

Edwin Fuller Torrey Oral History Interview
Returned Peace Corps Volunteer Collection
Administrative Information

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Biographical Note

Edwin Fuller Torrey served as a Peace Corps volunteer in Ethiopia from 1964 to 1966 as a staff doctor.

Access

Open.

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Oral History Interview

with

Edwin Fuller Torrey

August 31, 2019
Bethesda, Maryland

By Patricia Wand

Returned Peace Corps Volunteer Collection
John F. Kennedy Presidential Library and Museum

WAND: [00:00:07] Today is August 31st, 2019. This is Patricia Wand. I'm interviewing Edwin Fuller Torrey, who was a Peace Corps doctor in Ethiopia from July 1964 until June 1966. He served Peace Corps volunteers and staff during that time. First of all, Fuller, thank you so much for agreeing to talk with me today about your experience as a Peace Corps doctor.

TORREY: [00:00:46] It's my pleasure, Pat.

WAND: [00:00:48] Well, it's my pleasure as well to have this opportunity to ask you questions and to record this interview so that other people can learn more about you and your contributions to Peace Corps. Let's start with your family of origin. Where did you grow up? Who was your family? And what eventually helped you to choose Peace Corps as an option of your employment?

TORREY: [00:01:19] I grew up in upstate New York in a small town outside Utica called Clinton, New York. It's the home of Hamilton College. I grew up with a father who died when I was six, he was much older, and a mother who was much younger. And two sisters, an older sister and a younger sister. I went to school in Clinton and then went away to school for my, to a prep school, for my 10th, 11th and 12th grade, then went to Princeton University, where I graduated as a pre-medical student. I was very oriented toward medicine as a teenager. Became especially interested in Schweitzer and Africa. At that time, Albert Schweitzer was a kind of major figure in the culture of the world. And had decided that I would like to go and practice in Africa if I had an opportunity, even as a teenager.

TORREY: [00:02:27] So after I went to Princeton, I went to McGill University in Montreal for my medicine. Did a one-year internship, rotating internship, at Kaiser Hospital in San Francisco. And I specifically took that internship because we got to do a lot of things ourselves. We got to do some surgery, we got to do some obstetrics, and I was already oriented toward going to Africa. It was just at that time that the Peace Corps became available, and it was ready made for my interests because I wanted to go to Africa and there was a Peace Corps. And in addition, you had the Vietnam War going on. And so I could have been drafted to the Vietnam War. And by going to the Peace Corps, I did two things. I did what I really wanted to do, and I also took care of my two-year military service obligation. So just the timing couldn't have been better.

WAND: [00:03:27] Right, right. So what years were those that you, where you were an intern at Kaiser Hospital and then, uh.

TORREY: [00:03:37] A little bit louder?

WAND: [00:03:39] What years was that where you were studying, your internship at Kaiser in San Francisco?

TORREY: [00:03:47] '63 to '64 I was at Kaiser. Graduated from medical school in Montreal in 1963 and took the one-year rotating internship. It was during that year that the Peace Corps became available and I signed up right away. They gave us choices of which countries we wanted to go to, and I

had had a Ethiopian colleague in my class at McGill with me, a very nice fellow, who actually went on to have a very successful career in the United States as a surgeon. So I was interested in Ethiopia because of him. So Ethiopia was my first choice, and Afghanistan was my second choice, and Tanzania was my third choice. But I got my first choice for Ethiopia.

WAND: [00:04:39] All right, so you had this opportunity and you were eager to take advantage of the situation.

TORREY: [00:04:50] It was perfect for my interests. In addition, it took care of the Vietnam War for me as well. Because at that time, I don't know if it's still true now, at that time physicians like myself who were in the Peace Corps were members of the Public Health Service. So the Public Health Service is a military service and that counted as military obligation.

WAND: [00:05:20] Mm hmm. I see. So not all Peace Corps volunteers had that option.

TORREY: [00:05:28] Just physicians.

WAND: [00:05:28] Just the physicians did. Right. Very fortunate for you.

TORREY: [00:05:34] Yeah.

WAND: [00:05:34] Right, right. So did you have to wait quite a while before Peace Corps responded to your application?

TORREY: [00:05:43] They responded, I think, very quickly. I don't remember any wait at all.

WAND: [00:05:46] Uh huh. And so you.

TORREY: [00:05:51] I remember it wasn't a question of whether I was going in the Peace Corps or not. The only question is what country I was going to go to.

WAND: [00:05:57] And did you know that country as soon as you finished your internship?

TORREY: [00:06:03] Yeah, by, I'm guessing by four or five months before the end of my internship, I knew where I was going.

WAND: [00:06:13] Wonderful. Right. So what did your family think about this?

TORREY: [00:06:20] My family had no idea what I was doing. My mother had high school education. She had not been college educated. She had no particular interest in what I was interested in. Both my sisters had no particular interest in it. They all thought I was a little strange to be doing this, but it was OK. I was the only male in the family. I could basically do what I wanted to do, but they certainly didn't encourage me or they just didn't discourage me either. It just was something they didn't understand.

WAND: [00:06:53] Uh huh. Uh huh. And what about your extended family or the community back in Clinton? Did you have friends there that, how did they respond?

