



Esayas Mustefa Interview Transcript – January 28, 2021

Dr. Emilie Joos, BISC Associate Director, recently interviewed Esayas Mustefa, a current candidate for the UBC [Master of Global Surgical Care](#) program.

Dr. Esayas Mustefa is currently working in one of the most remote and underserved areas of Ethiopia, Afar, where he is the only General Surgeon and Chief of Surgery. He is also an Assistant Professor in the Jimma University Department of Surgery.

***Emilie:** Welcome, Esayas, and thank you for joining from Ethiopia today. It is really amazing to me to connect with you across the world. That is awesome.*

So, briefly, to start, I know you from your CV and your application to the Master of Global Surgical Care. But, for those of you those of us who don't know you, can you tell us a little bit about where you were born, where you grew up, how you became a surgeon, and where you work now, and what you do?

Esayas: My name is Esayas Mohammed and I was born and raised in Southwestern Ethiopia, in a place called Jimma. The region is called Oromiya. Where I grew up, there is a large university and I grew up watching university students coming to the village where I used to live. Then, upon finishing high school, [...] I managed to join medical school. I finished medical school in Jimma University. Then I worked for one year as a general practitioner in the same hospital, where I am currently working in the Northeastern part of Ethiopia. It is in Afar Regional State, which is a very underserved community. It's a sacerdotal kind of region, meaning the society is really a pastoral society. They do not have a stable way of living, they just move to from place to place, and they don't have that much educated force compared to the rest of Ethiopia.

So the first time I went, my plan was to just work two years and earn my medical papers. Because, here, in Ethiopia, there are only two ways of getting your medical papers. You don't get them upon graduation. One way is to pay an immense amount of money, which is very expensive for me to pay. Back then it used to be around 420,000 Ethiopian birr. Otherwise, you can choose to go to remote places and work for just two years, and then you can earn your medical papers. So by then, I decided to go and serve for two years. Then, after working one year in this current hospital, I was afraid I was lagging behind or losing my medical knowledge because the makeup of cases was not that much. There were just three general practitioners in the hospital. We didn't have much to do. So we used to just exchange, like we divided the months into three, and then two of us would come to Addis to stay; and it was like that for almost a year. I was afraid and decided to join medical residency again.

***Emilie:** Okay, great. So now you decide to go back to residency.*

Esayas: Yeah, and then when the Regional Health Bureau chose not to sponsor my residency, I just went to back to my original University to go back to my old hospital, where I can serve a lot of patients and, at the same time, get my papers. So when I went back, there was no surgeon at all in a 135 kilometers radius.



Emilie: *You said you were the only surgeon, was there any infrastructure there? Was there an operating theater? Was there somebody to do anesthesia? Was there equipment? Could you function as a surgeon there?*

Esayas: The government has a program. They call them emergency surgeons. They train for two years and they operate on emergency Caesarean section, appendectomy, emergency laparotomy, and basic suturing. So there were basic materials: for instance, they had operating rooms and patient theaters, and anesthetists to give anesthesia. But there was no ICU and they never did major surgeries.

Emilie: *You were explaining, which fascinates me, that you were able to actually take that infrastructure that was already set up for the emergency surgeons in Ethiopia, but start doing more major procedures. But being the only specialist there, how did that feel?*

Esayas: In a way it was uplifting. It taught me a lot of things. For instance, when I was working in Jimma University Hospital, I always had a backup plan in case something was out of my hands. But at this time, I have to become whatever the patient needs me to become. For instance, once I did a thoracotomy and I didn't know what I was going to face. But I was the only surgeon at that time. So such things catapulted me to grow to the challenge, in a way.

Like I tried to point out earlier, the area is very, very prone to tribal conflict and also there is a high incidence of motor vehicle accidents in the area. So, once in a while, we handle mass casualty scenarios. So personally, I became the Medical Director of the hospital. I think I grew as a person and improved these management skills as well. Since I started operating at the hospital, they decided to hire a gynecologist, and in the last one year they also hired an orthopedic surgeon, and now they also added a pediatrician, pediatric medicine physician and also an internist.

Emilie: *Esayas, that is fascinating. I wish that there was a path for us to grow that fast. I feel like, facing adversity like you have, has made you who you are today. You are so humble about it. This is really touching to hear. I am wondering how a program like ours, at UBC, teaching about challenges that you know already, but also trying to teach about how to monitor and evaluate programs, how to actually perform academic research in those settings, how this will help you grow as a surgeon, and how you think you can use those skills to work towards your objectives in the future.*

Esayas: Previously, I used to want to become a neurosurgeon, but [...] since I started working as a surgeon at this hospital, my interest in trauma surgery has significantly, significantly increased. I saw it has a very high satisfaction, personally. In those lines, I invested my money, for instance, to attend ATLS in Kenya, where I was awarded a scholarship for instructorship. Also, I paid to attend war surgery seminars in Geneva, Switzerland a year ago. So, those are technical sides of surgery. So, on a daily basis, I come across and do some courses. But a program such as yours will definitely widen my horizons. For instance, I want to go on and work for MSF, to which I already applied. I also want to go and work with ICRC, which I am looking forward to be deployed anywhere on Earth, literally.

Emilie: *I love that perspective. I agree. I feel like there are very few people who are really broadly trained and able to do that type of work. It is wonderful that you want to expand that and use your skills to the maximum and help wherever you can help. I hope we can bring that type of knowledge, and also some*



other foundations of how to build capacity as a surgeon, which you have already started doing by yourself, in this hospital that basically did not have that capacity before you started.

I think we could learn so much from your experience. Hopefully there could be exchanges in that regard. We do have lots of instructors who are well versed in humanitarian response, and especially the Red Cross and MSF, as you mentioned. I think there are going to be a lot of interesting conversations to have there. I really hope we can get to the point where we can actually have equity in acceptance in these types of programs, across the world, and where we can have very skilled, experienced, and enthusiastic surgeons, surgical providers and researchers like yourself, come and join our program.