

What Will Become of Africa's Aids Orphans?

By Mellissa Fay Greene 2002-12-22

Four years ago, a fifth grader in my children's elementary school in Atlanta lost his father in a twin-engine private plane crash. The terrible news whipped through the community; hundreds attended the funeral. Even today, there is a wisp of tragedy about the tall, blond high-school freshman -- fatherless, at so young an age. I find myself thinking about him when surveying the playground of one of the countless hole-in-the-wall orphanages of Addis Ababa, Ethiopia.

Behind corrugated iron walls off a dirt road, schoolgirls in donated clothing are throwing pebbles and wagging their long legs out behind them in hopscotch. Other girls sit on kitchen chairs in the shade of a cement wall, braiding and rebraiding one another's hair. They weave in plastic beads in arrangements so tight that the completed hairdo looks like an abacus. Boys lope back and forth with a half-deflated soccer ball.



Virtually all of these children have lost both parents, most to AIDS. Malaria, yellow fever and especially TB are fatal illnesses here, too. The children's grandparents have also died or are too poor and sick to care for the children; the same is true of their aunts and uncles, their neighbors and teachers. But no single one of these children has been isolated by tragedy: being orphaned is one of the common experiences of their generation.

Ethiopia has one of the world's largest populations infected with H.I.V. and AIDS. The number of AIDS orphans in Ethiopia is estimated at a million, most of whom end up living on the streets.

But in a hierarchy among orphans, those here at Layla House are the most fortunate. They are H.I.V. negative and healthy, and they have landed in one of two excellent American adoption programs in this city, both generating high interest among prospective adoptive parents in the United States. But they have been plucked out of immeasurable tragedy.

"This is the most devastating pandemic to sweep the earth for many centuries," says Dr. Mark Rosenberg, executive director of the Atlanta-based Task Force for Child Survival and Development. He compares the moral imperative to stop the epidemic in Africa, Asia and South America to the era of the Holocaust and imagines that future generations will ask, "What did you do to help?"

When I visit one on one with some of the children in a cool cinder-block storeroom, I discover that each is more like the fatherless Atlanta boy than not. As a group, the children generate a carefree mood of ruckus and play, but their secret grief coexists with the brave frolicking. Being orphaned may be typical for their peer group, but it pierces each child in a uniquely tragic way. The boys and girls remember and long for their prior lives, their deceased families, their homes -- whether middle-class house or rural hut -- and their childhoods that once were normal.

Yemisrach is a big-boned, innocent-faced 15- or 16-year-old. "I live with my parents until age 9," she says. "We are two girls, two boys. First Mother died; then Father died of malaria. I become like a mother to the others."

Though they try to hold onto their memories, it is possible that the children don't have all of their facts straight. But no one is left to correct them, and the child becomes the family historian.



"My father drink too much, and he fall on the gate, and he get a stone on his head, and he went to the hospital and died," says sweet, worried-looking Yirgalem, whose forehead is too creased for his young age. "After that, he buried."

Robel is a rambunctious 8-year-old of the half-baked-schoolwork type. It is easy to picture him as a bike-riding, Nintendo-loving American boy. He has surmised that hospital treatment killed his mother. "I was born in Tigray," he says, speaking through a translator like most of the younger kids. "Then went with my parents to Sudan as refugees. My father would get food from the refugee camp and bring it to the house. Mother died in Sudan. She went to hospital for injection. First injection is good; second time, she is tired; third injection, she died. Then I hear people crying about father. They said, 'Your father has died.'

"My small sister, Gelila, is 4. When Gelila see something in my hand, she cry, so I give her. She does not remember our parents."

There is a terrible sameness to the stories. They all head down the same path: the mother's death, then the father's; or Father died, then Mother, then Small Sister, then funny Baby Brother. Alone, bringing out the words of the family's end, a child's eyes fill with tears; the chest fills with sobs. Bedtime is the worst, when all shenanigans die down. At night, ghosts and visions and bad dreams visit the children. Through the open windows, you can hear kids crying into their pillows.