TORREY: [00:07:06] I don't remember the response. I had a very extensive social network there. Kennedy was very popular, so this was kind of a Kennedy program. So insofar as I understood what Kennedy was trying, it was probably OK. Peace Corps was, Peace Corps was becoming popular at that time. So I don't remember anybody else from my town going into Peace Corps, but I certainly don't remember being discouraged in any way from it.

WAND: [00:07:39] Uh huh. Right. Right. So it was a very exciting time for you to do this.

TORREY: [00:07:44] Absolutely.

WAND: [00:07:45] Yeah. Yeah.

TORREY: [00:07:46] It was what I wanted to do.

WAND: [00:07:47] Yeah. Since you're a teenager.

TORREY: [00:07:49] That's right.

WAND: [00:07:50] Wow.

TORREY: [00:07:51] Perfect.

WAND: [00:07:52] Perfect, exactly. So what about training? Tell me what, how did Peace Corps train doctors at that point?

TORREY: [00:08:01] I've been very well trained at McGill, and McGill had an excellent. The excellent medical school is one of the reasons I went there, besides the fact that it was really inexpensive. And I had a good internship, I had done some surgery. I felt I could manage if I had to in the bush. I had had good training in tropical medicine. I was particularly interested in infectious agents and tropical diseases, so I felt comfortable in going and treating conditions as we found them in Africa.

WAND: [00:08:53] And, um, but at this point, it sounds like your tropical medicine was through, was theory only. You had not yet been in the tropics, is that true?

TORREY: [00:09:05] I had not been outside the United States.

WAND: [00:09:07] Right, right. So it was all book learning.

TORREY: [00:09:10] All book learning.

WAND: [00:09:11] Right. OK, so you had this strong background training already from in medical school and your internship.

TORREY: [00:09:20] Right.

WAND: [00:09:21] And where did Peace Corps send you then initially, so to induct you, if you will, and to give you some orientation?

TORREY: [00:09:31] We went to Washington for maybe two or three days of orientation. And then we went to, the doctors who were going out in my group at the same time to various countries, went to Columbia for a two-day course in tropical medicine.

WAND: [00:09:49] That was Columbia University?

TORREY: [00:09:50] Columbia University, yeah.

WAND: [00:09:51] In New York. Uh huh. Two days.

TORREY: [00:09:57] Two days if I remember, I think Washington was only two or three days. It was all very brief.

WAND: [00:10:04] OK, so.

TORREY: [00:10:06] No language training.

WAND: [00:10:07] No language training. And was there an explanation for why you did not have language training?

TORREY: [00:10:15] Well, the volunteers did, but the doctors. The doctors were primarily responsible for the volunteers, so some of us got very, very much involved in other things. But the doctors were not necessarily expected to do a lot of things in the host country. They're expected to keep the staff and volunteers healthy and alive.

WAND: [00:10:40] Right. So you'd be working, you knew you'd be working primarily with Americans.

TORREY: [00:10:47] That was my job. I ended up doing much, much more than that. But the primary job was. These were very healthy young kids, right out of college. Keeping them healthy really wasn't that big a job.

WAND: [00:11:01] Oh, let's think about if you can remember back to those very first days. Tell me about landing in Ethiopia. What was, what did you see? What was your experience? How did it feel to you?

TORREY: [00:11:20] Very exciting. It looked just the way it should. I was initially assigned to Dire Dawa, which is the main city, not that large at that time but it is now, on the eastern side of Ethiopia towards Somalia. And there were camels going down the street and flame trees, and it looked just like it should.

WAND: [00:11:56] That's a very interesting statement. And what do you think? How did you have an image of what it should look like?

TORREY: [00:12:07] It should look exotic, should look with camels. One of my first patients, I immediately volunteered at the hospital there. So there's one hospital that covered this huge area of Dire Dawa that included a lot of the Somali region of Ethiopia. One of my first patients was a 12 year old boy, probably 12 year old boy, who had come been herding his goats over the hill and had suddenly come upon a lion. The lion must have eaten recently because he just went like this to the boy, like just opened up his chest all the way down to the bones on it. So I don't remember. I don't remember having a course on this in medical school. But what you did was you treated it as any kind of wound and sewed them up, and he had a magnificent scar by the time we were finished on it. But this was one of my first patients and I felt this is really Africa, this is the way it should be.

WAND: [00:13:13] What a scary and exciting challenge, really.

TORREY: [00:13:19] The little boy did very well, actually, but he was, I don't know whether he was more frightened of the lion or me. This was when there were about 25 million people in Ethiopia, there's probably four times that now. And it was, you know, not very far from the 16th century.

WAND: [00:13:53] So did this little boy come to the hospital by himself?

TORREY: [00:13:57] He brought in by his family.

WAND: [00:13:58] By his family?

TORREY: [00:14:00] Yeah. They were basically Somali nomads. That's where I spent the first three months, was in Dire Dawa. After that, I worked out of Addis.

WAND: [00:14:22] And are there other early patients that you remember that, from whom, with whom you learned a great deal?

