes for days.

But Megab does have one thing going for it. It sits at the base of the Gheralta Mountains, a towering massif that's home to some of the world's oldest—and most precipitously placed—churches. The scenic range rises roughly 8,000 feet out of the high desert like the iconic peaks of Utah's Monument Valley. The views, combined with Megab's 6,000-foot elevation and the hundreds of well-worn footpaths crisscrossing the surrounding agricultural lands, could make the place one of the world's great untapped trail-running destinations.

Which explains why, at 7:30 one morning last February, Megab is suddenly buzzing with the nervous energy familiar to anyone who has stood at the start line of an endurance event. At least 100 runners clog the streets, with white school buses delivering more by the minute. Volunteers are handing out free T-shirts and water bottles while amateur racers pin bibs to colorful, skimpy running shorts. To my left, ultrarunning legend Scott Jurek, the seven-time winner of the Western States 100, is stretching his long white legs and bouncing on his toes. To my right, Ethiopian runners Gebre Gebremariam (winner of the 2010 New York Marathon) and Yemane Tsegay (currently the country's fastest marathoner) are still in their track suits.

We're all here for Ethiopia's first trail half marathon, the final event of a ten-day program called Accelerate Ethiopia, a sort of grand experiment in the evolving space known as adventure philanthropy. The trip has coincided with a high-volume eye clinic, run by the Himalayan Cataract Project (HCP), that has served nearly 871 patients in Mekele, a 219,000-person city about 50 miles south. HCP, along with Imagine1day (I1D), a nonprofit based in Vancouver, British Columbia, that funds school projects, has brought in 11 donors, all but one from North America, who paid $10,000 each to come to Ethiopia, train and run with Jurek and several famous Ethiopian runners, volunteer at the eye camp, tour several I1D school projects, and, today, for the grand finale, compete with some of the fastest distance runners on the planet. The donations help cover the costs of the eye camp and will fund a library at one of I1D's schools.

It's an odd amalgam of causes and philanthropic messaging, and by trip's end I'm still wondering whether all the pieces really fit together. But right now it's time to run. The Ethiopian pop music blaring from a sound system is turned down, and race organizer Allem Kahsay announces that we're about to start.

All I care about is completing the 13 miles in front of me. I spent most of yesterday throwing up in my hotel room. This morning, with my roommate Jiro Ose insisting I'd picked up a microbe, I initially planned to scratch. But I've been waiting two years for this race to come together, and the excitement of a start line can be infectious. I grab my white cotton ACCELERATE ETHIOPIA race shirt and set my pace to four-wheel low.

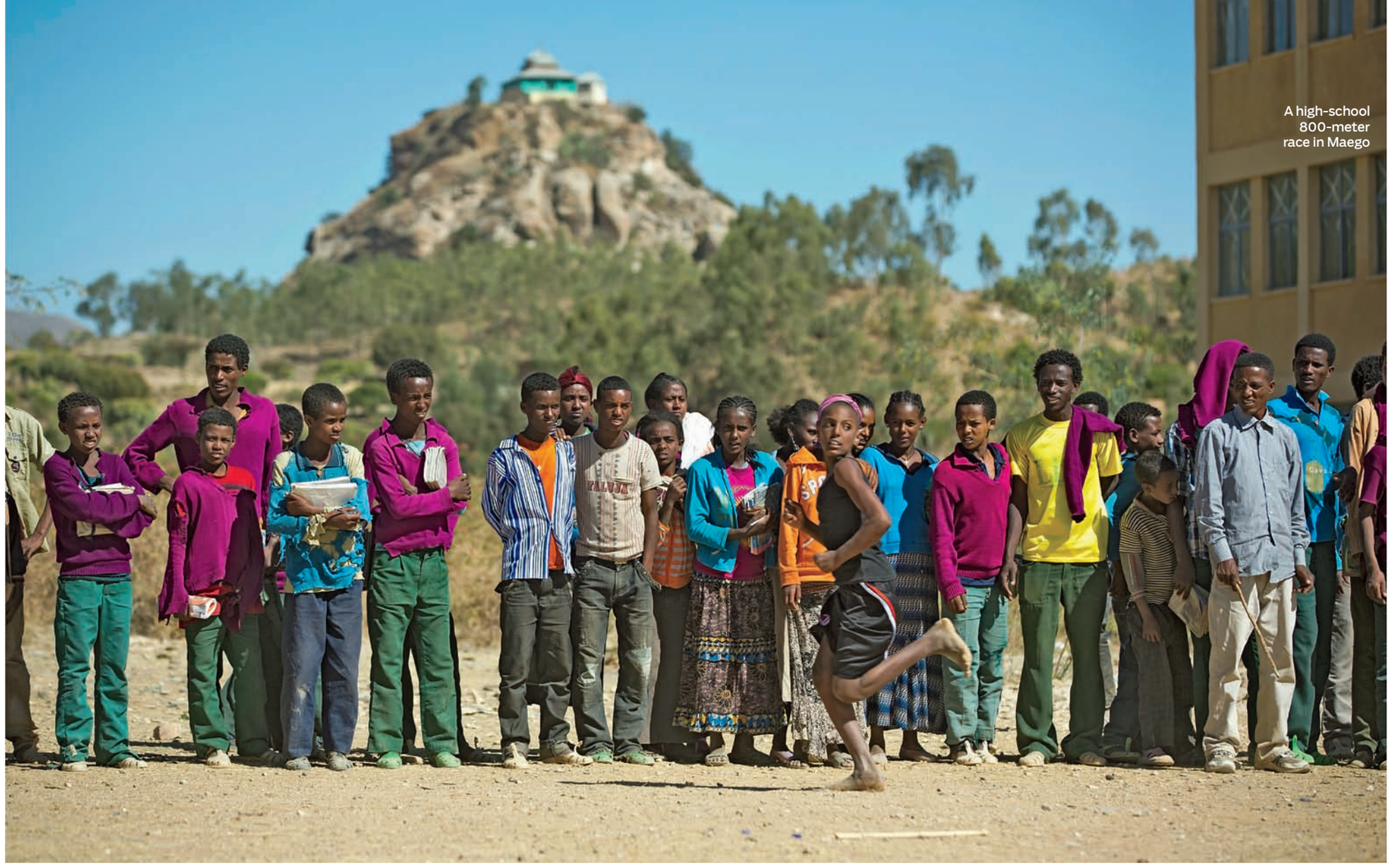
ACCELERATE ETHIOPIA is the brainchild of 41-year-old Matt Oliva, an ophthalmologist from Ashland, Oregon, who has been volunteering at HCP's high-volume cataract-surgery camps for more than a decade. HCP was founded in 1995 by American mountaineer and eye surgeon Geoffrey Tabin and his Nepali colleague Sanduk Ruit. In the early nineties, Ruit developed a low-cost, sutureless surgical technique that revolutionized the treatment of cataracts, the gradual clouding of an eye's lens that is the world's leading cause of preventable blindness.