The orphans are not confined to the cities. In small farming towns hundreds of miles outside of Addis Ababa, children rush cars, offering flip-flops, bars of soap, packages of tissue or tree branches heavy with nuts. Those with nothing to sell offer labor: they will wash your windshield or watch your car for you if you park it. Some of these children are, at very young ages, the sole wage earner for their families. Orphaned in the countryside, they have migrated to the villages and towns where they have become squatters, trying to feed themselves and their younger siblings in alley dwellings improvised from scrap lumber or cloth or plastic. "Almost without exception, children orphaned by AIDS are marginalized, stigmatized, malnourished, uneducated and psychologically damaged," Carol Bellamy, executive director of Unicef, said last month in Namibia. "They are affected by actions over which they have no control and in which they had no part. They deal with the most trauma, face the most dangerous threats and have the least protections. And because of all this, they, too, are very likely to become H.I.V. positive." She warned that the growing numbers of AIDS orphans means that the world will see "an explosion in the number of child prostitutes, children living on the streets and child domestic workers." Eight-year-old Mekdalawit, from Dire Dawa, living in Layla House, remembers the days of her parents' deaths: "My sister Biruktawit is a baby lying on the floor with her feet in the air -- like this. Our older sister throw herself in front of the car and scream and yell that she wants to die if our father is dead. Then our mother becomes so ill that she cannot move from her bed. She cannot eat, and she has sores all over her body, and she loves for us to gently scratch her skin." Mekdalawit and Biruktawit's eight older siblings tried to raise them, but they were obliged to leave home each day for school and for jobs. Worried that the youngest two would wander away from the family hut and be lost, the older children warned that monsters would catch and eat little girls if they didn't stay inside. Finally a few of the oldest brought the youngest two to the local authorities, who referred them to the Children, Youth and Family Affairs Department, known as the Children's Commission. It placed them in Layla House. The older sisters tearfully promised to visit, but their village is far from the capital.



Enat House in Addis Ababa, not far from Layla House, is run by a husband and wife, Gezahegn Wolde Yohannes and Atsedeweyen Abraham. The children who live here are all H.I.V. positive, the

smallest victims of the continent's collision with H.I.V./AIDS: not only have they lost their mothers and fathers and siblings, but they themselves are sick. Some of them have begun to lose their hair; others are frighteningly thin; others have facial sores; and all but the babies and toddlers know precisely, in grim detail, what that means. At Enat, the first clue that the health of another child has taken a downward turn is the child's refusal to enter into the games and exercises she enjoyed last week. A child sitting listlessly on the curb at this playground is an awful omen. The



day I visit Enat (an Amharic word for "mother"), the directors and the teachers are mourning the death of a 6-year-old boy a few days earlier. But on the dirt playground, shaded by eucalyptus trees, the little girls weave one another's hair, and the children are awaiting a visit from their beloved guitar-playing P.E. teacher. The homey sour smell of injera -- the national bread, a spongy sourdough flat pancake -- rises from an outdoor brick kitchen. Later, in a sunny, freshly mopped dining hall, the children seat themselves at long tables for an art class. A glass vase of cut flowers sparkles with clean water on a tabletop. The children from rural areas never have seen scissors before, and their fingers wiggle with eagerness when the teacher begins handing out brightly colored plastic scissors. Yes, there are enough -- Christ Lutheran Church of Forest Hills, Pa., sent plenty in their boxes of donations. Following instructions, the children generate a blizzard of paper scraps in their first attempts to form snowflakes. (They have never seen snowflakes either). Stocky little Bettye is a pint-size Ethel Merman with a husky belly laugh and a booming voice. She pokes her tongue out the corner of her mouth as she scissors, in classic kindergarten style. The children hold up their lopsided constructions for one another to see, and they hoot in surprise.