TORREY: [00:14:31] We had a nurses training program in Dessie, one of the first nurses training programs in the country, had about half dozen Peace Corps nurses up there. They had a doctor and I went up to help them out. Did an emergency caesarean section under open drop ether anesthesia, which also was not something you got taught in medical school to do. And you only did it when clearly her life was in danger. You had no choice, you're going to lose her. And she pulled through.

WAND: [00:15:11] Wow.

TORREY: [00:15:11] So I certainly remember that. We had a fair number of memorable cases. We had one death. We had a volunteer eaten by a crocodile. He was swimming in Abaro River where he wasn't supposed to be swimming on vacation.

WAND: [00:15:35] What a tragedy. What a tragedy.

TORREY: [00:15:39] A tragedy.

WAND: [00:15:41] Right.

TORREY: [00:15:42] There were about six or seven others. They're in a line swimming out to an island in the village that we had no volunteers. The villagers had told them, don't swim in the river, there's crocodiles in the river. They, of course, being immortal, felt that it didn't apply to them. So they're swimming in a line up to the island in the middle of the Abaro River and suddenly, he was in the middle of the line, suddenly he disappears. And he surfaces down river in the mouth of the crocodile. The other volunteers were just mildly a little upset, and so I had to do some group therapy on them afterwards to have them resolve the whole thing. He was

our only death. Otherwise, we had the ability to evacuate very sick volunteers to the Army base in Germany, which we probably did once every three or four months, somebody who was very sick and where we could not manage them given the resources that we had there.

WAND: [00:17:03] What kinds of sickness did the volunteers have who needed to go to Germany?

TORREY: [00:17:11] Volunteers had been trained in UCLA. They had good language training. They were a healthy self-selected group, I'd say a very strong group, relatively few weak volunteers. We put the strongest volunteers out in some of the more remote villages. That's how David and Courtney [Arnold] end up in the village that I, actually it's one of the first villages I was asked to go to, was the first Peace Corps person who went to the village, talked to the principal of the school and made a decision as to whether that was going to be an appropriate village for them or not.

WAND: [00:17:54] So you were actually the scout for Peace Corps?

TORREY: [00:17:58] I was.

WAND: [00:17:59] Yes. And David and Courtney Arnold, just to be clear, are a married couple that were in the Peace Corps in that village?

TORREY: [00:18:08] That's correct.

WAND: [00:18:09] Right.

TORREY: [00:18:09] I placed them there.

WAND: [00:18:11] Congratulations.

TORREY: [00:18:12] Yeah. They were very good volunteers. So I was very much part of the staff and very much involved in considerations of who got to go to the remote villages or not.

WAND: [00:18:34] Right, so you were a not just a medical doctor, but also an active staff member who helped to determine where volunteers would be assigned.

TORREY: [00:18:49] Yes.

WAND: [00:18:50] Uh huh. You had to evaluate the sites.

TORREY: [00:18:54] I was, spent much of my time doing visits to the villages I had responsibility for. So when I would go to the village, I would take their mail, usually take something they hadn't, that they wanted. Let them know that I was coming, so if there's something they wanted from Addis that I could bring them. I would go and stay overnight for a night, spend time with them socially. And also when I went out to the villages, at that time the medical care system in the provinces was mostly mission hospitals, Dutch, Swedish, German. Occasionally American.

TORREY: [00:19:44] So that, for example, when I would go out to, say, Nekemte in the western area, I would go and spend the morning at the hospital and perhaps scrub in and do surgery with the mission doctor there. So I then made my own assessment as to who I could count on out there, who is competent, who is not competent. So if I had an emergency out there, I would be able to make a judgment on whether I could count on that hospital or not to provide care in that particular case. I did that by spending a little time in the hospital. So I spent time in the local hospital and also spent the time with the volunteers, often talk to the principal to see if there were any problems there. The average village out there at that time had probably four to six volunteers.

WAND: [00:20:44] So I want to talk with you just a bit more about that, but before we do, I want you to tell me, how did you communicate if you were going to go visit volunteers in a village? We didn't have, you didn't have telephones then. The village itself may not have a telephone. How did you let them know that you were going to come on a particular day or around a particular day or? And how did you ask them what they would want you to bring besides, of course, their mail?

TORREY: [00:21:23] It's a good question. I'm not remembering. I remember that the Peace Corps office had some communication, probably through the mission. Probably the local mission hospital were perhaps on it. But I remember I did have some way of letting them know that I was coming out, but I can't tell you exactly how that worked.

WAND: [00:21:48] Right.

TORREY: [00:21:48] I could tell you when I was at Alaska, but that's another story. Because we would get word in and I'd get word in, for example, I remember a village was cut off by the rains and we had a married couple out there, a fairly remote village, and she had developed severe hepatitis. I remember realizing she had hepatitis and I had to get her out with the roads were all blocked, so we went to the military and they said, we'll take you out by helicopter. It's the only time I've been in a helicopter, flying just over the trees all the way out there and we brought her back in. So somehow she got the word in, probably through the mission hospitals or through the local Ethiopian. I'm thinking they had, I'm thinking they had some kind of telephone communication.

WAND: [00:22:47] The missionary hospitals had telecommunications at that time?

