



The Life and Times of Rick Hodes

THE WORLDS OF MEDICINE AND FAITH CONVERGE IN ETHIOPIA.

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PHOTOGRAPHS BY MALIN FEZEHAI

A memory Rick Hodes '75 has from early in his career doesn't arise often, but when it does, it returns in the same vivid detail. 🗨️ It's 1985, and he's standing among hundreds of gaunt, emaciated people who have hardly eaten in weeks. Hours before, they were dirty, but now they're clean, and their heads have been shaved. Some wear oversized blue jeans and T-shirts; others are in handsome tuxedos and slinky evening gowns. The irony of the clothing isn't lost on them—they're laughing about it, and Hodes is laughing with them.

At the time, he was a medical resident at Johns Hopkins University, spending his vacation volunteering in Ethiopia, where one of the 20th-century's worst famines was raging. Tens of thousands were wandering the countryside in search of food, while a civil war fueled the chaos.

Starving people arrived at the camp where Hodes was stationed, and were divided by gender, cleaned in mass showers, and deloused. The staff gave them new outfits donated by Western relief organizations and burned what they'd arrived in.

This was his first trip to Ethiopia. Apart from that brief moment when the clothing's irony trumped the suffering, the famine remains the most haunting thing Hodes has ever witnessed.

After a month, he returned to Baltimore, not sure he'd ever return.

ON A RAINY FRIDAY AFTERNOON 30 years later, Hodes is riding in the back of his Suzuki along a busy avenue in Addis Ababa, Ethiopia's sprawling capital. He sees a man with a severely contorted posture standing at the mouth of an alleyway and orders his driver to pull over. His assistant, Kaleab, gets out and approaches the man to tell him about the free clinic Hodes runs at Yekatit 12, a nearby public hospital. That's where we're heading now.

We're 15 minutes late by the time we pull into the parking lot. Hodes runs two clinics—this one and another—under the auspices of the American Jewish Joint Distribution Committee (JDC), a relief agency based in New York City. He's not a tall man, standing just 5'3", and today he's wearing an oversized yellow raincoat that he's left unzipped. He walks through the crowded waiting room, a stethoscope hanging from his neck and blank flashcards and several pens tucked into the breast pocket of his button-down shirt. If a patient needs, say, a follow-up chest X-ray, he'll write a note on a card, hand it to the patient, and ask them to bring it on their next visit.

He slips into the cramped examination room, places his backpack on a box of surgical gloves and settles into a chair. I push aside a pile of blank referral slips to make room for myself on the windowsill behind him. The paint is coming off the room's walls and an untidy stack of papers covers the only sink. A nurse, Sister Tena, beckons patients one by one from the waiting room.

Each patient will undress in front of a large group that includes two medical students from the University of Rochester who are interning with Hodes for the summer, several local volunteers, Kaleab, and me. Across the room, another nurse and volunteer administer a test to cardiac patients who have been prescribed Warfarin, a blood thinner. There are easily a dozen people in the room at any given time.

Watching Hodes work is like watching an expert chess player face several opponents at once. He greets each patient warmly, quickly assesses the problem without blinking, and then makes his move. He ups a young man's Warfarin dosage and asks him to return the following week.

"Next."

He holds a girl's spine X-ray to the room's overhead light and tells Kaleab which surgeon she should see.

"She's a USA case, put her on the list for Kamal."

"Next."

Although he's lived in Ethiopia for 28 years, Hodes is proficient, but not fluent, in Amharic—the official language—so he speaks in English and Sister Tena translates. He takes extra time with children. He's jocular with the boys: "Are the barbers on strike? Sister, tell him if his hair gets too long, it'll crunch his back." And he's grandfatherly with the girls: "No boyfriends until you're done with school...tell her she needs to study hard so she can replace me."

Hodes returned to Ethiopia just nine months after his first visit. He'd applied for a Fulbright grant to work in Zimbabwe, but Fulbright instead offered him a job teaching medical students at Addis Ababa University. This time, he stayed for nearly three years before returning to the States to enter a private practice in Washington, D.C. He liked working in D.C.; it seemed a good place to pursue a career in international health. Soon enough, though, he was on a plane back to Addis Ababa.