Since forming HCP and building the first outpatient eye-surgery clinic in Kathmandu, Ruit and Tabin—along with more than 100 HCP-trained doctors—have performed an estimated 266,000 surgeries. Their success has led to phenomenal growth for an organization that once sold itself through pamphlets stored in the trunk of Tabin's Honda Civic. In the past ten years, HCP's annual operating budget has grown from $500,000 to $5 million, and it now operates in a dozen countries throughout the Himalayas and sub-Saharan Africa.

Oliva, who is largely responsible for the group's efforts in Africa, is the heir apparent to HCP when Tabin and Ruit eventually retire. He's also a longtime friend of mine, going back to our cringe-worthy days as fraternity brothers at Duke. In 1998, while I was in Nepal on a two-year postgrad travel binge, trying to figure out what to do with my life, Oliva, who is two years older, was about to finish medical school. We connected in Kathmandu.

Before meeting me, Oliva had spent the previous week volunteering at his first HCP clinic, in Kalimpong, India, along with Tabin. He'd always been driven—I remember him lecturing me and some other freshman pledges that being at Duke was about more than just partying—but at the eye camp he had an epiphany that seemed to kick his natural do-gooder nature into overdrive. He loves "bouncing around in the back of pickups," and with HCP he'd found a way for his medical training to feed his wanderlust. That October, we completed the 20-day Annapurna trek together, using long days on the trail to discuss life's big questions. We'd been looking for a way to do another trip ever since.

Two years ago, Oliva told me he'd had another epiphany, this time while watching the qualifying track meet for the Ethiopian national team at the national stadium in Addis Ababa. Ethiopia has one of the world's highest prevalency rates for cataracts and other forms of preventable blindness—1.6 percent of the population—largely due to poor nutrition and the country's high altitude. As with most places HCP operates, however, there's not much awareness of the organization's services inside Ethiopia, and as Oliva took in the crowd's enthusiasm that night, he realized that he needed to get the nation's running heroes involved. Wouldn't it be great, he asked me, if he could bring American and Ethiopian runners together for an event showcasing HCP's work? HCP has long enjoyed support from Tabin's friends in the mountaineering community, but a trip targeting runners offered a way to reach a new audience.