TORREY: [00:22:52] I think so.

WAND: [00:22:52] Uh huh.

TORREY: [00:22:53] Yeah, I think they had some kind of communications.

WAND: [00:22:56] Uh-huh. Right. Limited, but enough to get emergency messages through.

TORREY: [00:23:02] Correct. I remember one rather very dramatic episode where a Peace Corps staff director called me in and said, we just got a call in from a mission hospital out in one area that was my area. Said a volunteer's out there asking for an abortion. Unfortunately, she had gone to a Catholic mission hospital to ask for this, which was not a good idea.

WAND: [00:23:31] No.

TORREY: [00:23:32] So he said, you know, you need to go out and take care of this. So I had to go out and take care of this. So I did.

WAND: [00:23:39] Right.

TORREY: [00:23:39] But that call had come in from a mission hospital.

WAND: [00:23:44] Uh-huh. They communicated it even though they wouldn't take care of it.

TORREY: [00:23:51] Correct.

WAND: [00:23:51] Right.

TORREY: [00:23:53] We took care of it anyway.

WAND: [00:23:54] Right. So you were dealing with all aspects of medical care for all the volunteers?

TORREY: [00:24:08] All aspects.

WAND: [00:24:08] Right.

TORREY: [00:24:08] They were a pretty healthy group, if you get them to take their malaria suppression pills and.

WAND: [00:24:21] What kind of malaria suppression pills were they using in Ethiopia?

TORREY: [00:24:25] Aralen at that time.

WAND: [00:24:26] Aralen, right, yeah.

TORREY: [00:24:28] They didn't have the, they didn't have the treatment resistant. It was treatment still sensitive, therefore not a major problem, as long as you can treat it.

WAND: [00:24:40] Uh huh. So I'm happy to hear more about your medical experience with the volunteers and with the Ethiopians. I wanted to just ask a tangential question. Did you have communication with your own family or friends at home during the time that you were in Ethiopia?

TORREY: [00:25:14] It was only by letters. Now, it's very, very different. Now they have their cell phone and they talk to them all the time. What a different experience that would be, you know, all my communication was just by mail.

WAND: [00:25:29] Mm hmm. And did you write letters?

TORREY: [00:25:31] Yeah, I did.

WAND: [00:25:32] And you received letters?

TORREY: [00:25:34] We did. Yeah.

WAND: [00:25:35] Do you by chance still have those letters?

TORREY: [00:25:38] Probably not. We're downsizing. I've gotten rid of so many things, I'm almost sure they went out with the last group.

WAND: [00:25:56] So there are other memorable experiences you had with Ethiopians? You mentioned several patients. And you mention interacting with the missionary doctors and doing volunteer work with the local hospitals.

TORREY: [00:26:20] I did several other things. First of all, I did my own language training when I got there. I contracted with a 14 year old boy. Most recently, he's been driving Ubers here in Washington, D.C.

WAND: [00:26:37] So you're still in touch with him?

TORREY: [00:26:40] Yes, he's well known to Courtney and David as well, because he comes from the same area. So I learned a fair amount of Amharic from him. I learned enough Amharic that I could get by in the village by myself, get something to eat, get somewhere to stay. I am not great with languages, so I never became fluent at all, but I did learn enough that I felt comfortable getting along in the countryside, because once you get to the countryside, you wouldn't find any English speakers among the Ethiopians. So I felt comfortable going almost anywhere in the country.

TORREY: [00:27:18] Some of the things I did in addition, is I was very interested in the teaching of health to the schools. So they just started television in Addis. The first year I was there, it was English that brought, the Brits had brought in television, closed circuit television. It just went to Addis and just went to the schools in Addis. Other people in Addis could tune in if they wanted, but very few had TVs on it. They had no recording ability also, everything you did was live. And I organized the first health program for seventh and eighth graders in Ethiopia. I still have the outlines of what we did. I went to the British Embassy and selected the music that we were going to use. Handel's Water Music was the opening music that we used, and the closing music, and I made all of my own visual effects and props on it.

TORREY: [00:28:25] We did a program, I think it was 20 minutes to a half hour, and we did about 10 of them. Those were the first health programs that had ever been done. And TV was obviously very novel at that time, it was the first time they'd ever seen it. So I had to speak very slowly because the language ability of the seventh and eighth graders was very limited.

WAND: [00:28:46] But you delivered the information in English?

TORREY: [00:28:50] In English very slowly, using as many hard words as I could just to emphasize what I was doing. But the programs were, but there was no there was no ability to record them. So whatever you did live was there and gone.

WAND: [00:29:05] Gone with the wind.

TORREY: [00:29:07] That's right. That was fun. And then I also worked with the biology teachers, because we had a lot of biology teachers in our group, to start to implement some kind of standard health curriculum to teach more about disease prevention to the students on it. So the second year I was there, the summer of the second year, we had a workshop with Ethiopians and myself and some Americans. So we had AID people at that time. We had probably about, I'd say, it was a two. I should know this because I've got the whole book that we put out from it. It was a workshop for all of the teachers who wanted to participate in Ethiopia who were teaching biology. We did it at the university and during the summer break. I believe it was two weeks in length on it.

