Notes From Abroad

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Asmara, Eritrea – Orotta Hospital: Serving the Underserved

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Eritrea is located on the eastern Horn of Africa (see map). To the north is the Red Sea. Sudan borders its West side, Ethiopia to its South and Djibouti to the East. It's a relatively small country with a total population of 4.1 million (a little larger than the population of Pennsylvania). After being defined as a nation state colonized by Italy in 1889, and federated as an autonomous state with Ethiopia in 1952, it began its war for independence from Ethiopia in 1961. On April 27th, 1993, Eritrea was recognized as an independent nation. However, since then, it has been struggling to maintain this independence from Ethiopia. There are still border clashes, UN peacekeepers patrolling the borders, and, to this day, the question of border demarcation remains unresolved.

Orotta Hospital - Asmara, Eritrea

Eritrea

I did not look at the option of going to Eritrea for my international health elective as question of, "why would I want to go to Eritrea?" I looked at it as "why wouldn't I want to go?" The country has only five permanent Internists and such a lack of resources in general, that there was a world of opportunity to contribute to the building of this nation. Our busy days were a testament to this point. Another Yale resident, Felicia Mendelsohn, M.D., and I worked Monday through Saturday at Orotta Hospital, which was the main tertiary care hospital in the capital city of Asmara. Felicia worked in the outpatient clinic, while I worked in the medical ward in the hospital. Our days

Sam Ahn, M.D. and the “Inpatient Crew”

were exhausting but rewarding. We had no schedules or appointments. Felicia would see upwards of thirty patients a day, one right after the other. I, on most days, would be the only physician in the medical ward, working alongside a physician assistant, in a medical ward with thirty-five beds. Some of these patients would travel all day just to see a physician, and oftentimes, only to find out that there was nothing that could be done about their condition. There was no chemotherapy, no dialysis, no interventional cardiology suite, no transplants. If a patient came in with likely carcinoma, all that could be given was a multivitamin. If a patient had an ST-elevation MI, only aspirin and a beta-blocker were available. In the medical wards, if a patient was admitted with diabetic ketoacidosis, there was no insulin drip, finger sticks could only be checked every six hours, and chemistries could only be checked once daily.

Despite these conditions and the lack of resources, the bond among Eritreans is inspiring. This is a country that is fifty percent Muslim and fifty percent Christian, all interspersed amongst each other, but all united in an effort aimed at their Eritrean freedom and independence. If you walk around the city and look around the country, you will see smiling faces and laughing children, content with what they have. However, the travesty of the situation is that it shouldn’t be this way, not in the year 2005. There should not exist in parallel a nation that has the Internet on cell phones and hybrid cars, alongside nations that don’t even have running water. The least we could do by going to Eritrea was to improve the access to healthcare for just a few more people, because healthcare is a right, not a privilege.