

# People Helping People

## Academy Members Tell How They Volunteer

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One of the most active programs that Academy members can be involved in is that of humanitarian outreach. It can take many forms, both domestic and overseas. Under the leadership of **J. Pablo Stolovitzky, MD**, chair of the Board of Governors, this unique grassroots network is ideally positioned to encourage Academy members to get involved.

An online humanitarian survey of Academy members done last fall has unveiled a fascinating portrait of volunteerism. Our thanks go to all Academy members who took time to complete the survey. Of 3,000 emails sent, 664 responded (22%). About two-thirds have provided pro-bono clinical or surgical expertise in the U.S.A., including care in their own office or hospital (54%), in a local free clinic (29%), or in an underserved area—inner-city or rural—outside their own region (14%).

A profile of volunteer demographics emerged, with 37 percent having completed training more than two decades ago, 31 percent from 11–20 years ago, and 31 percent, 10 years ago or less. The vast majority (88%) are in active practice, with the rest being retired or semi-retired. The gender breakdown shows males as 87 percent of respondents, and females 13 percent. Respondents' practices lean toward academic (31%), or group practice/single specialty (32%). Solo practitioners amount to 20 percent, perhaps because it is harder for them to get away.

### *Pitching in locally*

Members engaged in local volunteerism are numerous and include **Barry Hirsch, MD**, who monitors children in two local schools for the deaf, conducting ear exams, removing cerumen, and treating infections and fluid, and **Daryl Colden, MD**, who set up a program to combat domestic violence in New Jersey. **Florian S. Matsalla, MD**, now retired, offers his services to the Jacksonville





Operation Hope's Flora Rafii (center) and Peace Corp volunteer Jenny (left) with patient before nasal reconstruction in Quito, Ecuador.

Free Clinic for the uninsured and underinsured, and has helped equip an ENT room there. Other Academy members report working in free clinics in Chicago and California.

### In crisis

Academy members also step forward to offer help in times of crisis. In the aftermath of Hurricane Katrina, the otolaryngology faculty of Louisiana State and Tulane Universities, who worked heroically, received recognition in 2006 with the Goldstein Award for Public Service. At the height of the crisis, Humanitarian Efforts Committee member Alfred "Jay" Neumann, MD, of Mobile, AL, evacuated patients by helicopter from downtown hospitals. Other Academy members serve in war-torn areas such as Iraq and Afghanistan. Past President G. Richard Holt, MD, MPH, served in both the Gulf and Iraq wars, as a surgeon attached to his Texas National Guard unit.

### Overseas medical missions

The survey notes that just under half of respondents (48.3%) have served as medical volunteers overseas. In order of frequency, regions mentioned were Central America and Mexico (25%), South America (14%), Africa and the Caribbean (both 13%), Southeast Asia (10%), Pacific Rim including China (7%), South Asia, Europe including Russia, and the Middle East (all 5%), and Australasia/Pacific Ocean (4%). Some respondents checked several regions.

Clearly, time and expense play a role in choice of destination, with Mexico and Central America offering easier access than Africa and Asia. Brian F. Perry, MD, of Freeland, MI, notes "I have been seeing patients in El Paso and Juarez, Mexico, for the past eight years—otology only."

As part of their readiness training, military otolaryngologists experience varied locales, including remote deserts, Pacific islands, tropical jungles, and high mountain ranges. The first recipient of the Distinguished Award

for Humanitarian Efforts in 1992, Joan Zajtchuk, MD, who retired as a colonel in the U.S. Army Medical Corps, states, "I was rewarded immensely over the years in providing assistance while I was on active duty." Now she is working at her own expense to establish medical interchanges between Vietnam and her university program.

The overwhelming majority (94%) spent less than 30 days a year as medical volunteers. With time constraints, most medical missions (86%) lasted one or two weeks. Typically, volunteers depart by air on a Friday evening or Saturday, travel by car or bus for a day to a remote area, work long hours caring for patients Monday through Friday, then return the following weekend.

Michael J. Reilly, MD, writes about his El Salvador experience, "The eight-day excursion was a brilliant example of the personal and professional gain that can come from humanitarian medical work—utterly impossible to duplicate in the confines of one's own residency or professional practice. The risks and





Dr. Travis Tollefson with a patient after undergoing midfacial cleft repair in Quito, Ecuador.

rationalization for putting these trips off 'until next year' will always exist, but the rewards are immeasurable."

Of 664 respondents, the average number of missions in the last ten years was 2.74 trips. Most missions were organized by nonprofit groups (70%), with nearly a quarter (24%) organized by the university, clinic, or practice. Our humanitarian program works with more than 60 organizations, ranging from well-known names to small "mom-and-pop" private foundations, from religious groups of every denomination to non-religious groups, from groups specializing in head and neck cancer, thyroid, or cleft repair, to groups that cover the gamut of otolaryngology disorders.

The types of mission split evenly between multi-specialty and single-specialty (otolaryngology only). Clinical areas included general otolaryngology (35%), otology only (17%), facial plastic/reconstructive (17%), head and neck cancer, and thyroid (8%), with 22 percent in undefined "other clinical areas." Lily P. Love, MD, who joined a Global ENT Outreach team on an otology mission to Ethiopia, reports "Our patients had

severe lifelong ear disease—quite a surgical challenge. The local ENT doctors and I assisted in these surgeries, an amazing learning experience. They developed skills that they could use and teach."

### Other contributions

We also asked how our members give to medical causes. In addition to financial contributions (22%), donors gave medical and surgical supplies (25%), educational materials such as journals and textbooks (19%), equipment (16%), instruments (15%), and even furniture (3%). For instance, A. Kristina Hart, MD, currently serving in the military, contributed several shipments of educational materials for African medical schools, developed a process for collecting re-usable medical supplies, and donated funds.

