

# HAVE SCALPEL, *will travel*

HOW MONMOUTH CLINICIANS VOLUNTEERED  
TO TREAT POOR CHILDREN IN GUATEMALA

**NEUVA PROGRESO IS A TINY, REMOTE AND** extremely poor village in the mountains of Guatemala. The local “Hospital de la Familia” has no surgeons on staff and can offer only the most basic medical care. Supporting the hospital, though, is a remarkable philanthropic organization. Four times a year, the Berkeley, California–based Hospital de la Familia Foundation sends teams of U.S. surgeons, specialists, nurses and medical technicians to the facility for two weeks. They contribute their time, pay their own expenses and help to secure donations of medical and surgical equipment and supplies, which they bring with them. This past February, a team from Monmouth Medical Center, made this worthy trip. Team members included orthodontist John M. Young, DDS; pediatrician Debra Harmady, M.D.; anesthetist José Gomez, M.D.; surgical chief resident Adam Silverman, M.D.; and nurses Phyllis Marberry and Evette Robato, along with clinicians from other hospitals on the East and West coasts.



John M. Young, DDS, examines a Guatemalan child with a cleft lip and palate.

“We did clinics every morning, examining 20 to 25 people, and set up surgeries for the next day,” says Dr. Young, a specialist in cleft palate surgery. “Our three surgical teams did 93 operations in 5½ surgical days. Back home I do one or two a day. There I did 10 a day.”

Yes, the surgeons were “worn out,” he says. But it was worth the exhausting effort. “It’s very rewarding,” he says. The patients, mostly Mayan descendants, lived in the jungle. “They would walk for days to bring their kids in. They were so appreciative of the work we did.”

“Monmouth sends a team every two years, so our next mission will be in 2010,” says Dr. Young. “I hope I’m on that one too.” ■

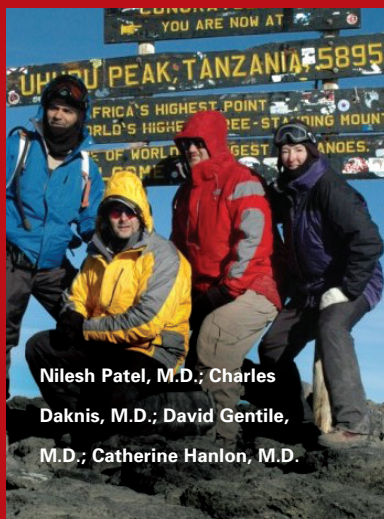
## Another intrepid traveler

Catherine Hanlon, M.D., acting chair of Monmouth Medical Center’s department of emergency medicine, has journeyed as a medical volunteer to such far-flung locales as Antarctica, the Sea of Cortez and the Amazon. But when she turned 50, she needed to tackle a more personal challenge: hiking Africa’s famed Mt. Kilimanjaro.

“I wanted to prove I was still in good shape at 50, and I had always dreamed of climbing it,” says the former Air Force officer from Millstone Township.

An adventure-seeker her whole life—her moniker in the Air Force was Madmedic—Dr. Hanlon had never tried anything as dramatic as a seven-day trek up a 19,340-foot mountain. But she recently took the climb, and she reports that the experience was everything she had dreamed of.

“You start the approach to the summit at night with just a headlamp,” she says. “It’s cold, you can’t see very well. Then there’s a flash of red on the horizon. The sun comes up. It gets warmer. You reach the summit, and it feels like the resurrection.”



Nilesch Patel, M.D.; Charles Daknis, M.D.; David Gentile, M.D.; Catherine Hanlon, M.D.

# Helping kids smile brighter

TODAY'S TREATMENTS TRANSFORM THE  
APPEARANCE OF BABIES BORN WITH CLEFT  
LIP AND PALATE



**IT'S HARD BEING DIFFERENT WHEN YOU'RE A** kid. Just ask anyone who grew up with a cleft lip and palate. One or both of these common birth defects affect one baby in 700. Doctors don't know what causes them, but they occur when tissue fails to fuse together properly in the developing embryo, and they can complicate feeding, hearing and speech as well as mar a child's appearance.

Treatments have been refined and improved in recent years, says Eric Wurmser, M.D., plastic surgeon and director of the Cleft Lip, Palate and Congenital Anomalies Center at Monmouth Medical Center. "Today, patients need fewer procedures, lose less blood, recover faster and have less obvious scarring," he says.

Surgeons can also help kids achieve a normal look sooner. No one appreciates that better than Debra Harmady, M.D., a pediatrician who works with the center. She was born with a cleft herself, and her experiences—most of them bad—motivated her to help others with the same condition. "I am close to 40 now, and I had surgeries starting in infancy right through my 20s," Dr. Harmady says. "My lips didn't look natural until late in the process. Now we make the appearance more natural right away."



Debra Harmady, M.D.

Many children with cleft lip and palate also suffer

the psychological trauma that comes with looking different, says Dr. Wurmser. So they need the kind of multi-disciplinary approach only a center like his can offer. The center includes specialists in those areas, as well as plastic surgeons, dentists and orthodontists, mental health professionals and geneticists. "When the doctors are all available in one place, there is more cohesiveness in care," he says. "Our care optimizes the final result."

Those results are much better than in the past, he says. "I'm 65, and when I was a kid you could tell when someone had a cleft lip," he says. "I would defy people now to tell. The repairs are much more sophisticated, and most people end up looking quite good."

Many of the physicians associated with the center take their skills overseas to help kids born with clefts who don't have access to medical care (see "Have Scalpel, Will Travel" on page 27). For Dr. Harmady, the ability to help others like her is extremely gratifying.

"I get far more back than I give, especially going overseas," she says. She recalls one boy from Mexico, who was 17 and had never been treated for his cleft. "He had lived his whole life with his face covered by a bandana. His older brother saved enough money so they could travel to Guatemala to pay for one surgery. We of course did everything he needed. When his bandages came off and he smiled without his bandana for the first time, we were all hugging and crying." ■