By the early 1990s, Ethiopia's 17-year civil war was coming to a close and the sitting government of Mengistu Haile Mariam was on the verge of collapse. Hodes signed on with JDC to help run a clinic for Ethiopian Jews waiting to immigrate to Israel. He led a team of doctors during Operation Solomon, the largest civilian airlift in world history: nearly 14,400 Ethiopian Jews were evacuated to Israel in less than 36 hours. Following the airlift, he remained in Ethiopia and has been caring for patients ever since.

AFTER HE'S SEEN ALL OF HIS PATIENTS at Yekatit 12, we walk back to the Suzuki, and Hodes explains to me he never expected, as a younger man, that he'd live the majority of his adult life abroad. Behind the clinic's derelict walls stands a new, modern hospital that will open within a year. Hodes's clinic has been offered a space in the new building, but he shrugs at the thought. "We're perfectly happy to stay where we are."

Brand-new buildings are a common sight in Addis, as Ethiopia is developing rapidly—its GDP is growing at nearly 11 percent per year. However, the country remains extremely poor and nowhere is this more evident than at our next stop: Mother Teresa's Mission, run by the



Hodes works like a chess expert playing simultaneous games, making his move on one board, then moving on to the next.

Hodes has developed acumen across seemingly disparate areas: cancer, hearts, and spines. Of those three, the spine has become his life's work.



Missionaries of Charity, a Roman Catholic congregation where Hodes has been volunteering more than a decade.

We're not there long. Hodes listens to a few hearts, checks in with the nuns, and visits with several patients. I meet Tilahun, a young boy who lost a leg to cancer and is still undergoing chemotherapy. When affordable cancer drugs for Tilahun couldn't be found in Ethiopia, Hodes flew to India to get them. The Mission is where Hodes first met three of his five adopted sons, orphaned street kids who had been brought in with grave medical issues. Without health insurance, they would have never received the proper treatment, so he decided to adopt them—but he asked God first.

We leave the Mission, and the driver drops me at the guesthouse where I'm staying. Hodes tells me to shower quickly and make the short walk to his house for Shabbat dinner.

THE HODES RESIDENCE includes a main house and, behind that, two small dwellings for visitors. During the day, a group of kids, mostly recovering spine patients, play soccer in the driveway. Surgery has afforded them previously uncharted lung capacities, so they play vigorously. Hodes tells them no sports for six months following surgery, but they don't always listen. The titanium rods holding their new backs together can break, although it's uncommon.

In the main house's living room, medical textbooks, fiction, nonfiction, and Hebrew prayer books line the bookshelves. Hodes was raised in a secular Jewish household in Syosset, Long Island, though he now identifies as Modern Orthodox after spending several months studying at a remedial yeshiva in Israel. He prays three times daily and has placed mezuzot—small cases containing a verse from Deuteronomy—on all his doorposts. Jews are to touch these whenever they come and go, then kiss their hands, but Hodes never does for fear of germs.

During his time in Israel, he says he discovered a wisdom and spirituality in Judaism he'd never sensed when he was younger. He insists he's a doctor by nature, not faith, but allows that faith does give his life structure and, at times, has guided how he practices medicine. He once brought two boys with cancer home from the Mission and started their chemotherapy on his front porch. They had the same shoe size, which he took as a sign from God they should not be split up.

In 1994, he found spiritual guidance especially important when he arrived in Goma, Zaire—what is now the Democratic Republic of Congo—to treat cholera in a refugee camp for Rwandans fleeing the genocide. To cross the camp, Hodes recalls needing to get on the back of the “body truck,” a dump truck used to transport the newly dead to mass graves. Before leaving Addis for Goma, he phoned a rabbi he knew in Los Angeles with a serious, moral question: who to treat and who to let go? That rabbi referred the question to a more senior rabbi in Philadelphia who sent Hodes a fax just before he left: “All life is precious. Treat them in the order they come to you.”