The teacher, a slim woman in a long brown dress and head scarf, murmurs words of praise and often bends to stroke a child on the cheek, a gesture of calming affection. Later, I watch a music class, which consists of much hands-on-hip swaying and jumping under the guidance of the guitar-playing young P.E. teacher. Bettye belts out the words of the songs and jerks her fat little tush around. Eyob is a handsome, endearing boy in baggy brown pants and loafers, who slightly stalls his hand claps and foot-stomps till the last moment of each beat; I think he is inventing swing. But Eyob's hair is coming out in tufts. So is Bettye's. And there are no older children at this house; there are no older H.I.V.-positive children at all.



"Our little ones think they are going to America like the children in adoption programs," Atsede says. She is a small, dignified woman with delicate features and fine hair, who stands ramrod straight and offers a mild smile that trembles between civility and grief; she has seen much death. "The older ones gradually understand: 'Because we have AIDS, we cannot go to America.'" In fact, though it is not explicitly U.S. policy to exclude H.I.V.-positive adopted children, and these children generally respond rapidly to the onset of medical treatment in America, the immigration paperwork is more complicated, and few families step

forward for these youngsters. So the Enat children are not in line for adoption; nor are they receiving medical treatment. "Medication to fight AIDS is not available," says Atsede's husband, Gezahegn, who has the dark, rumpled, bloodshot look of a man who has been up all night; he has wrestled AIDS for a dozen of these small lives already and has had every one of them pulled from his arms. In America last year, thanks to vigorous treatment of infected pregnant women, only 200 H.I.V./AIDS-infected children were born, down from 2,000 in 1994. Most of those babies will live fairly normal lives and survive to adulthood. In Africa, without medications to treat complicating infections, 75 percent of H.I.V.-positive babies will be dead by the age of 2, says Dr. Mark Kline, director of the International Pediatric AIDS Initiative at the Baylor College of Medicine in Houston. Of the remaining 25 percent, he says, very few will reach age 11. Until recently, Enat served as a holding center for children prior to testing. It was not always clear at first whether the children were infected or not. "We see nice kids, bright futures, then we must test them," Atsede says. "Some get the news that they are negative; then we can refer them to the Children's Commission

for assignment to a foreign adoption program. Some will be adopted to America; others, to different countries. But other children test positive. When they first come, we often cannot guess. You'd think it would be the baby of a sibling group who will test positive, but then the results come back and sometimes it is the middle child, so the older child and the baby are transferred out." Gezahegn's background was in business and government administration, not medicine; he was reluctant to enter this field. Now he finds it has swallowed his life. Nothing compares in importance with trying to sustain the lives of the ill children in his care. "We can fight pneumonia and small infections in the children, but that is all," he says. "We are running a hospice program. It is rather hard to see the children dying." Still, these stricken children must be counted among the relatively blessed of their generation; the care they receive is the best available. "The children are happy here," Atsedo says. "We celebrate holidays; we give them birthdays; we invite their living relatives to visit them. They know that the children at orphanages with adoption programs are learning English and other languages, so we teach them English here, too, so they don't feel left out. The hotels invite them to swing and climb on their playgrounds. We want them to enjoy life. We want them to see something of life."

Time for that is often short. "A child begins by losing weight," Gezahegn says. "Then she develops infections, stops eating, has diarrhea, pain in joints, pain in ears. It can take five months, three months, two months. A child does not talk about it, but she's kind of depressed. One day she is not playing on the playground; she just wants to sit and to be held."

