



These children in Ecuador are learning how to brush their teeth, thanks to MEDLIFE.

mental organizations (NGOs). In the wake of January's earthquake in Haiti, criticism was leveled at some groups' short-term, medical mission model of aid. Dr. Paul Farmer—the United Nations deputy special envoy to Haiti and a founder (with Dartmouth President Dr. Jim Yong Kim) of Partners in Health, an NGO that got its start in Haiti—has been especially critical. "There's graffiti all over the walls in Port au Prince right now saying 'Down with NGOs'" Farmer said in a speech last spring. "I think people in the NGO world need to read the writing on the wall." What NGOs ought to do in such situations, according to Farmer, is focus on sustainable solutions that address the populations' long-term needs.

"MEDLIFE is unique in several ways," explains Colin Pile, the group's director of finance. "We're trying to reform the traditional medical mission into something more comprehensive, something longer lasting."

As part of that effort, the group tries to maintain a year-round presence in communities where they send volunteers and to follow up on the care provided by volunteers.

MEDLIFE now has several paid employees, but all the time Ellis has devoted to the group

has been on a volunteer basis. In fact, he spread his DMS fourth-year requirements over two years so he'd have more time to spend on MEDLIFE. "It's a cliché, but if you love what you do, it doesn't feel like work," he says.

The organization has expanded rapidly and now has chapters on over 20 college campuses nationwide. Two chapters are currently being established in England. In the 2009-10 academic year, MEDLIFE sent 18 student groups to Ecuador and Peru and worked with 90 communities. This past summer alone, volunteers served over 5,000 people.

Useful: Ellis is now deciding what specialty to do his residency in. He's wavering between general surgery and emergency medicine, both of which he feels would be useful in the developing world. He also plans to continue to expand MEDLIFE.

But in the long term, his goal is actually for MEDLIFE to leave Ecuador. To that end, the group is cooperating with the ministry of health and education and with medical personnel in rural communities. "That's how you get to sustainability," Ellis says. "If we make sure communities own these projects . . . , 10, 20 years down the road, it doesn't require us being there."

SARAH SCHEWE

F A C T S & F I G U R E S

All over the map

Number of hospital beds per 1,000 people

13.9

In Japan, highest of the 30 industrialized nations in the Organization for Economic Cooperation and Development (OECD)

3.8

Average in the 30 OECD nations

3.1

In the United States

2.2

In New Hampshire

1.7

In Mexico, lowest of the 30 OECD nations



Health-care spending per capita

\$8,235

In New Hampshire

\$7,290

In the United States, highest of the 30 OECD nations

\$2,964

Average in the 30 OECD nations

\$823

In Mexico, lowest of the 30 OECD nations

SOURCES: OECD HEALTH DATA (2007 OR MOST RECENT AVAILABLE FIGURES), NEW HAMPSHIRE HEALTHCARE DASHBOARD (2008 FIGURES), STATEHEALTHFACTS.ORG (2008 FIGURES)