

# My Ethiopian Awakening: Exploring a Land of Incredible Potential

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As I stepped off of the plane onto foreign land for the first time in my life, I was overwhelmed.

I wasn't overwhelmed by the overcrowded streets attempting to accommodate for both the impatient cars and restless crowds. Nor by the abundance of barefooted, dirt-covered children desperately selling lottery tickets and shining shoes around the city as a source of income. Not even by the hundreds of shack-like shops that bordered the streets, topped off with metal scraps for roofs. I was instead overwhelmed by the vibrancy and liveliness of the country and its people. The playful children, offering their service in exchange for an innocent dollar. The beautiful, ebony skinned people.

My people.

I was sixteen and in Ethiopia for the first time in my life. As the birthplace of my mother, father, and the rich culture they brought with them to America, Ethiopia was a mystery I had long been waiting to explore. She was the beginnings of existence, the home of a proud and resilient people, and the land of God-promised success. The potential of the country was apparent. Unfortunately, so was the poverty.

***While the United States of America has 1 doctor for every 400 people, Ethiopia has 1 doctor for every 33,000 people (1).***

I remember the stories my parents used to tell me when I was younger. About how in the large families that existed during their time, a few siblings passing away was normal, almost expected. Three of my mother's nine siblings have passed away from illnesses and conditions we consider easily curable here in the states. A quick prick of a needle, a simple procedure could have saved their lives: a sad reality that demonstrates the devastation that lack of access causes in developing nations.

What does exist of the inadequate health care system in the country was and still is insufficient to pro-

vide for the extensive needs of its people. With few major hospitals prepared to provide decent care for their patients, the wealthy are the priority. Observing the countless sick and homeless individuals bordering the streets, the endless lines protruding from clinics as the weak and weary lay in one another's filth for hours awaiting care was a torture beyond explanation.

Over the next few weeks, I decided to investigate more about the health disparities that plagued the impoverished, but beautiful, country I was in. The statistics were no longer sentences and bullet points I read on a CNN or WHO article. As I met more and more members of my family (which by nature of Ethiopian culture is expansive), I could associate a name and face with each statistic.

***"...the overall under-five mortality rate is 88 per 1000 live births. A total of 67% of [these] deaths... take place before a child's first birthday" (2).***

One of my aunts recently had a son born with severe conditions that the country did not have the means to adequately treat. It was predicted he would pass away within the next year. He is one of the 88.

***"Only 4% of births that take place in rural Ethiopia have a skilled attendant or clinician present at the time of the birth" (3).***

My father cannot name any relatives of his generation from his time living in Ethiopia (some 25 years ago) that were born in the presence of a skilled attendant. Only after his generation did clinics and hospitals begin to appear in Nekemte, the village he grew up in. The mothers of Nekemte are a part of that 4%.

***"...more than half of the Ethiopian population (52.1%) still used unimproved sanitation facilities in 2014. The majority (35.6%) practiced open defecation..." (4).***

My father, again, cannot think of anyone in his

small town at the time that had consistent access to clean water, and recounts that many used a pit toilet and/or practiced open defecation. My mother, who also grew up in Nekemte, agrees. Only the major hotels, they tell me, had better toilet situations. “Better” being a cemented square platform atop an open pit to “fancify” the experience. Water was also a scarcity during their time. Washing hands was not as simple as running to the bathroom and using a sink, and bathing was nowhere near as simple as stepping into a shower. Their situations would become even more difficult when the wells outside their homes would dry up. A lack of basic necessities brings challenges to several important components of a healthy life: sanitation, proper hydration and nutrition, and countless other practices that are key to an individual’s health and welfare.

Such disheartening situations result in countless more unfair and unfortunate statistics:

***The capital city, Addis Ababa, contains an unbelievably underwhelming 9.01% coverage of adequate handwashing facilities in the city (5).***

***1 in 36 women in Sub-Saharan African countries, like Ethiopia, are at risk of maternal death (6).***

***Between 30 and 40% of children under-five in Ethiopia were stunted due to malnutrition (7).***

My trip helped me understand that these statistics are not just statistics; they’re people. They are people facing real situations, grappling with real hardships, and fighting real battles every day in order to survive.

I love Ethiopia. I’ve only visited once for a month,

but still never hesitate to call her my country. My dad is always quick to remind me that a country one sleeps in for 30 days is not their country, but I beg to differ. The culture raised me, the country awakened me—Ethiopia is my country. Every time I sat with my cousins, I would think about how by simply being born in America, a land of exponentially greater access and opportunity than their home, my chance of living a long, healthy life was automatically higher. My heart would ache for them, because a simple difference in geographical location—one none of us could control—decided the quality of our situation.

Witnessing the unforgiving circumstances that the country’s people—my own family—had to endure was extremely difficult, but also crafted my dedication to a medical career full of change, real change, for the people who need it the most. That is the beauty of global health: saving lives that otherwise would not have been saved, reaching people that otherwise would not have been reached, offering opportunities to those who, although equally deserving as any one of us, would have otherwise remained deprived of them. And global health is not only a field for doctors; the field is for innovators, engineers, statisticians, journalists, investigators, educators, activists, entrepreneurs, leaders—anybody who is willing to contribute to the cause. The more diverse the workers involved, the more able and equipped we are to tackle the greatest healthcare concerns facing our world and our people, offering second chances and instantaneously changing lives in the process.

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