TORREY: [00:30:02] We had the head of the Ethiopian Orthodox Church come the first day and kind of bless the thing and say it was OK to do this kind of training. And out of that came a book where we took all of the lectures that were had been given and put them together in a book and published it in Ethiopia. I think, it's my memory, my recollection is called An Introduction to Health and Health Education in Ethiopia. It was quite good. There'd been nothing like that at the time. The volunteers liked it because it gave them something to work with, it gave them some material. Spent a lot of time on the health beliefs, false health beliefs, zar spirits, and all of the things that they believed were involved and what causes various diseases. And so we dealt very much within the Ethiopian cultural framework.

WAND: [00:31:04] Did you include any of the what we might consider homeopathic, indigenous homeopathic approaches to either prevention?

TORREY: [00:31:13] Yes.

WAND: [00:31:14] Or curing?

TORREY: [00:31:16] Yeah.

WAND: [00:31:16] Uh huh.

TORREY: [00:31:18] They tried to use whatever was working. I got very much involved, for example, in the psychiatric cases there, because I was already interested in psychiatry. So there was the Ethiopian mental hospital. There's two Ethiopian, not two, one Ethiopian psychiatrist, two Yugoslav psychiatrists in the country. So I spent time both in the mental hospital, which I got to know very well. There were very few drugs available and mostly used ECT. They also got involved with the indigenous therapists. At that time the best indigenous therapist in the country were the Ethiopian priests who specialized in exorcising zar spirits. Zar spirits were thought to cause many of these diseases on it. So I spent time with a well-known witch doctor, if you like, uh, and published some work on him. And then when I came back, I published a whole book called *The Mind Game: Witch Doctors and Psychiatrists*, and that was one of the first books I published. It's later republished as just *Witch Doctors and Psychiatrists*.

WAND: [00:32:44] The name of the book is *The Mind Game*?

TORREY: [00:32:46] *Mind Game*, subtitle, *Witch Doctors and Psychiatrists*. It dealt with what are effective psychiatrists, what are effective witch doctors, how soon are they? Bottom line is a lot of them do pretty much the same thing. That became quite popular at the time. That's an example of something I got involved with outside.

WAND: [00:33:15] Right. When you say it became quite popular, meaning the book was then, when you published it in the United States, it became popular in the United States as well?

TORREY: [00:33:25] Correct.

WAND: [00:33:25] Uh huh. Right. When did you publish it?

TORREY: [00:33:30] The first edition was, I think. Let's see. '70, '71, '72. '72, I bet.

WAND: [00:33:43] Uh huh. So not long after you came back.

TORREY: [00:33:46] Yeah.

WAND: [00:33:47] Right.

TORREY: [00:33:47] My Ethiopian experience was incorporated in that book, and that's one reason. Talking to Barbara coming out, I probably would have never done that book if I had not been in Ethiopia, if I had not had that experience in Ethiopia.

WAND: [00:34:06] Right. Yeah. How much time did you spend with the psychologists or the psychiatrists that you worked with in Ethiopia, both the Ethiopians and the Yugoslavs? Did you? Was that something you did just, you know, in like a month's time or did you work with them over a period of several months?

TORREY: [00:34:29] No, the mental hospital was in Addis. I probably went there about once a month. We spent probably half a day with them once a month I'm guessing. They were always be glad to have company because nobody was interested and they'd just say nobody went near that mental hospital. It was right in the middle of the main market, but Ethiopians, it's not somewhere you went. It was, they would believe it would be filled with zar spirits.

WAND: [00:34:57] You're saying zar spirits?

TORREY: [00:34:59] Z-A-R.

WAND: [00:35:01] Pardon?

TORREY: [00:35:02] Z-A-R.

WAND: [00:35:03] Z-A-R, OK.

TORREY: [00:35:04] Zar spirits are a belief really throughout the Middle East, North Africa. Yeah, it's not just Ethiopia, and it's kind of Middle Eastern.

WAND: [00:35:17] And to a Westerner, how would you explain a zar spirit?

TORREY: [00:35:29] Zar spirits can get in you if your mouth is open, if you're don't wash your hands right now, there's a whole variety of things that you do wrong, then zar spirits will take over. Then the zar spirits can cause disease. It can cause psychiatrically what the Ethiopian priest is very good at, with what we would call anxiety attacks, minor depression, depression. Hysteria. Uh, and he was very good, as I described in my book. He would take his situation and share here with a large crowd. Usually a large crowd would come and watch this. And he would take his bucket of holy water and he'd take his big wooden cross. He would throw the holy water in your face and then he'd hit you very hard with the wooden cross. And after a while, the zar spirits would flee from you. This was to push the zar spirits out of you. It was all quite dramatic, actually. And often the person would fall down on the floor and kind of have a seizure like experience, and that would be much better. He was good.

WAND: [00:37:02] And people witnessed this and believed that the patient was healed.

TORREY: [00:37:06] Absolutely. You know, he was honest. He had a lot of credibility. He was widely known really around mostly probably central Ethiopia, would be one of the better known people in terms of the priests.

WAND: [00:37:22] And he was the Orthodox?