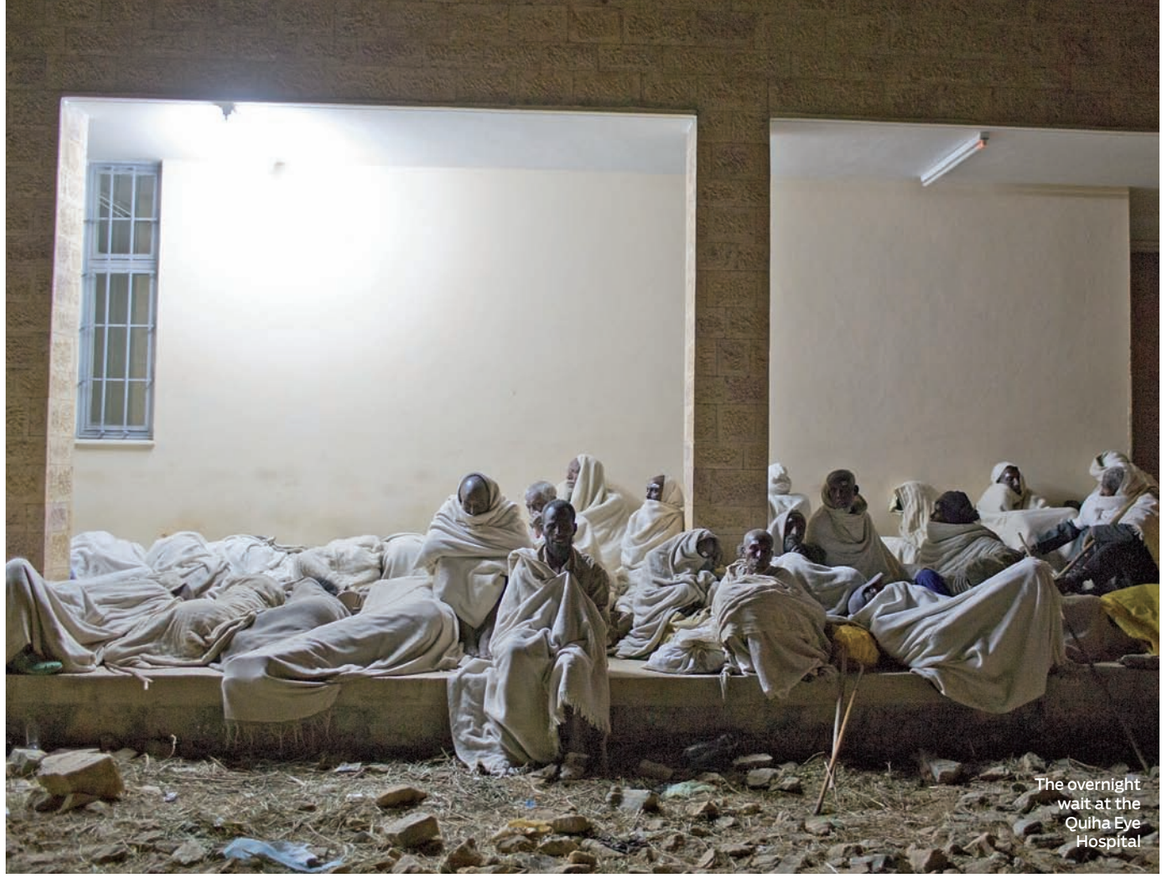


A high-school 800-meter race in Maego

We carry on like this for miles, our spontaneous jogging cluster picking up several more boys, attracting horns and stares from passing cars.

The idea took some time to bear fruit. In 2011, HCP hired Majka Burhardt, a writer, guide, and Patagonia-sponsored climber who has extensive experience in Ethiopia, to produce the trip and lock in the running talent needed to attract donors. Burhardt wanted donors to see the many facets of Ethiopia's recent transformation, and she brought in I1D, a six-year-old nonprofit started by the founders of Lululemon, that funds school projects in Tigray. The two organizations are vastly different, and it was never a perfect fit, but the package idea was a hit. Accelerate Ethiopia had ten committed donors just a few months after the program was announced.

I MEET OLIVA and the others on a Sunday, two days into the trip. They spent the previous day at the Ya Ya Village, a high-end training facility ten miles outside Addis Ababa that's owned by Haile Gebrselassie, a two-time 10,000-meter Olympic gold medalist and Ethiopia's most famous runner. Gebrselassie, 40, has been a champion of eye care since 2009, when he announced that he would arrange to donate his corneas after his death to Ethiopia's National Eye Bank, a program HCP helps oversee. When I meet Oliva, he's still glowing from the group's trail session with Gebrselassie. "He was like a gazelle," Oliva says, looking energetic and fresh despite spending the previous week



The overnight wait at the Quiha Eye Hospital

The Gheralta Mountains

"I've never seen this many patients on the grounds at once," Matt Oliva says of the cataract clinic in Mekele. "It's exciting but overwhelming."

at another high-volume cataract clinic in northern Ethiopia.

The donors are all smiles, most of them dressed in the quick-drying tops, sports watches, and blade sunglasses that unite the endurance tribe. The group includes two American doctors, an Indian-born computer scientist from New York, two corporate attorneys (one from Denver and one from Bogotá), an elementary-school teacher from Maryland, a nonprofit director from D.C., and a dentist from Calgary. All are either passionate runners or vegans or, like Jurek, both. When I ask what drew them to the trip, nearly half of them answer, "Jurek."

After a one-hour plane ride over a rugged high-desert landscape full of deep canyons, we arrive in Mekele for our first visit to the eye clinic. It's being run at the Quiha Eye Hospital, a facility completed in 2011. When not hosting an eye camp, it serves as a regional eye-care center, and it's run by Dr. Tilahun Kiros, HCP's partner ophthalmologist in Ethiopia.

We arrive around 4 P.M., and the atmosphere is unexpectedly somber. More than 400 patients, many of them old and frail and standing in full sun, line the hospital's outside porch, an open-air courtyard inside, and the stairway leading up to the operating room. Others are lying on the dirt nearby. Each patient has surgical tape above one eyebrow with a number on it, indicating the order in which they were screened and the eye that needs surgery. The numbers and overcrowding create the unsettling vibe of a temporary refugee camp.

Oliva is visibly stressed as he rounds up our group and assumes the unfamiliar role of tour guide. "These people have been waiting all day," he explains. "Just getting these patients here is a challenge. Many have traveled hundreds of kilometers. Many are older or diabetic and quite weak."

"Where do they sleep?" a donor asks.

"Here on the grounds," he says, gesturing to the concrete porches and shadeless dirt fields behind him. "We provide blankets and food." He then asks for three volunteers to help in the OR and encourages everyone else to assist with food delivery.

I follow him to the second-floor operating room, passing patients lined shoulder to shoulder on the inside courtyard. The smell of so much humanity is shockingly strong. "I've never seen this many patients on the grounds at once," he says as I hastily tie on a surgical mask inside the OR's anteroom. "It's exciting but overwhelming." On a bed next to us, patients are getting local anesthesia, a shot of lidocaine injected straight into their eye socket.

Oliva is six foot two and has a deep voice that tends to rise an octave when he's excited, as it does now when he greets the nurses. Inside the surgical theater, which has two operating rooms, Dr. Kiros and a resident are already working. The camps are designed so that each doctor sits between two operating tables, rolling a chair over to the next patient as soon as one surgery is complete. The nurses are in constant movement around us, preparing the next patients, applying post-op eye patches, and placing sets of freshly sterilized tools on metal trays.

Oliva sits in the second operating room and goes to work. I stand next to him and peer into the teaching scope, my body tensing in anticipation of the images that await. With a fully developed cataract, no light penetrates the lens, and the goal of the surgery is to create a tiny opening into a patient's lens capsule, then to carefully tease out the protein globule and replace it with an artificial lens, all while maintaining the eye's delicate structure. "It's as though you're removing the chocolate center from an M&M without cracking the shell," Oliva says.

