This is a love story. And yet it is more than a love story. Much more.

This is the story of a 40-year-old physician’s assistant named Winnie Barron whose life was transformed by an encounter with Myrrie four years ago in the war-ravaged African nation of Rwanda.

And this is the story of the small, rural community of Brownsville, which is rallying to support Barron’s vision of establishing a center in neighboring Kenya that will provide food, shelter and medical care to children orphaned or abandoned by parents with AIDS.

It’s hard to meet anyone in Brownsville who doesn’t have high regard for Barron, a tall, athletic woman who lives on a small farm outside town and works at a medical clinic in Junction City. And it’s even harder to meet anyone who hasn’t heard the story of Winnie and Myrrie.

“Winnie Barron walks on water here in Brownsville – and I’m not being at all facetious when I say that,” says Don Andrews, director of Sharing Hands, a non-profit human services agency in town that will oversee the orphan center project.

“Winnie’s done a lot of things that I wouldn’t do and going to Rwanda is one of them,” adds Tim Frost, chief of the local volunteer fire department where Barron is a longtime paramedic and a member of the search-and-rescue team.

“She’s certainly put her whole heart into this – Winnie has seen the need,” Frost says. “The people in this town who have supported in the past will support here again on this project. This is the kind of community that will make this happen.”

Barron’s life has changed radically after she traveled to Rwanda in 1994 with Northwest Medical Teams, an international relief organization based in Portland that was helping treat victims of the violence between the Hutu and Tutsi ethnic groups, and epic struggle that has claimed more than a million lives since 1990.

She was assigned to work in the village Kibuye, where the hospital had no running water or electricity and few supplies. It was next to a bone-laden field where 10,000 people, lured under false pretense of a religious celebration, had been massacred.

It was at the hospital that found Myrrie Nyirandorere (pronounced Maree Ni-EER-an-dor-AIR-ee), a 5-year-old girl whose 4-foot frame had withered to 18 pounds from malnutrition and who spent her days hiding in a blanket cave, her huge, liquid eyes filled with a nameless fear.

From relief workers, Barron learned that the girl was the only living person found in a village that had been massacred weeks earlier. A worker was inspecting a pile of bodies when he heard a cry and found at the bottom, barely alive, the little girl named Myrrie.

Although pushed to the limit by the torrent of wounded and sick refugees at the hospital, Barron stole every spare moment to nurse – and eventually befriend – the little girl who rode on Barron’s back as she made her daily rounds.

The medical team had to make a sudden and abrupt exit from Rwanda after a member suffered a head injury. Barron had no time to make arrangements for Myrrie, whose weight had nearly doubled over the past six weeks but whose health remained precarious.

Barron consoled herself with the thought that she would establish contact later with Myrrie and, if possible, make arrangements to adopt her and bring her to Brownsville.

But Barron soon learned that Rwandan officials would not allow any foreign adoptions of what they called the “unaccompanied children,” citing the possibility of eventual family reunifications. International adoption agencies also told her that Rwandan children were off-limits because of the region’s continuing violence and political volatility.

Barron waged a long-distance lobbying campaign from her home in Brownsville, contacting U.S. State Department officials, members of Congress, international relief and adoption agencies – all to no avail.

Nor was there any word on the whereabouts of Myrrie, who had left the hospital apparently was adrift somewhere in the ravaged countryside of Rwanda.

After hundreds of phone
calls, faxes and letters, Barron received a letter in May 1995 from a nurse at the Kibuye hospital. A woman being treated for “slim’s disease,” the Rwandan term for AIDS, had the last name of “Nyirandorere” and had spoken of a daughter named Myrrie, he nurse wrote.

Barron learned from United Nations contacts that the woman was, in fact, Myrrie’s mother who had been on a trip to a distant village to buy food when her village was destroyed.

Several weeks later, Barron learned that Myrrie was alive and living in a refugee center 150 miles from her mother.

Through the Save the Children Fund, an agency that was working in Rwanda to connect lost children with their families, Barron made arrangements for mother and daughter to be reunited.

Then, as abruptly as they had been found, Myrrie and her mother vanished again.

Three years passed, with Barron continuing to mount up large phone bills to track their whereabouts in Rwanda, where the new minority Tutsi-led government and Hutu rebels continued to exact bloody revenge on each other.

