HAWASSA CHRONICLES

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The Road Less Travelled

The great divide between rich and poor has ever moved individuals and groups alike to decrease or increase iniquity in order to facilitate gain for all or for few. Such is human behaviour. One can argue about the existence of iniquity and how iniquity defines our human rights, but one can never, unfortunately, argue that human rights are still universally being violated every day.
The Universal Declaration of Human Rights, drawn up and signed by the General Assembly in 1948, defines human rights as basic rights and freedoms to which all human beings are entitled. Universal access to affordable health care is a fundamental human right. For the elites on earth, this right is a given fact and to be without is unimaginable. Yet more than half of our fellow humans live hours let alone days of travel from access to primary health care. Also, more than half of the global population lives on two dollars or less a day, an incentive to seek help from local healers instead of relative expensive aid in hospitals or smaller clinics and thus, arguably, endangering their health.
Being part of the Western elite wherein one has nought to worry about, I feel an urge to lessen the global divide between rich and poor. Because of my profession, this is more readily done through meddling with health care, for example, in less than fortunate Ethiopia. Yet, after we recently handed over good quality medical equipment, some of which spanking new, I felt we were not really helping our fellow man but buying off our altruistic feelings and, even worse, feeling piqued when they did not seem to take our geste serious enough. Should I have been surprised?
Execution of foreign aid encounters quite a few obstacles *locally* amongst which politics, culture and economics play a fundamental role. I wonder if identification and understanding of such obstacles, and knowing how to treat them, will achieve a more effective and satisfactory bilateral relationship in general with those who I seek to help.

Before one, as a doctor with a bag full of goodies, is effectively participating in improving health care locally, one needs to arrive at that given destination safely. Disregarding the ever present excitement of crossing national borders and the attempt not to cross its officials, one is evidently dependent on infra-structure for transport. In the past few years, and aided by the Chinese – the neo-colonists of sub-Saharan Africa – Ethiopia has experienced the start of major buffing of its road network. Although one can travel through air as well, asphalt is the only form of transport over land. It has delivered us, and the material we brought, safely and in one piece, be it accompanied with excitement of broken speedometers and the occasional near hit with cars and animals alike.
Once we were settled in Hawassa, more or less, we were introduced to local politics. Whence setting foot on hospital soil the first time, a meeting between us and certain sub-top level bosses ensued, amongst which a surgeon, a political entity on his own. I could not help notice a two-faced reaction to our presence. On one hand there was clearly noticeable exhilaration at seeing what material we had brought. For is it not exciting to receive relatively modern and instantly useable equipment at no financial and exertional cost to oneself? On the other side, we embodied a small group of white foreigners who expected to be shown around in the kitchen. Even better, or worse, of which three were to stay for over six weeks and participate in the day to day proceedings. Although flexibility and personality goes a long way, is it that strange a reaction, naturally, when you have to deal with the unknown?
Not so much during the first week, but definitely during the second week, when our elders left us to dabble about, we were exposed to what the day to day proceedings exactly entailed. Personally, I expected either to toil under an enormous work load or to be able to determine, in part, what my daily activities would entail. We did not expect that Ethiopian culture does not allow a pre defined work load, for example an operation program, define your daily activities, but rather, that your daily activities, and the fatigue it creates, determine your actual work load. Where we were hoping that we would toil the whole morning and afternoon, and thus create ample opportunity for improvement, we were often given the responsibility to decide our fate for ourselves. In retrospect,

this happenstance allowed us to work on quite a few necessary extra-curricular but hospital related activities.
Another culturally dictated phenomenon is awareness of resources and the priorities one derives from such awareness. We were unexpectedly confronted with a different set of priorities when we led a sortie into the hospital store room in search for a few missing medical instruments. This room was packed with unopened boxes, cases and bags with new, and partially outdated, instruments, send from all over the world. Yet, their existence was mostly unknown to our peers. Such a room is a practical example that merely sending material not accompanied with an explanation of its purpose, let alone how to operate and maintain such material, results merely in displacement of objects across the globe than that it serves a purpose.
Slightly hinted at earlier, the absence of maintenance is another culturally defined attitude in Ethiopia that represents a major obstacle on the road to improvement. During our stay, so far, we have ascertained that there is no technical personnel present in the hospital. That there exists no interest whatsoever in employing a technical work force that combats built in adolescence of material goods. They are perfectly happy with applying patch on patch, and I suspect that such attitude, which is present though out sub-Saharan Africa at every level of society, is related to an attitude of not thinking ahead and appreciating the merits of planning in advance. Even if the aforementioned storeroom was emptied immediately, it would soon be filled again with the same, but broken material.

Should I pack my bags and leave Hawassa instantly and stop fighting for access to affordable health care for the less fortunate souls in Ethiopa? Not at all. Although I a paint a bleak picture, it merely shows that business here is practised in a different fashion, not that it does not work at all. In fact, when you pay close attention to the details in practise, this picture is slowly being coloured.
This week the hospital was visited by surgeons from the Black Lion hospital in the capital. This is an hospital that is quite modern with up to date equipment and where they practise evidence based medicine. They commented that the hospital I'm working at right now has seen unbelievable change for the better in just a few years of time.
Also, amongst other subtle changes, after we made our peers aware of the fortune stowed away in the store room, the hospital formed a committee that already set to work at listing its contents and is set to distribute the usable material.
Besides, we have been given ample opportunity to participate in treating patients and showing them alternative ways to achieve better outcomes in selected cases.
In conclusion, there are a few lessons learned well. Most importantly, it is through creating self awareness locally, that true development in this particular setting is achieved. Although material goods certainly facilitate better treatment for selected patient populations, it is a change of attitude of 'the locals' that leads to structurally improved healthcare over time. Contrary to the colonial era, they need to be able to water their garden themselves long after we have left, where we have have outfitted them with a pump, hoses and dug the first well, they need to create an ability of foresight to be able to dig their own wells in the future and be able to maintain them to sustain a green garden year in year out.

*Feel free to comment! I must have left ample opportunity to do so, for this is a gin-tonic facilitated piece of work. *evil grin**