"So now I'm creating the tunnel," he continues, using a diamond blade to slice into the white of the patient's eye just behind the cornea, which will lead to the outside of the lens. With the incision complete, he pierces the lens capsule, then switches to a lens loupe, an oval hoop of scored metal that acts as a scoop, and removes the cataract. All the while, he injects a jelly-like viscoelastic fluid into the patient's lens to keep its structures from collapsing. Finally, he unwraps a plastic artificial lens about the size of a thumbtack head and positions it inside the lens, entering through the tiny incision. After thousands of similar surgeries, he works with a speed and economy of movement that mask the difficulty of what he's doing: the whole thing is over in seven minutes.

"It's a very humbling surgery," Oliva says as he finishes up. "For most American doctors, each patient represents the hardest case they might encounter in six months. This patient will be a very happy camper tomorrow."

THE EYE CAMP GOES on for six days while the base of operations for Accelerate Ethiopia sets up at the Gheralta Lodge, located two hours north of Mekele and a few miles from the race site. We arrive at 5:30 on Monday evening after a relentlessly bumpy ride. The rooms are situated in a cluster of circular stone buildings surrounding a main lodge that houses a bar, two dining rooms, and a large sitting room with an open-air courtyard filled with clover and calla lilies—a shock of green in a bone-dry region still waiting for the rainy season. Before we sit down for dinner, Burhardt, who discovered this place six years ago on a climbing trip, calls us all outside, where the sun is setting over the Gheraltas, the cliff faces glowing orange and red. "Now you see why I fell in love with this country," she tells us, her eyes watering.

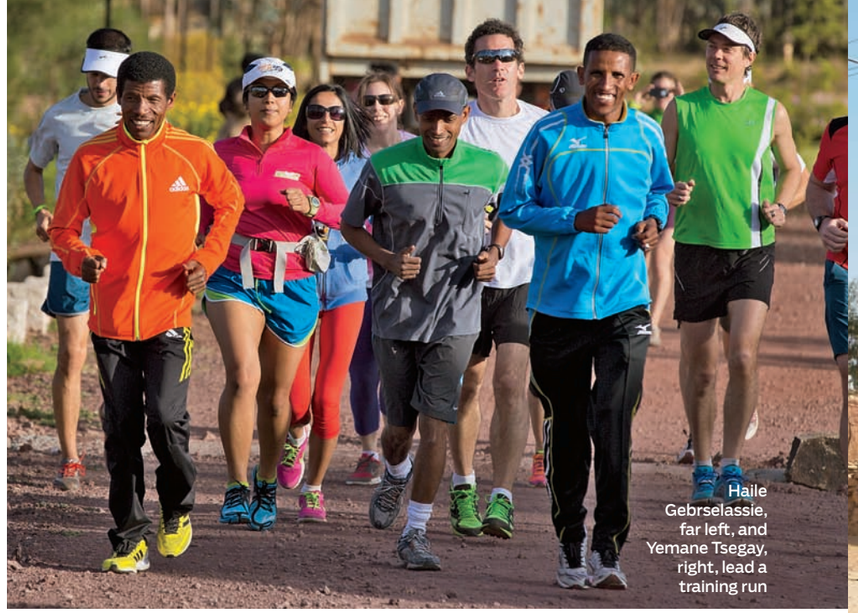
The next morning, we split into two groups for the day's scheduled training run. My pack consists of HCP's CEO Job Heintz, Jurek, and several of the faster donors, including Juan Guillermo Cobo, Erich Poole, Misti Sayani, and Tom Dente, who tells us he's on a mission to complete a marathon every month for five years, the same span that his wife, a breast-cancer survivor, must endure doses of tamoxifen to be declared disease-free. The plan is to start on the main highway and run six miles before turning onto a dirt road and heading the final six into a village where IID has built a school. The other group, including six donors and Tsegay, will join us at the turnoff.

We set off at an easy nine-minute-mile pace, and I fall in beside Jurek. At six feet two inches, he's a running, talking demonstration of the old saw "do what you love and the money will follow." Jurek, who's now 39, began competing back when the phrase *ultramarathon career* was an oxymoron. His impressive wins at some of the sport's toughest races earned him meager purses and modest sponsorships, never enough to live on. To supplement his income, he spent most of his best racing years working 60-hour weeks as a physical therapist. "There's a reason East Africans don't dominate ultrarunning," he says. "There's no money."

In 2009, Jurek finally caught a break when he appeared as a main character in Christopher McDougall's bestseller, *Born to Run*, a book that chronicled Jurek's trip to Mexico's Copper Canyon to compete in a trail race with runners from the famed Tarahumara tribe. The star turn gave him a nice late-

Race day in Megab

Allem Kahsay at the race site



Haile Gebrselassie, far left, and Yemane Tsegay, right, lead a training run

Gebre Gebremariam

career surge, and he capitalized with his own bestseller, *Eat and Run*, a memoir about his running life and the vegan diet that fuels it. He now has steady sponsorships from Brooks, Clif Bar, and Ultimate Direction and draws income from appearances and speaking engagements. He's no longer working as a PT, but he plans to slow down his racing career after the 2013 Leadville 100. "It's kind of ironic that I'm now making a living from ultrarunning and I'm about to retire," he says.