It has become the life mission of this couple to do more than sit by the deathbeds of small children in pain. They are not participants in the debate among health-care professionals over whether treatment or prevention ought to be the public health priority in Africa, Asia and South America. Their question is simpler: how can they get hold of the triple cocktails that in America now have reduced deaths by AIDS by 76 percent since 1996? By American standards, the cost doesn't sound extravagant. An average figure for pediatric triple-drug therapy in Africa is now \$60 to \$80 per child per month, and the price is dropping. But without serious commitment of financing from the industrialized world, even these modest costs are unreachable. When Atsedo sits down on a chair in the dirt yard under a shade tree for a rare break, the children skitter over to her and lay their heads upon her long cotton skirts or climb up into her arms and nuzzle their faces into her neck. She laughs as her face is dotted with kisses. "The children call me Abaye, Daddy, and her Emaye, Mommy," Gezahegn says. A little girl waits for him, eager to demonstrate for him a trick she has mastered at jump-rope. The music class waits for his attention to show that they have learned a song with synchronized dance steps. Children raise their hands and hop up and down to be chosen by Gezahegn to accompany him in the backfiring van on an errand to town. Until sickness comes, the faces under the bouncing braids of the little girls and the brimmed caps of the boys are round, happy and hopeful. "Without therapy," Kline says, "as far as we know, all of the children will die."

Layla House, a shady compound with a paved common area, a baby house, dormitories for boys and for girls, a schoolroom and a kitchen and dining hall, is run by Adoption Advocates International, based in Port Angeles, Wash. A.F.A.A. House, on the outskirts of town, almost buried in flower gardens, is run by Americans for African Adoptions, based in Indianapolis and directed by Cheryl Carter-Shotts. These two are the only American agencies permitted by the Ethiopian government to arrange for adoption of healthy Ethiopian orphans to America. More than 100 children joined new families in the U.S. in 2001. At least a dozen other adoption agencies based in Addis Ababa represent Australia, Canada and seven nations of Western Europe and Scandinavia. It is the first recourse of everyone ethically involved with intercountry adoption to place orphans with relatives, with friends or with families within their home countries; no one imagines or pretends that adoption is a solution to a generation of children orphaned by disease. It is one very small and modest option, a case of families in industrialized nations throwing lifelines to individual children even as their governments fail to commit the money to turn back the epidemic. "Consider the impact of 'The Diary of Anne Frank' on the world," says Mark Rosenberg. "That was the journal of

just one doomed child. Though we are looking at the deaths of millions, the saving of even one life is not trivial."

In the dusty schoolroom at Layla House, students face forward on wood benches and chant lessons in high voices. It is a relief on this hot day to enter the cool, whitewashed room. The children's faces are soft and hopeful. Most are of elementary-school age, though a few perspiring teenagers tower over the rest with the same earnest, slightly anxious expressions. Their teacher, a young man who has never been to America though it is his fondest wish to go, writes American greetings on the chalkboard. "How are you?" he taps out, while pronouncing the words. "How are you?" the children repeat. "I am fine," he dabs in chalk. "I am fine," they call back in high voices. "I am very well," he writes. "I am very well," they sing. They roll their R's, giving a high-tone flourish to their "verys." "I am doing nicely." "I am doing nicely."

There is no preparation for bad news here, I notice. The working premise is that these children will be chosen by American families for adoption, and their airfare out of Ethiopia paid for by their waiting parents. From the vantage point of this ancient and poor country, this great opportunity would seem to leave no room for complaint and thus no need to prepare a vocabulary of grumbling.