TORREY: [00:37:25] Ethiopian Orthodox.

WAND: [00:37:26] Right. And what was his name?

TORREY: [00:37:30] Abba Wolde. Abba is priest. Wolde, W-O-L-D-E. T-E-N-S-A-E. Abba Woldetensae.

WAND: [00:37:42] Uh huh.

TORREY: [00:37:46] He was a nice man.

WAND: [00:37:47] Right. Did you have contact with him after you left Ethiopia?

TORREY: [00:37:51] Yeah, I've been back to Ethiopia many times, but not until the Derg left in the '90s. So by then he had, he was dead.

WAND: [00:37:59] Oh.

TORREY: [00:38:00] Uh. So I didn't have contact with him.

WAND: [00:38:06] Right.

TORREY: [00:38:07] Went back to Ethiopia just once after I left, and that was part of a WHO meeting that was about '72. That was within, just before the Derg took over, before they ousted the emperor. And then between there and the late '90s, it was run by the Derg and it was not comfortable to go back to. Once the Derg was pushed out, then I started to go back on a regular basis.

WAND: [00:38:45] And that was, what approximately what year was the Derg pushed out?

TORREY: [00:38:49] I probably went back in '97. '96, '97, '98. And have been back, let's see, the last time was about five years ago. I've probably been back four or five times since then. Yeah, four or five times.

WAND: [00:39:06] But during that, say, 20 years or so, or 30 years, you weren't able to go back.

TORREY: [00:39:13] No, it was being run by the Derg. The Derg was a communist group and they did not like Americans. The Peace Corps was pulled out, so there was no Peace Corps there at that time either. It was an anti-American government. [tape break]

WAND: [00:39:46] This is Patricia Wand continuing an interview with Edwin Fuller Torrey about his experience as Peace Corps doctor in Ethiopia from 1964 to 1966.

TORREY: [00:40:01] Another experience I remember very well, I have pictures of it. About spring of '66, let's say February or March, about three months

before I left, I organized a trip for myself and for I believe six volunteers that I'd handpicked, who had been involved with my biology training on it, to go in and do a full medical survey of a remote area of the Blue Nile Gorge, an area that the women and children had not seen a white person before. The men had because they'd been to the village. And I went because the. One of my villages where we had three volunteers, very good volunteers, had some students from this village that was actually 50 miles away. Their villages on the escarpment, and the village we were talking about was the Blue Nile Gorge was at the bottom of the escarpment. It's where they're building the dam now.

TORREY: [00:41:12] And so I organized to do a full medical survey, vaccinate, and draw blood and find out what the medical problems were there. We went down and spent eight days total, took a full day to walk down because it's about 50 miles with donkeys. Anyway I organized them so one person did the blood. One person did the smears. I did full medical assessment of them and wrote that up, and that was published in the Ethiopian Medical Journal. And for a few hundred dollars, we did a very extensive medical survey of an area that had never been surveyed before. And to me, this was classic, what I thought should be doing in Africa. It was doing an assessment of an area that had not been assessed at all. In fact, we found some interesting disease patterns that had not been described there.

TORREY: [00:42:15] These are the kinds of things I did with the volunteers to get them more involved in the health programs there. These were, they were very, very good volunteers. I mean, David and Courtney are good examples. They were not on that trip, but they're the kind of volunteers that I would have signed up for that trip.

WAND: [00:42:39] So in terms of the Peace Corps program, was health part of the program, or was this in a sense a secondary project?

TORREY: [00:42:51] A secondary. The only health part of it was initial training we had. We had a nurses training and we had a physician in Gondar who was doing training of the public health workers at Gondar, at the university in Gondar. So there were two or three of these small medical programs, health programs within, but 90, 95 percent of the volunteers in Ethiopia

were secondary school teachers. It's basically a teaching program, and there are a few of these other offshoots. But the kind of things I was doing, I just generated completely on my own. It was not part of the program, but we just did them.

WAND: [00:43:30] You saw a need and you planned a project to try to fill the need.

TORREY: [00:43:36] That's right, because the volunteers, keeping the volunteers healthy didn't take that much time. They were a healthy group.

WAND: [00:43:45] Uh huh. Yeah. So you did your job and then some.

TORREY: [00:43:57] I thought it was all my job.

WAND: [00:43:59] Yeah, right. Yeah. And you were dedicated to tropical medicine.

TORREY: [00:44:06] That's what I was there for, trying to improve the health.

WAND: [00:44:10] So you mentioned that you did this extensive medical survey on the ground with volunteers.

TORREY: [00:44:19] It was published.

WAND: [00:44:20] And it was published in Ethiopia as well as more broadly or?

TORREY: [00:44:27] Just in Ethiopia. Ethiopian Medical Journal.

WAND: [00:44:33] I'm wondering. There's a famous book that many volunteers use now that's called Where There Is No Doctor.

TORREY: [00:44:42] The book didn't exist when I was there.

WAND: [00:44:45] Do you know the history of the book? When did it come out and did you have any influence on its publication, for example?

TORREY: [00:44:53] I didn't. Well, it only came, I only became aware of it a few years ago, so I don't know very much about other than it's used very widely.

