From Mountaintop to Global Health

By John Collins Rudolf

My father's quest to scale the seven summits — the highest peak on each continent — began in February 2007 with an ascent of Aconcagua, a 22,000-foot Andean peak that straddles the borders of Chile and Argentina. The climb apparently gave John Curtis Rudolf '70 the incurable case of summit fever that led him to the slopes of Mount Everest three years later.

It also gave him a chance to reconnect with a fellow Domer, Dr. David Gaus '84. He'd known the doctor for many years through Gaus' work on rural health in Ecuador. Seemingly suffering from his own case of summit fever, Gaus put down his stethoscope, strapped on his hiking boots and headed for the Andean summit alongside my father.

Gaus is no stranger to big challenges. For almost 15 years, he has lived in Ecuador, providing medical care to the country's poorest citizens. He has succeeded in building the country's first full-service rural hospital and, most recently, has embarked on a project that may one day transform the way the world's public health organizations think about health care for the planet's poorest people.

To support his work in Ecuador, in 1995 Gaus founded Andean Health and Development, along with Rev. Theodore Hesburgh, CSC, Notre Dame's president emeritus. For a number of years — preceding his foray into high-altitude mountaineering — my father has served on Andean Health's advisory board and helped raise much-needed funds for the organization.

So when my father finally decided to try and cap his seven-summits quest with an Everest bid, it seemed only natural that he would circle back to David Gaus and Andean Health. Both before and after the climb, he has committed himself to a major fundraising drive for the foundation — using his high-altitude endeavors to attract attention to a worthy cause.

Spurred on by my father, I tracked down Dr. Gaus to find out a bit more about Andean Health. For Gaus, the charitable foundation idea began after his graduation from Notre Dame when he traveled to Ecuador to volunteer for a family development project. Working among the suffering poor, he was shocked by the lack of even basic health care and realized he had found the cause for his life's work.

He went back to the States to train as a doctor, specializing in public health and tropical medicine, and in 1997 returned to Ecuador. He settled northwest of Quito, in a rural area of roughly 60,000 people centered about the town of Pedro Vicente Maldonado. He found the beauty of the forested landscape contrasted with acute poverty, with the average household income in the region just $150 per month.

Gaus began to chip away at a structural problem that many in the field of global public health have long considered intractable: How to provide the full spectrum of modern medical care to a poor, rural population?

As in virtually all of rural Ecuador, no nearby hospital existed. When a health crisis struck, the only option was a long journey by truck to the capital. Once there, obtaining emergency care was still a struggle. Families would "drive around Quito for six hours with a baby dying in the back of a pickup truck," Gaus says in an interview by phone from his home in Ecuador. "The waiting times are inhuman."

The fruit of Gaus' first decade in the jungle can be found in the Hospital Pedro Vicente Maldonado, Ecuador's first full-service rural hospital. When it was built in 2000, the local residents couldn't believe it existed for their health needs.

"For the first six months, the people didn't come to the hospital. They thought it was a hotel," Gaus says.

After a decade of operation, the residents have embraced the hospital — and many chronic local health problems have been alleviated. The availability of local emergency treatment also has saved lives.

Perhaps the hospital's most unique achievement came in 2007, when it became 100 percent financially self-sufficient. Of the few rural hospitals in the developing world, most end each year with large operating budgets and must rely on donors to keep their doors open. By forging an alliance with local and national partners in Ecuador, Gaus has hit on a formula that can provide health care on a sustainable basis. (Details of his plan were published in the Global Health Council's July/August 2009 issue of *Health Affairs*; see andeanhealth.org/wp-content/uploads/2010/02/Health-Affairs2.pdf.)

Now Gaus hopes to export that model to Ecuador's Santo Domingo area — a desert for low-income health care. Already a plan is in motion to turn a partially built parking structure into a new hospital for the region's poor.

"It's a disaster area, and the mayor's desperate to get this thing going," Gaus says.

If the project comes through, he just might bring this model to countries around the world. The World Health Organization, Gaus says, is finally starting to pay attention.

"The rural hospital is truly the missing piece in this whole equation," he says.□