"How are you this evening?" "How are you this evening?" "I am quite well, thank you." "I am quite well, thank you." With the next lesson, the teacher offers many ways to express "I don't know." "I have no idea," the young man is calling over his shoulder. "I have no I-dea," sing the sweet voices, rising up near the end of each phrase. "I shouldn't think so." "I shouldn't think so." "I don't expect so." "I don't expect so." "Search me." "Search me." "I haven't a clue." "I haven't a clue." Through the square uncovered windows, sunlight and dust motes stream onto the pebbly floor. The kids, wearing T-shirts, cutoffs and flip-flops, begin to fidget in expectation of lunchtime. The lessons in Americana do not cease at mealtime. At long wood tables, there are bowls of orange slices and carved-up bread. Though the children would welcome, at every meal, platters of injera used in lieu of silverware -- they are being taught to use American forks and spoons and to maneuver foods like spaghetti and meatballs. "Please to pass the water," a boy booms. "Thank you very much." "Thank you very much," replies his friend, who has passed the pitcher. "How are you this evening?" "I am very well," shouts the roly-poly boy. "How are you this morning?" "I have no idea. Please how is your sister?" "I haven't a clue. Please to pass the meatball. Thank you very much." "Thank you very much." Some of these kids once lived on the street, cried for food, tried to keep alive younger siblings and had few prospects of surviving to adulthood without their birth parents. They now enjoy fantasies that they will wear Walkmans and ride bicycles when they live in America. When asked by the adults in their lives, "What do you want to be when you grow up?" no one replies, "I didn't actually realize I was going to grow up," though some must think it. Instead, these boys and girls have learned to reply "doctor," "teacher," "scientist." "I want to drive a car," says a 6-year-old girl named Bethlehem; whether professionally or at her leisure, she doesn't specify. "I will be an actor!" cries a boy, "an actor like Jackie Chan." "I want to ride motorcycles!" shouts another boy. "When I grow up, I want to help the elderly people," says a merry dimpled 13-year-old girl, Mekdes, cognizant, like many of the young teens, that she is on the receiving end of charity and eager, herself, to be of service. "I wasn't at all sure what the response of American families would be to our opening an Ethiopian adoption program," says Merrily Ripley, director of Adoption Advocates International. Her agency places children from Haiti, China and Thailand with American adoptive families and assists with a program focusing on children orphaned in Sierra Leone. She flies to Ethiopia nearly every other month and occasionally indulges the little girls who beg to fix her long, straight gray hair. On this day, she looks like a cross between someone's hippie grandmother and Bo Derek in "10," with skinny beaded braids dangling over her shoulders. "Would we be able to find families for African children? Would we be able to manage a children's home half a world away? We never dreamed that Ethiopia would become our most popular program." While a couple of the older children have arrived with

psychological challenges based on early loss of mother or other relative, the majority began their lives in families as breast-fed, tickled, treasured children. They are like kids in any backyard or school playground in America. Though a round-roofed straw hut in Gondar, Ethiopia, may seem impossibly different from a suburban home outside Cleveland or San Francisco, it is not. Children who have known the love of parents are eager to enjoy it again, and their adjustment to American family life has been rapid.

No one grieves openly at Layla House except frightened newcomers. One day, it was 4-year-old Isak, an only child whose father died a year earlier and whose mother died just three months before. A kind neighbor walked Isak to the local authorities, who notified the Children's Commission, which placed him here. His head freshly shaved, Isak sat alone on a low curb at the far edge of the playground, mute with homesickness and embarrassment and misery. His round dark eyes looked too big for his bald head; his head looked too big for his body. Although he knew his mother was dead, he couldn't help looking up briefly at every adult, just in case, but the particle of hope in his eyes was nearly extinguished.

On his first night in the boys' dorm room, he shied back from the four sets of white metal bunk beds, but big boys were kind to him; Haptamu and Frew showed Isak that they slept within arm's reach. When he yelped in the night, one of the two sleepily murmured a word of comfort.

Within two weeks, Isak found his niche in the community of children. He made a long detour around the rough playground football game and shyly volunteered, instead, to partake in the traditional Ethiopian coffee ceremony arranged by little girls under the vines, with a wood plank for a table and used bottle caps as cups. His soft curly hair began to grow out; his haunted look softened; and his photograph was privately circulated by Adoption Advocates International to prospective adoptive families who had signed up with the agency.

Every child on the premises can recite which children have adoptive families waiting for them in America and which children are still hoping to be matched with a family. The assigned children have in their possession small photograph albums full of nearly unbelievable images: big grinning adults -- white or African-American -- standing on green lawns in front of pretty houses and happy children playing on swing sets, sitting astride ponies, wearing goggles and leaping off diving boards or appearing in hooded parkas and mittens pulling sleds up snowy hills. The orphans turn the plastic-covered pages of their photo albums slowly, trying to make sense of each image. These have to be fairy tales! Yet the owner of each album has been told it is his or her destiny to leap into these scenes.