WAND: [00:45:03] It is used, and I believe it may be a United Nations publication.

TORREY: [00:45:08] Could be. Or WHO probably.

WAND: [00:45:11] I think it was, right.

TORREY: [00:45:13] Yeah. I think WHO should be doing it.

WAND: [00:45:17] Right, right. So, you know, you've talked about this medical survey that you did in the last few months of your service in Ethiopia.

TORREY: [00:45:31] This was one of the highlights of my time there.

WAND: [00:45:33] Right. I can see why.

TORREY: [00:45:36] Walking 50 miles is a long ways.

WAND: [00:45:38] It is a long ways. Yeah, yeah. Did you do it in one day? No, you did it in several.

TORREY: [00:45:45] Came back in one day.

WAND: [00:45:46] Came back in one day.

TORREY: [00:45:49] Came back one day. We left the village. It was very hot in the Blue Nile Gorge. So we left at eight o'clock at night to climb out during the cooler late evening hours. Got lost in the bamboo forest. So we started a fire and slept for a couple of hours until the sun came up and then found the trail again. Stopped and had some breakfast at the village at the top of the escarpment were some of our students had come from. And then I continued on back because I knew that it was going to be a long, long day. And some of the other volunteers got late and got caught out in the countryside. You don't get caught out at night, you can't be wandering

around at night. So three or four of them were taken to a hut and locked in a hut for the night. They hadn't got all the way back because the villagers did not want them wandering around in the night. But I got all, I got all the way back by 8:00. As I said, it was about 24 hours and I got back 50 miles.

WAND: [00:46:57] Were you by yourself?

TORREY: [00:46:58] By myself. Yeah.

WAND: [00:47:05] Walking all night?

TORREY: [00:47:07] Walked all night till we got lost, and I walked all day till 8:00 the next night.

WAND: [00:47:12] Uh huh. Right.

TORREY: [00:47:15] A long ways.

WAND: [00:47:16] A long ways.

TORREY: [00:47:16] Beautiful country, though. Rolling countryside, very pretty.

WAND: [00:47:26] So you're now, in terms of what you're talking about. I'd like to, unless you have something else you want to share about those two years, I would like to ask you what you started thinking about and planning when you saw that the end of your commitment was only a few months or then weeks away. What were you planning to do when you left Ethiopia?

TORREY: [00:48:02] Well, I'd planned even before I went to Ethiopia that I would take a residency when I came back. The question was whether to take a residency in pediatrics or general medicine or in psychiatry. And so I was debating that during the time I was in Ethiopia. By the time I was been in Ethiopia for a year or so, I decided I would take a psychiatry residency. So I was applying to residencies even from Ethiopia and before I had returned, I had been accepted to the residency at Stanford, which would have been probably my first choice on it. So when I came back, then I

interviewed at a couple of other residencies to see whether I'd made the right choice or not, but I basically knew what I was going to do. The question is whether I was going to do it immediately or wait a year. So I end up waiting a year when I came back.

WAND: [00:48:54] What did you do in that interim year?

TORREY: [00:48:58] I worked at a hospital that's, in a mental hospital in upstate New York for three months, and then I went to New York City to work with my colleague from Kaiser, who had started one of the first OEO health centers. This was in the OEO [Office of Economic Opportunity] program, was the peak under Johnson years on it. And so we started training programs in the South Bronx. I worked in the South Bronx for six months with him, started one of the first OEO health centers, and training the local health workers, called family health worker. We had teams. We'd take a public health nurse, a pediatrician, an internist, and a family health worker, and they became a team to take care of a group of people. So I would set up the training program for the family health workers. Not dissimilar to some of what I was doing in Ethiopia. So for the six months, I did that in the South Bronx, which was a totally bombed out area at that time, very heavily drug infested.

WAND: [00:50:03] So this would have been in, say, 1966 to '67.

TORREY: [00:50:07] Yes. The first six months of '67. And I started my residency in July of '67.

WAND: [00:50:21] And what was, um, how long did that last and what was it? Did it meet your expectations at Stanford?

TORREY: [00:50:34] Say it again?

WAND: [00:50:36] How long was your residency?

TORREY: [00:50:38] It was three years at that time, at Stanford. It's a very nice place to live and was a very. This was the Haight-Ashbury days, so I volunteered in the Haight-Ashbury clinic for a while. It's the height of the

marijuana, the old marijuana days on it. And it was a very good residency and they also were very easy on us and encouraged us to do things other than just the residency. So I also took a master's degree in anthropology, which I probably wouldn't have done if I hadn't been in Ethiopia and felt comfortable with that.

WAND: [00:51:30] And it did you, in your anthropology work, did you focus on Africa or were you looking at other places?

TORREY: [00:51:38] No, I focused mostly on East San Jose, because I had to do a master's thesis.

WAND: [00:51:46] Ah, yes.

TORREY: [00:51:48] I basically did it on the indigenous therapists and the Hispanic community in East San Jose. You know, I didn't speak much Spanish, but I was able to get enough to put together a couple of papers and got my master's degree.

WAND: [00:52:06] Congratulations.

