

# A Change of

## MEDICAL MISSION TRIPS REVISE PARTICIPANTS' PERSPECTIVES ABOUT HAITI AND SOUTH DAKOTA

Lindsey Knoll returned from a medical mission trip to Haiti refreshed and more passionate about medicine than when she started medical school. Kayt Calmus would go back again tomorrow and “every month if I had the opportunity.” Dr. Annette Bosworth, who led the trip that included these two young doctors, understands those sentiments. After her first visit to Haiti, she knew she just had to go back and take students with her.

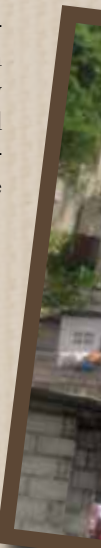
For Dr. Bosworth, Haiti was a watershed experience...but that doesn't mean

she was initially eager to go. That first opportunity to share her skills in Haiti came at a time when Dr. Bosworth was building her own fledgling practice. Though she agreed to the trip, she kept wondering what she'd be able to contribute in a place where health care is anything but modern.

### Why Haiti?

Why does Dr. Bosworth lead her medical mission trips to Haiti? In the story on page 16, we recall how the late Governor Bill Janklow once told her she couldn't fix Haiti. Yet the scope of the problem draws her there.

Any discussion of health care or the lack thereof, in Haiti must include the impact of HIV (AIDS) on a population already decimated by the 2010 earthquake that killed over 316,000. HIV skews current population numbers because it adjusts the number of people in each demographic in ways that overshadow other pressing health concerns. And HIV explains why, in a country with a July 2012 estimated population of 9,801,664, the current median age is only 21.4 years.





# Place

## You, Too, Can Do Something Really Meaningful

**ARE YOU INTERESTED IN CONTRIBUTING YOUR TIME OR FINANCIAL SUPPORT TO A MEDICAL MISSION TRIP TO HAITI?**

The need for medical supplies in Haiti is staggering. You can support these trips that take student doctors to the very needy. Go to the Haiti tab at [AnnetteBosworth.com](http://AnnetteBosworth.com) to signal your willingness to underwrite a portion of the cost.

**WOULD YOU LIKE TO SEE DR. BOSWORTH'S INFORMATICS CARE MODEL EXTENDED TO YOUR COMMUNITY?**

Dr. Bosworth can work with physicians and community leaders to implement the informatics approach. "I believe in South Dakotans," she notes. "Working together, I'm sure we can implement cost-effective ways to replicate the care I'm providing to my patients and extend the model to patients throughout our state." Email us at [Haiti@meaningfulmedicine.org](mailto:Haiti@meaningfulmedicine.org).

Here are stunning facts about health care in this burdened nation:

- The chances of a young man in Haiti today reaching age 65 are 34.2% versus 77.4% in the United States.
- There's a high risk for food- or waterborne diseases, including bacterial and protozoal diarrhea, hepatitis A and E, and typhoid fever.
- While 95% of Americans can easily access the medicine they need, the figure for Haiti is 0%!

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# A Change of Place

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- Extreme poverty means the children are consistently malnourished. Nearly 20% of kids under five are underweight.

## Why can't Haitians just help themselves?

In its category for education expenditures in Haiti, *The CIA World Fact Book* reports “not applicable,” a telling comment on factors that keep this small nation in poverty and limit the population’s understanding of important health care factors.

- Only 52.9% of the Haitian population can read and write.
- Widespread unemployment and underemployment mean more than two-thirds of people in the labor force do not have formal jobs, an unemployment rate most recently tallied at 40.6%.
- Even before the massive 2010 earthquake, Haiti was the poorest country in the Western Hemisphere with 80% of citizens living below the world poverty level and 54% living in abject poverty.



Yet, as student doctor Alicia Palmer discovered, Haiti has a lot to teach. “Not having access to lab tests and X-rays means pausing to think critically about the symptom picture, your physical findings, and the most likely outcomes. When you don’t have tests to confirm a diagnosis, you are left with your diagnostic skills and knowledge.”

That’s precisely what Dr. Bosworth learned on her first visit. She returned to South Dakota knowing she’d just practiced, by far, the best medicine of her life. As Kayt Calmus reports, in Haiti a physician learns to rely on her own skills to examine a patient and ask the right questions.

After her first Haiti mission, Dr. Bosworth also realized she needed to ask questions of herself.

Why, she wondered, did it take a trip to the tiny island nation to open her eyes to poverty on the prairies, in local towns, and on the reservation? It was as if she’d been looking at South Dakota through a filter. Now, every mission trip heightens her ability to see people in need. “I know I can’t spend a couple of weeks there and expect to fix Haiti,” Dr. Bosworth explains. “But I can take students down there to wake up their minds.”

Dakota State University information technology student James Howard participated in the December 2011 Haiti trip. Here’s his conclusion: “There are so many things you can do to help others in this life, so pick something and start making a difference in the world!”

Sources: *The CIA World Fact Book*, @cia.gov and *NationMaster.com*.