Jurek takes his role as a donor draw seriously. Throughout the week, he'll act as guide and mentor, tirelessly dispensing the wisdom he's collected from 25 years on the trails. On race-day fuel: "You want to eat 0.7 gram of carbohydrates for every one kilogram of bodyweight." On dealing with an angry dog: "I always pick up a big rock." He also covers every ultrarunner's favorite topic: how best to wipe your ass on the trail. His first choice, which shocks his assembled disciples one evening, is snow. "But only the kind you can really pack down," he clarifies. "If you're going to use a plant, mule's ear is the best. It's like Charmin."

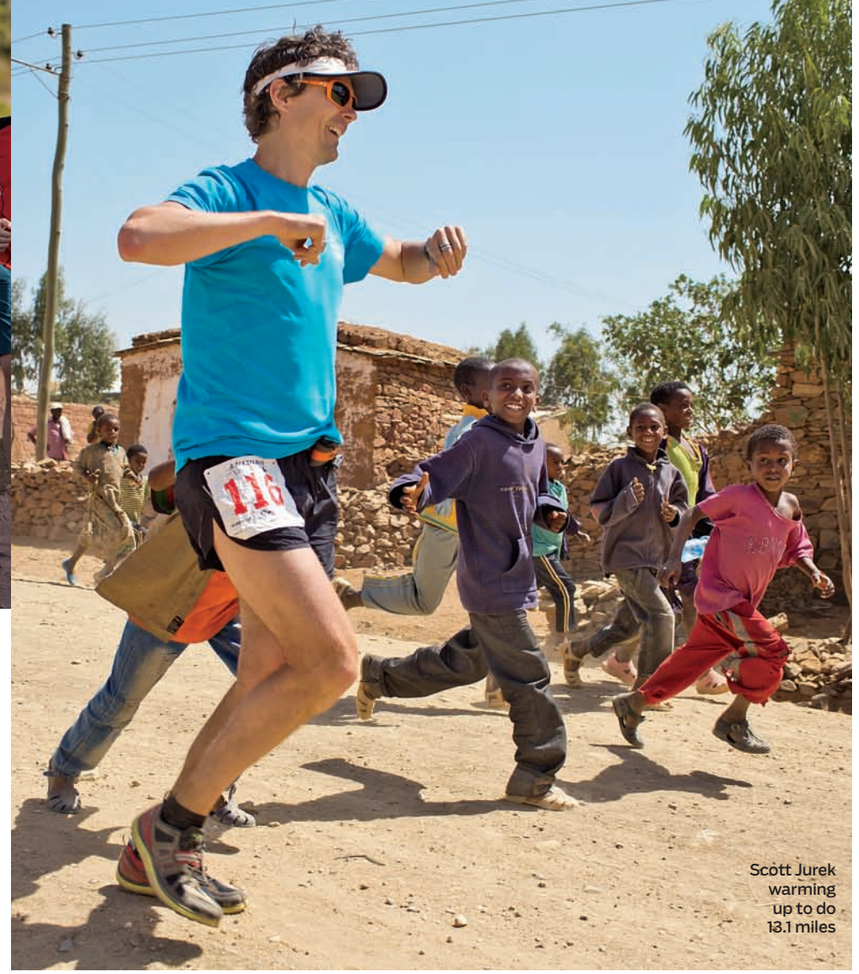
About a mile into our run, we're joined by four boys, who seemingly appear out of nowhere, each wearing maroon school sweaters and plastic sandals. They fall in among us, then burst forward, offering a giggling challenge to try and catch them. Jurek takes the bait; with his trademark gangly running style, he delivers a slow-twitcher's best approximation of a sprint. Two of the kids match him stride for stride, beaming.

We carry on like this for miles, our spontaneous jogging cluster picking up several more boys, attracting horns and stares from passing cars and buses, trading intervals, laughing through our language barrier, and generally sharing in the good fortune of being able to simply run in the middle of nowhere, with no other pressing obligations. At the turnoff, we high-five the boys, pose for pictures, and then off they go, retracing five miles back to who knows where.

Tsegay joins us the rest of the way, dressed in his full-length, turquoise-blue Mizuno track suit despite the 85-degree heat. His English is limited, but donors don't care: running alongside one of the world's fastest endurance athletes is enough. When we finally jog into the village, a sun-scorched collection of small homes and schoolhouses tucked up against a seasonal creek, we're greeted by some 250 residents. Kids hand us bananas wrapped in white school paper. There are elders playing giant drums, and a group of younger men dance in a tight circle nearby. Jurek joins in. "I wish every run ended like this," says Cobo, the attorney from Bogotá.

We visit the new I1D-funded school building, housing grades five through eight, and sit in on a lesson. Next we go outside, where we're served Ethiopian coffee and fresh popcorn as we sit and watch several teachers and students perform a play in Tigrinya. The plot is hard to follow, but it seems to pertain to the importance of medical screenings. At the end, Tesfay Teklemariam, the head administrator of the Quiha hospital, arrives to pick up villagers who have been prescreened for cataract surgery, to take them to the HCP eye camp. It's a tenuous connection, but the philanthropic circle is complete.

LESS THAN A MILE from the entrance to the Gheralta Lodge sits the town of Hawzen, home to a thriving Wednesday marketplace that in 1988 was the setting for one of the worst atrocities committed during the 16-year Ethiopian civil war. At the time, Ethiopia was under the control of the Derg, a Soviet-backed Marxist military junta led by Mengistu Haile Mariam. The Derg came to power in a 1974 coup, ending the 44-year reign of Emperor Haile Selassie and kicking off violent political strife. When severe drought in the early eighties triggered the nation's unprecedented famine, Tigray was one of the hardest-hit regions—a victim of both poor crop yields and Mengistu's willingness to use hunger as a political weapon against the emerging Tigray People's Liberation Front (TPLF). The original Quiha hospital is where foreign journalists captured some of the famine's most shocking images.



