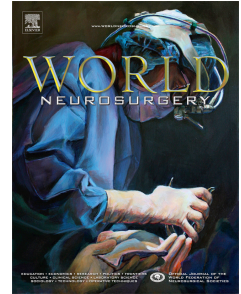


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Surgical and Teaching Mission to Mongolia: Experience and Lessons

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Introduction

For decades, the disparity in medical care across the world along with the fundamental nature of medicine as service, have laid the foundation for global medical and surgical missions. Each year, there are hundreds of medical professionals that travel thousands of miles across the world to provide medical attention to areas with underdeveloped health care infrastructures. However, in addition to direct healthcare provision, these missions can also supply a much greater need in the global scheme: the spread of medical knowledge, technology and international collaboration.¹⁻⁴ While the direct effect of these trips is often measured in the number of patients treated or the number of surgeries performed, integration of local medical and healthcare personnel into these missions is key in sowing long-term progress. Without the latter, these countries and regions can only be expected to return to the same struggles, experiencing long stretches of difficulty only waiting for the next mission to arrive.⁵⁻⁷ While the altruistic nature of medical missions will continue to motivate the cause, we feel that the true success of these missions is in long-term changes they create in the host countries. In cooperation with the independent non-profit organization Virtue Foundation (www.virtuefoundation.org), we report here our experience during three surgical and teaching missions to Mongolia in 2014, 2015 and 2016.

Healthcare in Mongolia

In order to cultivate long-lasting relations and initiate lasting changes, it is imperative to identify a mission site that fulfills several criteria. True need is most imperative but a minimal social and political foundation is a sine qua non for a successful enterprise. Mongolia, a country often overlooked as an area in need of medical aid, proved ideal. Healthcare in Mongolia has undergone a tumultuous change in the last several decades. In 1911, Mongolia declared independence after 220 years of Chinese rule only to fall under Soviet control in 1924 as a satellite communist state. This brought exposure to models of governance, healthcare, and public service. Under the strong financial and intellectual influence of the USSR in its formative years, healthcare was accepted as a public responsibility from the inception of the communist country. The first civil hospital was established in 1925. Soviet medical research and development teams

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