Returning from Kilimanjaro Medical College, Tanzania, Gayle E. Woodson, MD, reports that the ENT department "definitely has pressing equipment needs for an operating microscope (they have three scopes, one of which works), a flexible laryngoscope, and light source, and a sinus telescope. They currently have

no endoscopes. A portable microscope, like the one we take to El Salvador for Operation Smiles, would be very helpful, since they regularly fly to outlying villages to see patients."

On donating textbooks, Dilip Madnani, MD, says, "What I took for granted in my training programs, residents in other countries only read about in textbooks. We have all the latest edition textbooks, technology, and opportunity for research. What would be an incredible service to residents in other countries with limited resources would be to collect past edition ORL texts, journals, and informational CDs that lie around collecting dust, and send them to different training programs around the world...it would be an invaluable resource for them."

### Overcoming obstacles to volunteering

Every volunteer faces some challenges and issues when dedicating time to helping others. Among those most mentioned, finding time (17%) and juggling work and family obligations (16%) are at the top of the list.

Concerns about personal safety (12%), collegial work environment (9%), and professional liability (8%) were more pressing than employer's policies and paperwork hassles (4% each). Finding funding and researching volunteer opportunities (both 8%) continue to be hurdles for some and support from the volunteer organization (8%) vied with coordinating patient follow-up (7%). The International/Humanitarian staff is developing a toolkit for residents and others who need to raise funds for their missions.

### Residents—future volunteers

In the most recent member survey, residents formed a small proportion of respondents (1%), yet they represent an important cadre of future volunteers. In fact, through the Humanitarian Efforts Committee, the Foundation has disbursed more than 70 travel grants to enable residents to go on overseas medical missions. As Kris Jatana, MD, reported after visiting the Dominican Republic, "At times, with the challenges of residency, one can forget the most basic reason for choosing a medical



career—to help people in need. This has been the best experience I have had as an otolaryngology resident.”

To learn more about residents’ experience on missions, a committee member, **Nazaneen N. Grant, MD**, conducted a survey of 53 resident travel awardees. A frequent participant and recipient of a resident travel grant herself, Dr. Grant writes, “These sorts of experiences always create an appreciation for one’s own environment. (They) showed me similarities and differences in the work of otolaryngology in a different economic and political climate. I believe this mission, without a doubt, is the beginning of a pattern of international collaboration that will surely be an integral part of my future practice of otolaryngology.”

Survey results show that mission trips positively influence residents in their surgical and clinical skills, and can even influence their career direction. “The opportunity to join a medical mission is one that every physician should embrace and one that should be available to all who are interested,” writes **Vishal Banthia, MD**. “I am grateful for the experience to make a tangible and positive impact for patients in another country while also acquiring excellent skills useful to my own practice.”

Of the 31 residents who responded, all but one reported positive personal experiences, and nearly two-thirds (65%) felt it enhanced their surgical skills. “This experience was an outstanding operative experience and re-energized my desire to be a compassionate, well-trained otolaryngologist,” remarks **Nathan W. Hales, MD**.

Interestingly, 37 percent did not meet local otolaryngologists on their missions, but of those who did, more than two-thirds (69%) keep in touch. **Emily F. Rudnick, MD**, notes, “I was fortunate to be with my colleagues in both educational and social environments. I was invited to their homes and shared a great deal of conversation, food, and spirit with them. These friendships are vital in strengthening the international medical community between the United States and Cuba, and in bridging the social gap between our two politically estranged nations.”

For 39 percent, their experience influenced future professional choices in some

way, such as fellowship selection, practice type, or helping the underserved. “It was a great opportunity and experience,” notes **Joshua C. Demke, MD**, “I feel grateful to have played a small part in the West Bank effort, and...look forward to continuing similar efforts throughout my career, both in Palestine and elsewhere.”

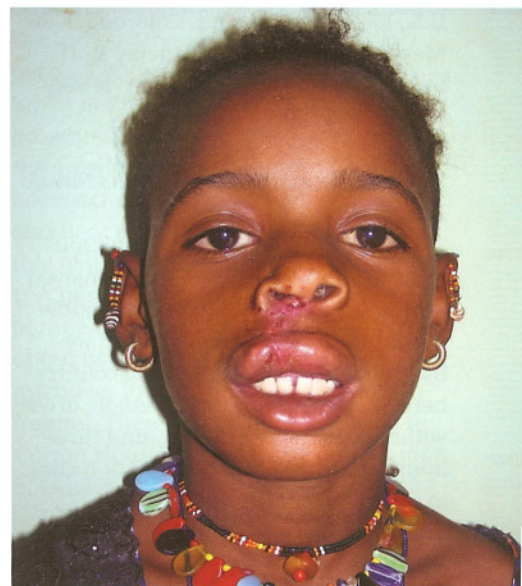
While lack of funding or support from their training programs (e.g., study leave) may militate against taking part in medical missions, there is a clear trend that missions during residency initiate a pattern of international service and professional relations. **Shepherd G. Pryor, MD**, asserts, “This experience fostered a strong desire to keep on giving my time during my career to further humanitarian efforts throughout the world. I urge all residents to strongly consider a humanitarian relief effort at some point in their training. It may just light a spark in you, too.” **B**



Dr Richard Wagner of Global ENT Outreach examines a patient in Addis Ababa, Ethiopia.



Two post-surgery patients treated by Medical Missions for Children’s mission to Centre Hospitalier Universitaire Gabriel Touré, Bamako, Mali, December 7-16, 2007.





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