Barron tried to join another medical team bound for Rwanda but found that most relief agencies had pulled out of the troubled country, citing concern for the safety of their workers.

Last year, Barron settled for a trip to nearby Kenya with the Global Service Corps, which assigned her to a hospital in the village of Makindu near Nairobi.

Her secret hope was to break away from Makindu and slip across the border into Rwanda where she would try to find Myrrie and her mother.

Barron lost herself in her work at the hospital, putting in 14-hour days and taking nighttime strolls through the village. It was on one of those walks that she encountered an informal encampment of small children who appeared to be living on their own under the leadership of a 12-year-old boy who called himself “Madonna.”

Barron learned that the children, many of whom were under the age of 10, had been orphaned or abandoned by parents with AIDS.

“It’s common in Kenya for parents with AIDS to simply abandon their children in the belief that they will be better off on the streets,” Barron says.

With AIDS running rampant in Kenya – some health experts estimate that more than one-third of the general population is HIV-positive –
Barron saw the ranks of the orphans grow even during her 3-month stay.

The children’s ranks also grew as word spread of Barron’s visits to bring clothing, sandals, food and what few medical supplies she could spare. When she ran out of toys to give away, she made balloons out of the surgical gloves that she had stuffed in her pocket at the hospital.

Barron was smitten with the orphans and began talking with a local teacher about establishing a center that would provide care for the orphans.

But Myrrie remained constantly on her mind. Was she still alive? Was she still with her mother—or was she now alone and on her own like the orphans of Makindu?

A few days before she was scheduled to leave Kenya, Barron got word that Uganda had reopened its border with Rwanda.

Within days, Barron was on her way, eager to get into Rwanda before the border slammed shut again.

In the capital of Kigali, Barron met some relief workers who loaned her a car to drive in her search for Myrrie. With an armed soldier serving as her bodyguard (“It cost me two beers and a lunch,” she says), she drove to Kibuye, where she was dismayed to find the village’s orphanage gone. But she was surprised to find the hospital repaired, clean and thriving.

“But the biggest thing was that there was no longer the desperate look on the children’ faces,” she said. “Life was still hard and desperate – but you felt as if something had changed, as if there was hope in the land.”

Next to the hospital, the field where the massacre had taken place was covered with wildflowers. A swarm of children played in front of signs that proclaimed in three different languages the horror that had once happened there.

“More than 10,000 people were inhumated here,” the English-version sign read.

Barron’s hopes rose at one of the first orphanages she visited in the Kibuye area. The pastor who ran it was familiar with several of the children Barron had treated on her first visit to Rwanda and said he would make inquiries about Myrrie.

She visited two more orphanages – and then suddenly decided to halt her search when an official lined up dozens of children and had them lift their faces to Barron. As she walked past them, she was struck by the awful similarity of their faces – and their plights.

“It hit me at that moment that all of these children were Myrrie,” Barron recalls. “It didn’t seem right to look any further.”

Barron returned to Kenya and then to Brownsville, where she busied herself developing plans for the orphan center in Makindu.

In the midst of those preparations, Barron received a cryptic note from the pastor at the orphanage near Kibuye. He said he had found a young girl living on the streets who might be Myrrie. The pastor asked Barron to send financial support for the girl’s care in a church orphanage near the mountain village of Muganero.

Worried that the report might be false, Barron wrote asking for more information. Weeks later the reply came in a thick envelope – a letter loaded with detailed information about Myrrie’s family and news that the girl’s mother, suffering from advanced AIDS, had turned her daughter out on the street.

The envelope also contained several photographs of a thin, young girl wearing a red sweatshirt. Barron looked at the girl’s huge eyes and a tell-tale scar on her forehead – and she knew that she had once again found Myrrie Nyirandorere.

With financial assistance from Brownsville residents and other supporters, Barron intends to return to Kenya to start the orphan center by late summer.

But she plans a first stop in Rwanda, where she will travel to visit the little girl who is now in the Muganero orphanage – the little girl who once sat staring in terror from under a blanket cave. The little girl who changed the course of Barron’s life.

“I want her to know that I will be there for her and that I will do everything I can to help her,” she says. “I want her to know that someone cares.”