

## Humanitarian Missions

*These four accounts reflect just a few of the many humanitarian missions undertaken by Academy members.*

### Stanford University Mission to Quito, Ecuador

In October 2007, Anna H. Messner, MD, and Vanessa R. Erickson, MD, of the Stanford University Department of Otolaryngology—HNS, had the opportunity to return to Quito, Ecuador, to collaborate with the pediatric otolaryngology staff at the Hospital de Niños Baca Ortiz. Dr. Messner established a relationship with this group three years ago and has returned annually. Dr. Erickson, a resident, accompanied her this year, thanks to an Academy Humanitarian Travel Grant.

Hospital de Niños Baca Ortiz is the only public pediatric hospital in the capital city of Quito. Resources are limited and there are often long waiting lists for much-needed procedures. The goals of Stanford's collaboration are to assist the hospital surgeons with complicated surgical procedures that are beyond their scope of practice, while also training staff in these procedures, for future autonomy. Additionally, surgical supplies and instruments for use in clinic and the operating room are donated.

A broad scope of surgeries were scheduled and performed, including intricate airway reconstructions, endoscopic sinus surgeries, and complicated middle ear surgeries. Especially poignant were follow-up visits with patients who had been operated on during prior visits, which made the positive impact of these trips remarkably clear.

### Bogra, Bangladesh U.S. and Bangladesh Army Otolaryngologists Partner in "Sight, Sound, and Smile"

Academy members LTC Christopher Klem, MD, MAJ Benjamin B. Cable, MD,



and CPT Andrew J. Senchak, MD, from Tripler Army Medical Center, Hawaii, recently teamed with army physicians from Bangladesh on a surgical mission at the Combined Military Hospital, Bogra, North-central Bangladesh.

Bangladesh borders the Bay of Bengal between India and Burma. It is home to more than 150 million people, many of them landless and forced to live on flood-prone land. Water-borne diseases are prevalent in surface water and water pollution results from use of commercial pesticides, especially in fishing areas.

The "Sight, Sound, and Smile" mission focused on surgical treatment of chronic ear disease, cleft lip and palate, and cataracts. The seven-member Tripler team also included an ophthalmologist and three surgical technicians.

The mission goals were to offer specialty surgical services to Bangladeshi patients that are typically unavailable, as well as to train the Bangladeshi doctors to perform the surgeries independently. U.S. and Bangladeshi army physicians worked closely to accomplish this complex task and ultimately completed 44 operations.

### Global ENT Mission to San Salvador, El Salvador

*Michael J. Cipolla, Medical Student,  
SUNY Buffalo School of Medicine and  
Biomedical Sciences*

Ear disease remains a prevalent health issue in Central America. In El Salvador alone, with 5.7 million people, it is

common to find chronic otitis media, cholesteatomas, otosclerosis, and tympanic membrane perforations. The limited number of trained otologists and resources remain significant barriers to treating these patients. Fortunately, strong leadership has developed among the ENT community in El Salvador.

These physicians are highly dedicated to improving their access to care and treatment services, taking steps not only to address ear disease, but also El Salvador's optimal location, stability, and strengthening infrastructure, make it a promising region for the education and the treatment of ear disease in Central America.

In October 2007, I had the unique opportunity as a medical student to travel to San Salvador with Global ENT Outreach. Our team included Richard Wagner, MD, Ashkan Monfared, MD, Academy resident travel grant awardee Y-Lan Mary Ying, MD, of the University of Pittsburgh, Christopher F. Baranano, MD, a resident from Alabama, and fourth-year medical students from Georgetown and Buffalo. Working alongside the motivated ENT surgeons, residents, and nurses, we successfully completed 24 operations and provided continued surgical training to San Salvador ENT residents. The operations included tympanoplasty, mastoidectomy, stapedectomy, and endolymphatic sac decompression.

This was a wonderful experience that has significantly influenced my future goals. As medical students, we often become preoccupied with grades, exam



scores, and competing for future residencies. During these times we can lose sight of why we chose such a difficult career path, and forget the value in using our talent and effort to help individuals less fortunate. While working in El Salvador, I was reminded of why I have worked so hard in medical school and realized that the reward is well worth the sacrifice. My Spanish certainly left a lot to be desired, but through inspiring smiles and signs of gratitude, the appreciation that each patient and native physician had for our services was as clear as any spoken language.

As current and future medical leaders of this world, it is our responsibility to take up the global burden of disease, and use our talents to make the needed changes. I highly recommend that anyone in the medical profession, including students, become involved in this challenge early in their career. These opportunities are guaranteed to provide a refreshing break from the normal stresses, and more importantly, help shape your future goals. Those who wish to experience the Central American culture and provide ENT services, please contact Global ENT Outreach at [geoutreach@yahoo.com](mailto:geoutreach@yahoo.com).

### Ear Surgery in Chengdu, Western China

**Won-Taek Choe, MD**  
*ENT and Allergy Associate, New York, NY*

What do ear surgery, pandas, and heartburn have in common? Not much, unless you are operating in Chengdu, the

capital of the Sichuan province of China. I recently had the privilege of visiting the West China Hospital in Chengdu with the Let Them Hear Foundation and Joseph B. Roberson, Jr., MD, to help develop their cochlear implant program and other neurologic services.

As the tertiary referral center for all western China, the West China Hospital has become the largest in the world, with more than 4,300 beds, 50 operating rooms, and two million annual outpatient visits. Despite its size, the hospital runs at "120 percent" utilization: empty beds are few, and the morning rush of patients compares to that of any subway station.

I quickly realized that the otolaryngologists at the West China Hospital are doing an outstanding job of delivering patient care despite their patient load and rather limited resources. Many of their patients present with advanced stages of disease and accordingly, most of the focus is on saving lives rather than on the finer nuances of hearing restoration.

Required to reuse drill bits almost indefinitely, the physicians and staff were shocked at our use of disposable bits. However, they make up for their patient demands and resource limitations with great efficiency. OR turnovers (time from the transport of the prior patient to the intubation of the next patient) took only 10-15 minutes, despite a full wipe- and mop-down of the operating room.

On average, each ear surgeon sees 60-80 outpatients daily. Our guide, a junior attending, sees "only" 40-60 patients

because he wants to spend more time with his patients. A surgeon's salary averages about \$12,000 per year, which is enough to support a comfortable standard of living. Our most extravagant meals cost in the vicinity of \$15 per person. However, cochlear implants cost the same \$25,000 in China that they do elsewhere. Despite this, the government appears to recognize the importance of the technology and has allowed its physicians to develop limited implant programs.

By the end of my one-week stay, I had a changed impression of medicine in the developing world. Despite some communications hiccups, my counterparts in Chengdu and I shared the same technical language of medicine. With ready article access through the Internet, they were current with recent topics in the otologic literature, including superior semicircular canal dehiscence. Their questions were uniformly pertinent and showed great depth of understanding. And the speed with which they adapted to our instruments and techniques indicated their immense technical reserve.

While it was my privilege to become one of the few foreign surgeons to operate on Chinese soil, it was my distinct privilege to know the otolaryngologists of the West China Hospital, who are colleagues in our common endeavor of delivering superb patient care.

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