TORREY: [00:52:10] It was interesting.

WAND: [00:52:11] Right. So Ethiopia opened your eyes to a lot of different disciplines.

TORREY: [00:52:16] Oh, absolutely. Like many of us, it was really a defining experience.

WAND: [00:52:28] So your wife is also a Peace Corps volunteer, is that right?

TORREY: [00:52:36] That's correct.

WAND: [00:52:37] And how did you find one another?

TORREY: [00:52:39] How did I find her?

WAND: [00:52:40] Yes. Or did she find you?

TORREY: [00:52:42] Well, I think, I thought I found her. She was quite sure she really wanted to find me. We had some friends in common. I moved down to New York in early '67. My friend said, you really got to meet, you know, this woman. Friends were telling her, you know, you really got to meet this guy. She was not at all interested. Then one of my Ethiopian colleagues invited me to come out to spend the day at the new state university program at Stony Brook, which was just getting started at that time on Long Island. And Barbara, through a Peace Corps connection, was on the staff there, planning this new part of the State University. So I came out to basically do some health training out there. That's what I met her.

TORREY: [00:53:38] And they were interested in finding some places to place their students in the inner city. I certainly qualified at the inner city in South Bronx, so she said, you know, I'll come in and take a look at your place. I said, fine, I'll buy you a drink when you come in if you want. So she came in and looked at the very bombed out South Bronx that we were in. After we finished, she said, where are we going to dinner? I said, dinner? I had no money at all, so we're not going to dinner. Lee Chung Lee's, which is a place in the South, uh, East Village. I was living in East Village. It has no sign on the door. You just have to know what door to go through to get in the restaurant. It's an old speakeasy on it. It's also very cheap, so that's where we ended up having dinner.

WAND: [00:54:31] Your first date.

TORREY: [00:54:32] It was first date. That's right.

WAND: [00:54:34] You're right.

TORREY: [00:54:36] And six months later, she came out to live with me in Palo Alto and then we got married.

WAND: [00:54:40] Ah, I see. Right.

TORREY: [00:54:45] Fifty two years ago.

WAND: [00:54:46] Fifty two years ago, congratulations. Yeah. So, let's just do a fast forward here, if we can do that. Spend just a few minutes. What did you do then after Stanford? And what brought you to Washington, D.C., where you live now?

TORREY: [00:55:10] I was in the Public Health Service during my residency. I already had two years of Public Health Service in Ethiopia. I had three more years in my residency, so I already had five years in Public Health Service. But I owed them time. So I knew I was going to come to Washington to work in the National Institutes of Mental Health because that was my obligation. And so I came and we've stayed here ever since, obviously. And I have been involved in a series of things, almost all of which involve serious mental illness, schizophrenia in particular, for, let's see, for how many years? About five years I was in charge of some development programs at NIMH, four providing services. I then spent a year in the Indian Health Service where we took our two children to a remote island off the coast of Alaska, which I wouldn't have done if I hadn't had the Peace Corps experience.

TORREY: [00:56:23] I then left the Public Health Service after I finished. Well, then I went to St. Elizabeth's Hospital, spent uh.

WAND: [00:56:31] Here in Washington, D.C.

TORREY: [00:56:32] Here in Washington. Eight years on running the wards at St. Elizabeth's Hospital, doing research and writing books. And I've been very much involved in research on schizophrenia and bipolar disorder, writing a lot during the time on it. And then a family approached me because they read one of my books about schizophrenia and said, would you help us spend a million dollars on research? And I said, I thought I could. That ended up being about \$40 million a year.

WAND: [00:57:01] Wow.

TORREY: [00:57:02] Called the Stanley Medical Research Institute, which I started. Now it has wound down because both the husband and wife are dead

now, so we're winding down probably the last five to 10 years of the program. So basically, my career has been in schizophrenia, serious mental illness, both in research and advocacy, writing a lot of op eds, writing a lot of books. And going back to Ethiopia periodically, doing a lot of traveling.

WAND: [00:57:42] Well, you have had a very, very full career.

TORREY: [00:57:48] Very full. It's almost finished, but not quite yet.

WAND: [00:57:50] Forge ahead. Forge ahead.

TORREY: [00:57:54] Yeah, that's right.

WAND: [00:57:55] That's right.

TORREY: [00:57:56] Do we have a choice?

WAND: [00:57:56] No, no. Not if we're driven. Well, this, Fuller, has been a wonderful, wonderful short time of reviewing with you your rich life and seeing it in the perspective of the influence of your Peace Corps experience.

TORREY: [00:58:20] Absolutely. Like for many of us, Peace Corps was a very important experience and shaped our ideas and shaped our lives in many ways, for the better.

WAND: [00:58:33] Absolutely. So before we close, is there any other comment, or is there any incident or experience that you want to make sure we add?

TORREY: [00:58:58] No, I don't think so. I'm trying to think, is there anything else there. I think that's probably enough.

WAND: [00:59:06] Well, it's wonderful for me to have had this opportunity to get to know you a bit and to share some time together. So thank you so much for everything you've done for the medical field and the mental health field. And starting with your Peace Corps experience, thank you again.

[END OF INTERVIEW]