Scott Jurek warming up to do 13.1 miles

In 1988, Mengistu ordered an air strike on market day in Hawzen, killing some 2,500 people. The operation was recorded on camera by the TPLF, and the footage helped rally support. In 1991, tanks led by an anti-Mengistu coalition overran his forces in Addis Ababa. A constitution was ratified in 1994, and a year later, TPLF leader Meles Zenawi was elected prime minister in Ethiopia's first multiparty election.

The decades of devastating violence and horrific famine shaped a perception of Ethiopia that is no longer the whole story. Political stability has been the norm for 20 years, and the economy is booming, averaging 9.9 percent annual growth since 2004. Today, Hawzen is transformed, a model in a rapidly developing country that much of the outside world has yet to discover, in large part because tourism has never recovered from the hit it took during the nightmare years. The dirt road that connects the town to the main highway is being paved by Chinese contractors, one of hundreds of government infrastructure projects designed to boost Ethiopia's agricultural exports. A shiny new gas station with a mini-market is just being completed. And the road into town is lined with nearly a quarter-mile of new, though oddly vacant, commercial buildings.

This kind of development is happening all over Tigray, part of the country's stated goal of becoming a middle-income nation (per capita income of $1,025) by 2020. It's a wildly ambitious target. With a current per capita income of $370, Ethiopia remains one of the world's poorest nations, and although the economy is diversifying, agriculture still represents nearly 50 percent of GDP, making it vulnerable to the region's periodic droughts.

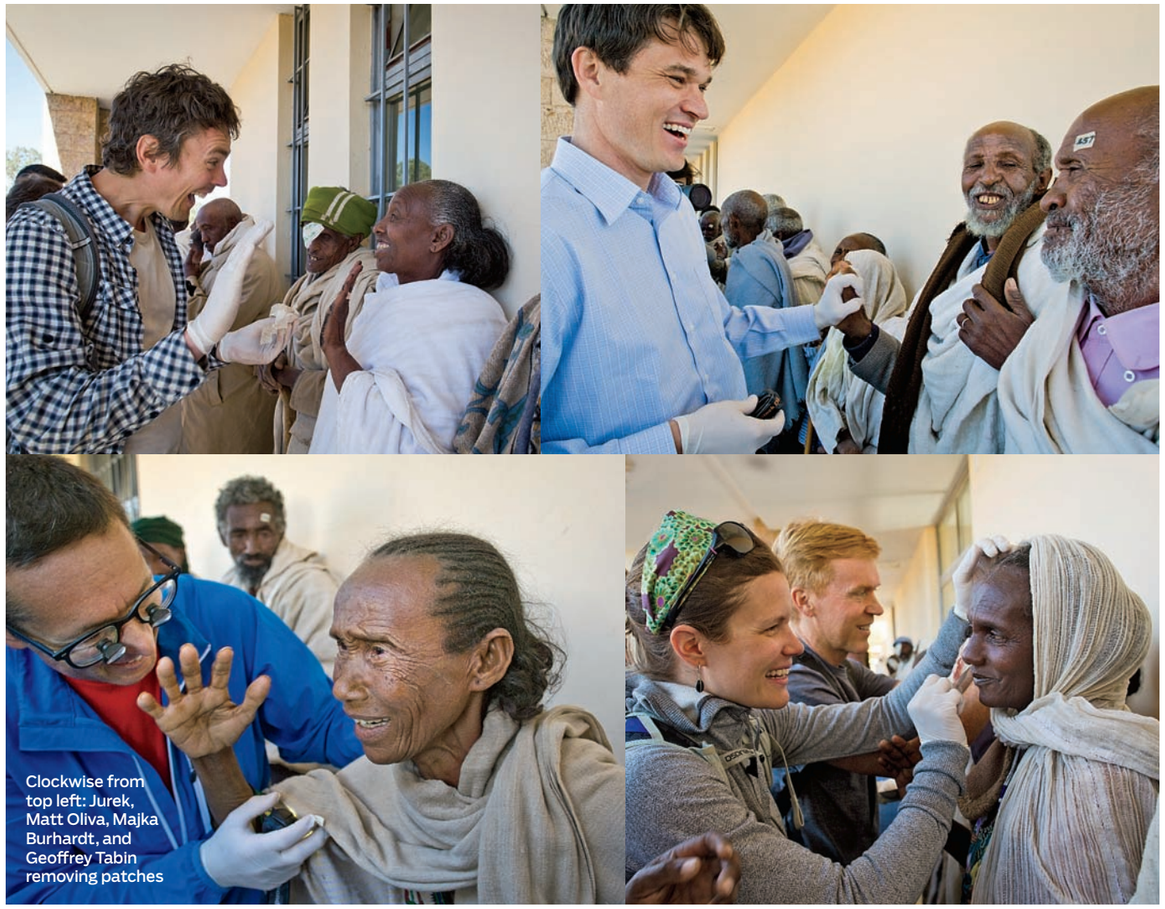
Meles hung on to power until he died in 2012, and in the past decade his party has cracked down on journalists and has been widely accused of vote rigging. Still, for foreign charities like HCP and I1D, Ethiopia's aggressive development goals have made it a much easier place to operate. It's hard to gauge what level of frustration the charities have about working with the current administration—when asked, both Heintz and I1D director Sapna Dayal give stock diplomatic answers, saying that they view the current government as "their partner"—but there's no arguing that each has been successful. In its short existence, I1D has already funded 123 schools in Ethiopia that support more than 63,000 children.

The day after our first school visit, we spend a day in Maego, a small village at the bottom of a lush river valley. Like all communities where I1D uses its unique model, Maego had to submit a school proposal to the nonprofit and contribute between 10 and 20 percent of the $100,000 building cost, pledging to sustain it with money made from a small-scale business, which I1D also seeded. Here, the business is a micro-irrigation project that allows the village to grow cash crops like cabbage and grain. The money helps cover books and teaching tools and will allow I1D to eventually take a step back.