"I think America has all things in her hands," says the boy who wants to be Jackie Chan. "Everyone is hoping to be chosen by American parents. When the children learn that they have parents, they tell from peoples to peoples their parents' names and their city."

Though still small, the number of Ethiopian children adopted by Americans has grown substantially in the last 10 years. "What families consistently tell us is how happy and well adjusted the children are, that they obviously had been well nurtured and that they are extremely intelligent," says Carter-Shotts of Americans for African Adoptions.

Some of the children from the countryside arrive in the United States with tribal markings or accidental scars from a cook fire or a goat's horn. Asrat, who is now 20 and was one of the early Ethiopian children to be adopted in this country, killed a lion when he was very young, using a stick from the fire in defense of his family compound. He proudly wore a ritual scar across one eyebrow, bestowed by his village of Welayta, which declared him a man. Within months after his referral to an adoption program, he was a fifth grader at a Seattle-area elementary school.

Samuel, a 7-year-old whose parents died of malaria, missed sleeping on his shelflike bed high under the roof of the family's round hut and listening to the rain scatter when it hit the corrugated metal. Shortly after he was adopted, he graciously asked his suburban mom if she would like him to butcher a cow for dinner.

Abebaw, 7, missed the doro wat -- the chicken stew -- of his homeland after he was adopted by an American family in South Korea. His mother, Anna, brought home chunks of cut-up chicken from the grocery.

"No, real chicken, you need," he protested.

"This is real chicken," she said.

"No, need real chicken. Ethiopia chicken."

"O.K., I give up. What is real chicken?"

"The kind you cut head off. Noisy one. Running around. Head off, but running. That Ethiopia chicken."

Yilkal, 10, was adopted by an African-American family in Katy, Tex. One-quarter of Adoption Advocates International's adoptive families for Ethiopian kids are African-American or Ethiopian-American. When Yilkal's mother, Naomi Talley, flew to Addis Ababa to meet him and take him home, her hosts all praised her beauty and said that her forebears must have come from Ethiopia. Once settled with his new father, mother and younger sister into an upscale American house on a cul-de-sac, Yilkal revised his personal saga and told his new friends and teachers that the entire Talley family had just emigrated from Ethiopia. Naomi was startled when a local organization of African emigres left a welcome basket on the doorstep and an invitation to a picnic. "They'll know," she told her son, laughing. "I don't speak Amharic or any other African language." "They won't know, Mama," he pleaded, looking at her adoringly.

Biruktawit and Mekdalawit, the little sisters with the eight older siblings, were referred by the Children's Commission to Adoption Advocates International and were adopted by Bob and Chris Little in Port Townsend, Wash. Chris, a petite blonde with a Peter Pan haircut, recently lingered at the doorway of the girls' bedroom and overheard Mekdalawit, now called Marta, loudly praying: "Thank you, God, for my mom. She's a good, good mom. She knows how to be a good mom. Even when I mad, she love me. Even when I sad, she love me. Even when I do bad thing, she love me. My mom, she so cute. My mom, she not ugly. But she ugly, I still love her. Even if she ugly, I love her. Even if she really ugly, I love her. And she love me, if she ugly. But she not; she cute. Thank you, thank you, God, for good and cute mom." Meanwhile, the Children's Commission is referring orphans to both American-run orphanages in Addis, as well as to the city's other orphanages, foster homes and adoption programs. The referrals come to numbers far greater than can be housed by the existing institutions. Adoptive families are desperately sought, for each international program is like a finger in the dike, beyond which brims an inconceivably rising flood of orphaned, homeless, healthy children.