I arrive at Hodes's house an hour or so after being dropped off and find a large group gathered, which includes an impressive Middlebury contingent. There's professor Claudia Cooper and her son, Nick Rogerson, who are in Ethiopia for several weeks with a group of students to study development practices; Mesfin, Hodes's youngest son, home from college; the two medical students from Rochester; and two young Americans—one, a medical student—who are visiting from their home in Israel. Also among the group: Bayilign, a former child soldier during the civil war, who worked for Hodes before becoming a nurse; and a mother with her child. The boy had heart surgery in India several years ago, and the pair came to Addis for his checkup. Families like theirs have

little money, so they stay at Hodes's house while the patient sees doctors, recovers from surgery, or receives more care.

We form a circle, and one of the medical students distributes an eclectic mix of hats—fezzes, a Rastafarian hat with faux dreadlocks, cartoonish menorah-hats with floppy candles. Hodes begins each Shabbat with Pete Seeger's “If I Had a Hammer.” We join hands, and those of us unfamiliar with the lyrics sing timidly.

*I'd sing out love between my brothers and my sisters
All over this la-a-and.*

Across the room from me, Hodes leads the singing in a quiet, melodic voice. His eyes are downcast, and he looks tired. The sight of his menorah hat, its candles akimbo, is somehow humorless.

Next we sing the traditional song to welcome the Sabbath, “Shalom Aleichem.” Then Hodes circles the room, places both hands on each child's head and whispers a blessing. He circles again, this time with several loaves of bread, breaking off pieces and tossing them to each guest.

BEFORE I ARRIVED IN ETHIOPIA, Hodes flooded my email inbox with background reading. There was too much, honestly, and some seemed more relevant than others. The first email contained the remarks President Ron Liebowitz delivered when the College awarded Hodes an honorary degree in 2006; next was an *Economist* article comparing poverty in the Congo and Appalachia. Scrolling down, I found still more speeches, profiles, one of his son's college essays, and more.

I skipped ahead to a commencement address he delivered at Brandeis in 2013. Some of the material he used—namely quotes from St. Francis of Assisi and Wayne Gretzky—I'd hear again during my week with him in Addis. His graduation speech began as many do, displaying humility as he questioned whether he was up to the challenge at hand. However, he makes this familiar move surprising by equating his task as speaker with the marital duties weighing on Senator John Warner the night he became actress Elizabeth Taylor's sixth husband. “I know what I have to do tonight; I'm just trying to think of a way of making it interesting.”

From there, he told an abridged version of his life's story. Upon graduating from Middlebury in 1975 with a degree in geography, he hitchhiked to Fairbanks, Alaska. He set a very deliberate pace for his life there—he ran, hiked, and cross-country skied in the winter—and read prodigiously, mail ordering the major works of Leo Tolstoy, Miguel de Cervantes, Martin Buber, and others. No great epiphany led him to consider medical school, only an interest in international medicine dating back to junior high, when he'd read about Thomas Dooley, a missionary doctor.

He took his premed classes in Alaska and then matriculated at the University of Rochester. He became an internist, he said, because he liked the idea of having long-term relationships with patients. Next came his residency at Johns Hopkins and then Ethiopia.

Hodes's speech at this point pivots to a story about an email his assistant had received from a college senior. The student was interested in medicine and had been offered a job in health care. His email asked “whether working with Dr. Hodes was worth risking a comfortable job in the U.S.”

“I wondered: ‘What can you learn from me?’” Hodes asked his audience rhetorically and then ventured an answer.

“I can teach you a completely different way of practicing medicine. I can show you how to start something from zero and grow it. I can teach you how one thing leads to another...and how things happen if you put years of your life into them.”

AFTER READING THE BRANDEIS SPEECH, I opened another document titled “Grad Speech for the Self-Centered Sloths.”

“Dear Alon,” it began. “Congratulations on landing a job in health care. Great question you ask: ‘Is the work with Dr. Hodes worth RISKING a comfortable job here in the U.S.’? (The exact wording is YIKES, the emphasis is mine).”

It took me a second, but I realized this was a response to the email Hodes referenced in his Brandeis speech. It was a sprawling 2,000 words and signed at the bottom by his assistant at the time, Menachem.

At the beginning, his tone was tongue-in-cheek.

