The young boy’s eyes were wide with anticipation and his mouth open as I handed him the piece of chocolate I had been carrying in my backpack for days. I wished I could offer him more, knowing that his life was already filled with poverty and disease, and his next meal was anything but planned. He was four, but had the height and weight of a two year old. His failure to thrive had rendered his naturally curly black hair a tinted shade of red. His naked feet were covered in blisters in the absence of shoes and his ribs were protruding through his skin as if desperate to escape. The earthquake had left his mother a widow who struggled to care for him and his siblings in the remnants of their home town. The same earthquake that had shattered the buildings and what remained of the economic structure in Port-au-Prince and its surrounding provinces on January 12, 2010, had also shattered whatever hope he had left. The boy lived in what used to be a beautiful city, Leogane, now only known worldwide as the epicenter of the Haitian earthquake. I watched as he ate the piece of chocolate, careful to leave no crumbs, as if it were the last piece he’d ever see.

I traveled to Port au Prince two months after the earthquake that registered 7.0 on the Richter scale, and its more than 50 aftershocks that shook the small Caribbean country. This was my second trip to the island of Hispaniola, having been here three years earlier with a group from the Department of Surgery. The journey transformed my view of healthcare and humanity, and further confirmed my belief that we as humanitarians can never do enough. Once the richest colony in the New World, Haiti now ranks as the poorest country in the Western Hemisphere. Fourteen of every 100 children die before the age of two, and the majority of children under five are malnourished. The inhospitable conditions, inadequate health care, and lack of proper nutrition cultivated disease in Haiti unlike anything I had ever seen. More remarkable and memorable, however, were the children I met during my stay. Seeing them made it obvious that disease and malnutrition had extended its grasp to even the smallest and most vulnerable. Were it not for the meals provided by various relief groups and militaries, a large portion of the children would surely have perished. As it was, an estimated 230,000 people had died, 300,000 had been injured and over a million had been left homeless. The majority of the children were excited to see visitors. Others were sad and lonely, longing to be comforted, but timid to ask for the privilege.

My time in Haiti was divided among multiple hospitals and locations throughout Port-au-Prince and the surrounding provinces on an as-needed basis. I arrived with my team at Quisqueya Christian School, which was originally constructed for foreign missionary and diplomats’ children, and now was converted into a command center for medical disaster relief. Following the earthquake, the school closed due to dwindling numbers of students, high numbers of teachers returning to the U.S., and a large portion of the children of foreign professionals who’d left the country with their families. Struggling to stay in
part to help, the school’s remaining teachers reached out to various groups and organizations and offered their facilities as a base camp. Before they knew it, teams from all over the world were setting up camp in their backyard, including the United States military. With an intact structural foundation, and an even stronger emotional and spiritual foundation, the teachers of Quisqueya used their knowledge of Port-au-Prince and the surrounding areas to disperse the various organizations and groups in their backyard to locations with the most need. So the Vermont Federation of Nurses and Health Care Professionals team I arrived with were able to reach out and help as many as we could in the small amount of time we spent in the country.

With three years of medical school under my belt, and a little over a year away from graduation, I was pretty sure I would be able to handle any crush injury or infected wound that came my way. And for the most part, minus the experience and medical confidence to handle some situations, I was right. Additionally, I lacked out and was fortunate to have an amazing team to work with. Medically, we performed some amazing acts: removing rebar from a photographer’s leg, setting fractures, treating tropical infectious diseases, and even aiding a young woman who was hemorrhaging following a spontaneous abortion.

What I was not ready for was the emotional diarrhea that was to follow. I consider myself a fairly emotionally stable person, but spending over a week caring for elderly who are lifeless because they are getting no nutrition has an undeniable effect. I have trained for marathons, I’ve trained and I’ve trained for medical school, but I’d never trained for the images and the fact that there are people out there right now who may die tomorrow because no one is there to help them. Port-au-Prince may be thousands of miles away from Burlington, and the 5.5 rumbling last June that passes for an earthquake in this region may have been barely noticeable to most, but yet there are still those here who hang on the edge of healthcare. I have learned during my upbringing in Vermont and from the education and experiences I’ve had in school that, no matter how far you travel from home, problems still exist on your own doorstep. I have had the opportunities to see and experience all aspects of the healthcare system, and how it affects those who encompass it, but I have yet to understand how it misses so many. During my clinical years of school I had the opportunity to work in various offices throughout the state, and I’ve learned that neglect, poverty, malnutrition, and subsequent disease still exist even here in Vermont. It seems to me that the question we as physicians (and those of us soon to be physicians) have to ask ourselves is: How can this happen? How can we learn to prevent it, and how can we make it easier for those who seek to help themselves?

In the ever-powerful, industrialized United States, situations such as the starving children I witnessed in Haiti are not as common, but still present. Adults and children in developing countries are often faced daily with starvation, HIV, poverty and death. Countless children must fend for themselves, orphaned or left for dead by their parents.

My goal as a future physician is to assist in caring for these children and find ways of preventing their conditions. Having grown up in small rural towns in Vermont, the aim of my medical career is toward underserved regions. My everyday experiences, connection, and enthusiasm for the younger population push me to follow this path. Reflecting on what I have done, seen, and hope to do as a physician I realize I want to use the knowledge and tools I have acquired at medical school and working in various underserved regions in Vermont to understand how it is that so many in Haiti are living below the poverty line, and why it is that they can barely care for themselves, let alone their offspring. I would like to be able to apply what I have learned in rural Vermont on a global scale to understand why certain populations are at risk. Most importantly, I want to understand how we as physicians, or future physicians, can best utilize our resources and knowledge to follow the time-honored tenet of medical ethics: salus aegritus suprema lex — always, no matter what the cost, act in the best interest of the patient.  

In 1905, when the College of Medicine completed its third home at the corner of Prospect and Pearl streets in Burlington, the main lecture room was named Hall A. For the next 63 years, students such as the members of the Class of 1935 (shown above listening to the legendary Prof. Ellsworth Amidon, M.D. ’32) spent much of their time in the hall. Today’s students take in lectures in the Sullivan Classroom or in the recently renovated Carpenter Auditorium, but the College’s educational mission of inspiring a lifetime of learning in the service of the patient remains the same. The Hall A magazine section is a meeting place in print for all former students of the College of Medicine.