Last year, Helen, a shy and tiny 5-year-old with huge eyes and a high-pitched squeak of a voice, was handed a package on the orphanage playground telling her that she had been matched with an adoptive family in America. It was my husband and I who had prepared the presents while waiting for approval from the Ethiopian courts to bring Helen to America as our daughter. We have loved raising our children -- four by birth and one by adoption; when we began to muse about adopting again, it seemed logical to think about Africa, described in

newspapers as "a continent of orphans." Hair ribbons, two pastel-colored plastic ponies with brushable hair, a photograph album, turquoise sunglasses and a pink T-shirt that said "Atlanta" spilled out of Helen's envelope that day, five months before I visited. An adoptive mother, at the orphanage to take home her child, delivered Helen's package and took pictures of the moment. So many kids shoved and grabbed to see Helen's photo album that it flew out of her grasp and traveled the length and breadth of the playground. Big boys called out approving comments to her. Though she couldn't get her book back, no one damaged it, and she contented herself with the ponies, allowing her best friend to brush one of them. Finally one of the big boys said, "Here, Helen," and gave the book back, and Helen tucked herself away on her lower bunk bed and examined the faces of white people who had labeled the pictures: "Your Big Sister," "Your Oldest Sister," "Your Brothers," "Our Dog," "Your Bedroom," "Your Father," "Your Mother." She looked at them with, and without, the turquoise sunglasses. Helen's parents had lovingly reared their only child, taught her to read Amharic and English at age 4, planned for her future and were separated from her by only illness and death. I learned of their devotion to her from friends of the family, who looked after Helen but were too old to adopt her. Before going to sleep on the night she received her package from America, Helen propped open her photo album on the bedside table to the page showing the new "Mommy and Daddy" arm in arm, laughing and dressed in fine clothes. She laid her head carefully on the pillow facing the picture and fell asleep looking at it. It became her bedtime ritual.

A few months later, I came to Ethiopia to meet Helen. She had been told I was planning to adopt her, though the completion of the process was still many months away. When I showed up at the orphanage for the first time, she was too shy and alarmed to look at me. I pulled bags of rocket balloons out of my purse -- they blow up into long blimps, and when you release them, they zoom around and make embarrassing noises. The children began running wildly after them and screaming with laughter. I saw Helen watching us from across the playground, and for the first time in my presence, she laughed. Although her hair was tightly, beautifully beaded and braided, she wore well-used boys' orphanage clothes. A driver I had hired, Selamneh, and I took her shopping at a children's store one evening, a boutique so small that most of its wares -- toys and clothing -- hung from hooks high up on the ceiling. Helen instantly took possession of the shop. She shrieked with happiness and quickly pointed out her desires: a pair of shiny red sandals, an electric guitar, a toy gun, a bicycle and a wedding dress. I said yes to the sandals, no to the rest and pulled a different dress off the rack to show her. She turned her little nose up at it just like my children at home, who never appreciate my taste, and she selected her own dress, a complicated affair involving several layers and embroidered sheep. She also bought pajamas, underwear, play clothes and lacy socks with attached pink flowers. She opted to wear the socks to the apartment we stayed in during my visit. That night she scrubbed her new socks in the bathroom sink for half an hour, then hung them outside on the balcony to dry. I opened a box of raisins one afternoon and handed her one. She examined it and ate it, and I ate one, too. Then I gave her the box of raisins to keep, and she zipped it into her new American backpack. A few nights later, she and I were dinner guests at the home of an Ethiopian family. Helen excused herself from dinner at one point, went to find her backpack, unzipped it, extracted the box of raisins, carefully opened it and with great seriousness handed each person in the family one raisin before replacing the box. That's how they do it in America, she figured.