“Hodes,” Menachem wrote, “chose to dedicate his life to the fascinating, vital, and unique problems of some of the sickest...most deformed... and occasionally the sweetest people on the planet. It is virtually all he does with his time. I have no idea why.”

“Rick’s a tough guy,” Menachem conceded, but “despite claims of daily meditation, he has the inner balance of a kid with cerebral palsy on a unicycle and the attention span of a hummingbird on amphetamines.”

And he had plenty to say about the frustrations that come with working as Hodes’s assistant.

“When Rick’s gone, it’s my job to go to the ATM [and] withdraw money...But what happens when Rick’s in Bangkok and the brotzel eats his ATM card, leaving us on austerity for weeks? Huge problem, huge stress, complaints bombarding from all sides.”

Menachem started sounding less satirical and a bit more moralizing when he described the patients whose lives had been forever changed by Hodes: the child with severe scoliosis from polio, who Hodes found sleeping on the streets; the homeless girl who had her “mitral valve replaced in California and her Scheuermann’s kyphosis operated on while she was on anticoagulants in Mumbai”; the orphan with the “severe S-shaped spine” whose bus fare from the Sudanese border Hodes had reimbursed out of his own pocket.

Menachem concluded quoting Hodes, whom he’d asked for the proper response to Alon’s query.

“Tell me—what kind of asshole would consider maximizing comfort at age 22 when he could be doing something worthwhile? If the guy were married and had three college tuitions to pay, I’d understand it. But single and 22?”

“Most of the time I wish I had a comfortable American job like yours,” Menachem signed off cynically, wishing he, too, could “scrutinize the cost-effectiveness of dunning patients for their CAT scan copayments.”

His parting advice: “Get a nice car, a comfy job, and hope for a big-boobed babe in the cubicle next door.”

I made a note to ask Hodes about Menachem once I was in Ethiopia. I even looked him up on LinkedIn and considered adding him.

HODES’S HARDEST DAY, his “marathon day,” as he calls it, is on the day of rest. On Saturday at 8 a.m., he and I pile into the Suzuki, along with the two Rochester medical students, and the American medical student studying in Israel who’d attended the Shabbat dinner. We drive to Hodes’s second clinic, which is located at a private hospital called Cure.

The first patient is a boy who recently had spine surgery in Addis Ababa, when a team of American surgeons visited last. Hodes takes his hand and walks him back to the waiting room.

To Sister Tena, who is translating, he says, “Tell them that this boy was completely paralyzed. And now he’s walking.” The boy shyly takes a few steps and everyone claps and cheers.

While some surgeries are done in Ethiopia, the majority of Hodes’s spine patients fly to Ghana, where a prominent Ghanaian spine surgeon,

Oheneba Boachie-Adjei, operates at a nonprofit hospital in Accra. He previously practiced in New York and now heads his own NGO. In Accra, patients spend three to four months in traction, a process that involves a metal halo being fitted around each patient’s head and tightened against the skull. To allow for patient mobility, they are placed in frames with wheels, a contraption that slightly resembles the luggage carts parked in hotel lobbies.

Each frame has a pulley system that attaches to the halo, allowing for tension to be applied, which elongates the patient’s spine. Nurses start the weight around five pounds, then gradually increase the weight over three weeks, ending at around half the patient’s body weight. In the pictures, traction looks painful and medieval, but the patients are often smiling, and playing cards or watching television. They’re taken out of their frames when they sleep and are hooked into a pulley system anchored at the bed’s head and foot.

When the patient is ready for surgery, Boachie-Adjei and his team cut into their backs and reconfigure the spine either by removing or reconstructing the vertebrae. They then screw the titanium rods into place for support. Afterward, patients remain in Ghana typically for about two months, undergoing physical therapy.

Today the Cure clinic has around a dozen new spine patients. Each new patient needs to be photographed in about twenty different positions, which Hodes does himself. If he had more money, he says, he’d hire a photographer. Because these deformities are three-dimensional in nature, the pictures allow him and the surgeons to see all the different angles and contours of the problem.