Making a program like this work requires motivation from the local community, something that both nonprofits find in large supply in Ethiopia. This is one reason Oliva has spent so much time here. "Ethiopia has a pride of national identity that you don't see in other parts of Africa, where tribal politics almost always trump national unity," he tells me. "There is a collective striving here. It seems common among everyone I encounter."

That striving is best demonstrated by a story Halefom Gezaei, I1D's Mekele-based community-mobilization officer, recounts in Maego. "As a child, my parents refused to let me go to school because I had to take care of the goats," he tells Jurek and me as we sit in a smoky outdoor kitchen, learning to make bread on an open-fire stove. His best friend would visit every night to tell him what he'd learned. Halefom, envious, hatched an aggressive plan. "I decided I would cry," he says. "I would cry all night and all day—until my father could no longer ignore me." After a night of endless wailing, his father relented. Halefom went on to college in Mekele, then became a teacher and finally a principal. In 2010, he was presented with an award recognizing him as one of the best principals in Ethiopia.

Oliva's Ethiopian partner, Dr. Tilahun Kiros, has a story that rivals Halefom's. He grew up in Mekele and remembers watching people drop dead in the street during the famine. His family had food but never



Clockwise from top left: Jurek, Matt Oliva, Majka Burhardt, and Geoffrey Tabin removing patches

enough, and the experience made him want to be a doctor. After medical school, he did his postgraduate work in China, learning Mandarin on his own. Afterward, he read about the cataract technique developed by HCP cofounder Sanduk Ruit, and he taught himself to perform the crucial incision. He now performs 4,500 surgeries a year.

Even Yemane has his own Horatio Alger story. After growing up in poverty in a village close to Hawzen, he moved to Addis Ababa after high school. In 2008, he was working as an auto mechanic when he saw the track world championships on television. He'd never liked running as a kid, but when a friend told him about the kind of money national-team members made, Yemane decided he wanted to give it a shot. A few years later, he was the fastest man in Ethiopia.

He tells this story at the crowded outdoor luncheon in Maego after our school visit. We hadn't heard him utter more than a dozen words all week, but suddenly he takes the microphone and speaks extemporaneously for ten minutes. "Things are changing," he tells the crowd. "The only thing staying the same is the weather. Encourage sport. It makes you stronger and healthier. But we need the little girls, too. Females need to be running. Sport is as important as education."

Decades of violence and famine shaped a perception of Ethiopia that is no longer the whole story. Political stability has been the norm for 20 years.

At the end of the day, we see some of this spirit in action, observing a district track meet held at an IID-funded high school. Around a soccer field composed of hard-packed dirt and loose rocks, teachers scratched out four track lanes with a stick. Roughly 400 students line the outside of the track to watch the athletes, who, almost without exception, run barefoot.

The two 400-meter races seem ridiculously fast, so I pull up the stopwatch on my phone for the start of the girls' 800. A young woman with a shaved head, dressed in shorts and a black tank top, shoots out at a sprinter's pace. The first lap: 54 seconds. Finishing time: 1:51:02. I look up, astonished, then down again. Had I just witnessed a new world record? It turns out the improvised track is closer to 350 meters, but her speed is unmistakable. At an awards ceremony, Jurek hands her a trophy, which she accepts with a serious expression betraying not a hint of vanity.

ALL THE WHILE, Oliva and the rest of the doctors at the Mekele eye clinic have been methodically working their way through scores of patients. On Thursday morning, two days before the trail half marathon, several of the donors and Accelerate Ethiopia staff, including Jurek and Burhardt, travel back to Mekele for another visit to the camp. There are six surgeons working full-time now, including HCP cofounder Geoff Tabin, who arrived on Tuesday, and Sam Cady, an ophthalmologist from Portland, Maine, who has also known Oliva since college. Some 200 patients are once again lined up around the first-floor porch, but this time they're all post-ops, wearing patches and anticipating the moment when they'll regain their sight.

Oliva, who describes patch removal as the part of the job that "never gets old," is practically giddy. The nurses give Jurek and me plastic gloves and eyedrops; Oliva tells us to start working our way through the line. Jurek goes first, gingerly peeling the surgical tape off the face of a frail-looking man with a white scarf and a patchy gray beard, patient number 543. The man opens his eyes but shows no reaction at first. Then, in a matter of seconds, his retina is flooded with light, an image fires through the neurons at the back of his eye, and his brain's visual process is magically rebooted. A modest smile creeps across his face, then a wide grin. He nods his head and grasps Jurek's hands. "Thank you, thank you."

Over the years, I've often wondered why Oliva keeps coming back, how the routine of so many surgeries doesn't wear him down. He has a thriving practice back in Medford, Oregon, and each trip means leaving behind his wife, Davis (also a doctor), and kids, Cyrus, 4, and, Tate, 8, flying halfway around the world in economy class, then spending ten days with his head down, rarely seeing any of the sites that a tourist comes for. On a typical full day, he'll drink four cups of coffee and go nearly nonstop, breaking only "when the nurses tell me I need to." By seven in the evening, he's exhausted and goes straight back to the hotel, showers, and tries to fall asleep, sometimes dreaming of the surgeries. Then he gets up to do it all over again. "I'll be dragging a little in the morning," he says, "but the patch removal always revives me."

Now I understand why. On down the line we go, the miracle repeated, though the reactions vary. Some women begin to ululate with excitement as soon as the patch is removed. A few men begin to dance. Others are simply overwhelmed, looking stoic and offering no expression. "Their vision isn't perfect on the first day," Oliva explains. "It improves as the swelling goes down. By this afternoon, they'll be different people."