Last February, Merrily Ripley escorted Helen to the Atlanta airport, where my husband and I went to greet her and to take her home. She had memorized the photo album we had sent her and knew the names of the three older brothers, the two older sisters and the dog. She was too shy to speak to anyone other than 9-year-old Lily, who was closest to her in age, to whom she whispered in Amharic. (Alas, Lily could not understand a word of it.) An Ethiopian friend in Atlanta visited every day to chat with Helen. "I feel happy," Helen told her in Amharic during that first week. And, "I forget the name of the tall brother." And, "I don't like cheese." Seth, 17, was enormously tall to Helen, but on her third night in America, she snatched a sock off his foot and fled shrieking with it

through the house. He gave chase. She ran past me at one point, her face flushed with excitement, threw me the sock to hide and then ran up the stairs to escape. When Seth finally ambushed her and pried open her hands and searched her pockets, he discovered she didn't have the sock anymore and she cackled with laughter. The next morning, she tried his name aloud. "Tzetz!" she yelled, then dove under the kitchen table with stage fright. She quickly adopted the American attitude that there is no problem technology cannot solve, including the fact that she didn't know how to swim. On repeated trips to the drugstore, she gathered essential items for weeks before the neighborhood pool opened, and on opening day, she emerged from the locker room encased in a foam life jacket, arm floaties and scuba-diving goggles, snorkel and pink flippers. She flip-flopped to pool's edge and bravely dropped into the water. She wore so much equipment that she bobbed along the surface like a water bug, unable to submerge herself. Finally she pitched forward and dunked her head, so all that was visible was a tiny rear end moving across the pool like that of an upended duckling searching for fish underwater. Another time, Helen showed up at my bedside in the middle of the night, saying, "I had a bad dream." I opened the covers. "Come, lie here. Go back to sleep, and you'll have a good dream." "How do you have a good dream?" she asked. "Well, you think of a happy place, and then you'll dream about the happy place. When I was small, I used to imagine a little place in the forest where animals lived." "Oh, O.K.!" she yelled. "I've got one! Guess!" I so wanted to go back to sleep, but there seemed no way around it. "Is it the beach?" "No!" "The forest, with the little animals?" "No!" "Somewhere in Ethiopia?" "No! . . . Can it be a store?" "Helen!" I said, already knowing. "It's Target!" she cried and snuggled down for a good sleep.

But it hasn't all been happiness. For at least an hour a day, for the first month after arrival, Helen was consumed by grief. We could see it coming on from a distance; we could see her trying to resist the approaching waves of sorrow. Finally they would overwhelm her, and she would begin to suck and suck and suck in air. Huge sobs and tears shook her, but she allowed us to try to comfort her. We would hold her, and she would wail with sadness. Our Ethiopian friend translated for us that she was homesick for her friends at Layla House. Adoption Advocates International sponsors an annual reunion of Ethiopian kids adopted by American families. This summer, Helen was reunited with many of her pals from Addis, and I easily promised her that many more are coming to America and she will see them again. But 8-year-old Eyob, the tap-dancing boy, was also her friend. They lived in the same orphanage for a while after losing their mothers, before blood tests separated them. "This is my friend," she says about Eyob's photo, laughing to remember how funny he is. But Eyob is H.I.V. positive and living at Enat, and Enat has no drugs. I can't promise my daughter that she will see Eyob again since he, like so many others, has been left to die.

One day not long ago, she collapsed in my arms to cry about her late mother. I held her as she writhed, wailing, "Why she had to die?" A few moments later, she said, amid tears: "I know why she died. Because she was very sick and we didn't have the medicine." "I know," I said. "It's true. I'm so sorry. I wish I had known you then. I wish I could have sent her the medicine." "But we didn't have a phone," she cried, "and I couldn't call you." Helen has made lots of friends in America and loves to chat, in fluent English, with all her new neighbors and classmates. I always hear her ask, near the start of every play date, "Do you have a mother?" If she is feeling shy, she will whisper to me, "Does she have a mother?" Most children and adults are surprised by the question -- "Of course I have a mother!" they reply -- but African friends are not surprised. Helen has a mother again now, too, as she is eager to tell, but she doesn't take it as a given about anyone.