For each patient, Hodes will photograph their face, followed by a picture of them with the person who brought them to the clinic. He then has patients remove their shirts and photographs them facing forward, arms down. Next he photographs them to the side, asking them to stand with their arms folded across their chests. Sister Tena, with a Sharpie pen, draws lines at the top and bottom of the patients’ kneecaps and Hodes photographs how closely their arms, resting at their sides, come to the kneecaps, which gives him a sense of each patient’s lung capacity.

Then he measures the patients’ ATRs—the angle of trunk rotation—which is basically how sharply one side of their back differs from the other. Some of these patients have severe deformities—for instance, T10, a vertebra in the middle back, might in reality be higher than T1, which is just below the neck, because the patient’s spine is shaped like a saxophone.

Hodes has little use for the standard American scoliometer, which only measures up to 30 degrees. And in severe cases, the scoliometer app on his iPhone is useless because it also doesn’t go high enough (only to 50 degrees). With spines bent or twisted more than 50 degrees, Hodes uses an angle finder called a Dasco Pro, which sailors use to measure a boat’s tilt. He calls it “the boat.”

Mid-morning, Mesfin, Hodes’s youngest son, calls. There’s a funeral at the synagogue, and they need one more Jewish man to form a minyan, a group of 10 required for certain prayers.

“I’m not going to the synagogue with a waiting room like this,” Hodes says. Theologically, he justifies working on Saturday because if you save a life on the Sabbath, you can break all its rules.

The only other candidate is the medical student visiting from Israel, who volunteers. Hodes wields his iPhone in one hand and the young man’s in the other and arranges someone to take him to the funeral.

In the afternoon, Hodes sees a group of spine patients who’ve recently returned from Ghana. Since space is limited, he first sees the girls, then the boys. Both groups are chatty as they have spent the past several months constantly in one another’s presence. Some have plastic braces



Many of Hodes’s patients have severe scoliosis or kyphosis due to tuberculosis or birth defects.

fitted around their torsos that they’ll keep on for at least six more months.

When surgeries are successful, they’re life changing—patients can breathe and eat normally for the first time in their lives. But they’re also incredibly risky. Four of Hodes’s patients have died on the operating table, and four others have become permanently paralyzed.

(One week later at Cure, I watched as Hodes explained to a crying woman that her son, who was able to walk when he left for Ghana, would return to Ethiopia completely paralyzed. “I don’t live in the world of miracles, I live in the world of medicine, and it’s not likely he’ll walk again,” he said.)

Later that afternoon, the medical student returns from the minyan and after Hodes has seen all his patients, we pack the car and return home. I sit at the dining room table and look over my notes while Hodes and the young man talk in the hallway. Kaleab organizes a pile of X-rays for Hodes to look at and then departs.

Eventually, the young man leaves, and Hodes comes in and sits down with me.

He’s beaming.

“That’s Alon!” he says.

He sees in my face that I don’t register.

“Alon, Dear Alon.”

After I finish laughing in utter disbelief, I wonder aloud how Menachem will respond to the news that Alon made his way to Ethiopia at long last.

Hodes gives me a confused look.

“Menachem didn’t write that email. I wrote that email!”

WHEN HODES WAS LIVING IN ALASKA, he read “Three Questions,” a Tolstoy short story that has stuck with him to this day. A king, hoping to forever avoid failure, seeks the answers to three questions: What is the right time to begin everything? Who were the right people to listen to? And what is the most important thing to do? Wise men offer answers, but none are conclusive, so the king consults a hermit, who he finds digging in front of his hut near the edge of a forest. The hermit gives no answer, but the king sees the hermit is tired and stays to help dig instead of returning to the palace.

Suddenly, a bleeding man stumbles from the forest and the king takes him into the hermit’s hut and treats his wounds into the night. The next morning, the man wakes and admits he’d been plotting to ambush the king on his return from the hut, but the king’s knights had found and wounded him. He’d just barely escaped. He pledges his loyalty to the king for having saved his life. As the king makes to leave, he asks the hermit the three questions once more.

But he had his answer, the hermit explains. Had he not taken pity on the hermit, his enemy would have ambushed him. Had he not treated his enemy’s wounds, they would not have made peace.

The only important time, then, is now. The most important person is the one you’re with. And the most important thing is to do good to him. ■

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