HCP began working in Ethiopia in 2008, and they've already performed more than 50,000 surgeries. But finishing the backlog of cases is a long-term, plodding challenge, not unlike doing an ultramarathon. There are 16,000 new cataract cases each year in the Tigray region alone.

"We're trying to be as realistic as possible," says CEO Job Heintz. "But when dealing with the backlog of cataract blindness, the steps are clear and methodical." The key, he says, isn't having Tabin or Oliva crank through more patients, it's finding the right in-country partners. He points to Dr. Kiros. "He'd taught himself the technique, made his own instruments. He had medical students learning it. We knew right away he was serious about committing to this." HCP and IID work on vastly different scales, but the ultimate goal is the same: provide the resources to let locals do things on their own. "In Ethiopia, the next phase is training more ophthalmologists," says Heintz. "Pretty soon they won't need us at all."

Up in the OR, the whole team is moving through patients at a dizzying pace. I watch Tabin handle four patients in less than a half-hour. In the other room, I stand with Oliva as he goes back to work. After completing a handful of surgeries, he looks up at one of the nurses trying to get his attention.

"The boy?" Oliva asks.

The nurse nods.

Two other nurses wheel in an anesthetized six-year-old who has suffered blunt eye trauma. The cause is unknown—"perhaps a thrown rock or kids playing with sticks," Oliva says—but his sclera is torn and his iris is protruding from the eye. As Oliva goes in to stitch him up, the boy's legs shoot up in apparent pain, though he doesn't wake up. There are a few tense moments as the anesthesiologist tinkers with his IV drip. Then Oliva goes right back to work, pushing the iris back in and sewing up the wound. Five minutes later he's sliding his chair over to the next patient.

Curveballs like this are rare at the eye camps. Indeed, watching the doctors all day can feel like shadowing the headlight specialist on a car assembly line. Oliva and the other doctors have no opportunity to get to know the patients. At the larger camps like this one, they don't know which village the patients came from or how their lives will change after the surgery. They aren't part of the presurgery screening, and they aren't there to walk the patients through the procedure and calm nerves like they do back home. Often, the only thing Oliva will see is the eyeball staring up at him when he slides his chair over to do his work. Occasionally, his bubble of focus is so tight that he doesn't even know the patient's sex. "She's gonna be a happy camper tomorrow," he says to me after finishing yet another procedure, unaware that the patient under the blanket is a man.

IN THE EARLY going, the Accelerate Ethiopia half marathon unfolds like every other trail race I've run. The pack of racers sprints down the main road out of town and immediately begins to string out as the course follows a narrow footpath lined with prickly pear and agave, the lower flanks of the Gheralta Mountains on our right. There are locals cheering and blue cups filled with continued on page 97

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water at the 6K aid station. I was hoping to run with Oliva, who had arrived along with surgeons Tabin and Cady the previous night, but within the first mile, as the field begins to separate and my stomach signals another revolt, I realize I'm too weak to hang.

I plod on for a couple of miles as the course follows a red-dirt road, then turns onto a trail leading down to a dry riverbed with steep, 15-foot dirt walls closing us in. Suddenly, the orange markers are nowhere to be seen, and the small group I'm clinging to is lost. We scramble out of the riverbed to gain perspective, cross a dozen barren fields, then go out of our way to avoid an angry-looking dog. Eventually, we spot another runner in the distance and relocate the course. I promptly stop, my stomach finally rejecting the water I'd choked down earlier at the aid station.

The second half of the course finishes with a 4K out and back on the main dirt road. It's sunbaked and hot, with nothing for shade and dusty Chinese construction vehicles sharing the road. But what the course loses in aesthetics I gain in camaraderie, because the route allows faster runners to cheer me on as they double back. One by one, I see every person I'd met that week, each treating me like a hero just for showing up.

I walk the last mile, joining a young teacher from Hawzen who's also out of gas. We walk, mostly in silence. In Africa, male friends commonly hold hands, and he grasps mine. It's awkward at first, but I go with it, and we walk hand in hand for the last quarter-mile, then run the last 200 yards out of pride.

At the finish line, the party is already starting. Jurek and Tsegay hand out swag. The sound system is blaring Ethiopian pop again. Burhardt snaps pictures. The I1D and HCP crews cheer the stragglers and trade war stories.

Back at the lodge, our ephemeral squad of doctors and teachers and runners, all pumped with endorphins and altruism, assemble for a final meal. Donors sit with Ethiopian runners, enthusiastically sharing their impressions of an emerging country they confess to knowing little about before this trip but can't wait to share with friends back home. Everyone seems to be trying to process what has just happened. Here is an event that took years to organize, and now, within 24 hours, the 11 donors will scatter again across North America and beyond. Awareness has been raised, but what does that really mean?

For his part, Oliva is exhausted. The following night we sit across the aisle from each other on a half-empty plane bound for Amsterdam. He'd been in Ethiopia for 20 days, almost every one of them at an eye camp. But that morning, he and Tabin drove down to visit a historic archeological site in the Gheralta Mountains, their one chance at being tourists. On the way, they stopped at Koraro village, the site of their very first camp in Ethiopia in 2008. There was a guard at the clinic. He recognized the doctors right away and pointed to his eyes. Tabin thought he recognized the man, too, and he pulled out his camera, scrolling back through five years of images before miraculously finding a picture of his former patient. Sometimes the meanings of life's events take a while to reveal themselves.

As I'm thinking this, I turn back to Oliva to ask him if he knows why Tabin had held on to that picture for so long. He's already fallen asleep. *O*

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