

Caryn M. Sullivan: Medical mission -- adapt, persist, give a kid a chance

By Caryn Sullivan

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While it offers an opportunity to visit another country, a Smile Network medical mission is no vacation. In fact, volunteers spend a week in an exotic location and often return home more tired than when they left. Though they work long days they inevitably leave with a different perspective on life and the satisfaction of making a difference for grateful strangers.

Since its inception in 2003, Smile Network has established 24 surgical sites in 12 countries and performed more than 3,000 surgeries on 60 missions. Each requires planning and preparation and many hands and hearts to pull it off.

Founder Kim Valentini and executive director Maureen Cahill handle the big-picture challenges: securing sites and local partners; working with the media to spread word about the mission on the radio and through posters and local medical personnel; and assembling teams of volunteers. They must also deal with each country's customs regulations and each airline's luggage limits.

People who are impatient, germ-phobic or inflexible would not be ideal candidates for a medical mission. Volunteers must look beyond the fact that bathrooms lack soap and toilet paper to the moment when a mother looks at her child for the first time after a surgery, understanding how it will open closed doors for people who are often shunned by strangers and family alike.

In every country Smile Network must establish relationships with hospitals that can offer access to operating and recovery rooms and wards with 10 to 12 beds where the patients can remain overnight with family. The team needs access to the lab, as well as a suitable space for screening scores of people.

Valentini has conducted many site visits with Dr. Raj Sarpal, the medical coordinator on the Cusco mission. "Though we do not expect the facilities to be like home, we do expect to be able to perform our duties with reasonable safety and sterility," Sarpal explained.

Not every site makes the cut.

Several years ago, Valentini and Sarpal visited a hospital in southeastern Africa. When they arrived, they were asked to wait in a foul-smelling staff break room because no one was available to show them around.

They weren't completely alone, though. A huge rat ran across the floor while they waited. When they pointed it out to a nurse who entered the room she responded that she hoped it hadn't eaten her lunch.

When they finally toured the operating room they were dismayed to find only one of nine lights had a working bulb; instruments were bloodstained; the floor was covered with litter; and the room reeked.

They had to pass on the site, for while they don't expect conditions to mirror those at home and are accustomed to adapting to and overcoming challenges, they can partner only with hospitals that meet safety and sterility standards.

Though conditions in Cusco were nothing like those described above they were still unsettling. The paint was peeling off the ceiling. The waiting area consisted of benches set against a hallway wall. Adults sat for hours rocking crying babies; older children colored pictures on a floor that needed a good scrubbing.

There must be enough volunteers to get the job done but not so many that they overwhelm the host hospital. Though many volunteers have served on multiple missions, no team has served together more than once. Each time, volunteers develop camaraderie and a working relationship, under the direction of a volunteer mission coordinator who handles all logistics on the ground and serves as the point person with the in-country partner and the medical team leader.

Sarpal, an anesthesiologist at Hennepin County Medical Center, has gone on 53 medical missions, most with Smile Network, and always as the medical coordinator. His role involves more than administering anesthesia. He is responsible for the well being of both patients and volunteers who may become ill in locations like Cusco, where altitude sickness is common due to the 12,000-foot elevation.

Sarpal also sets the surgery schedule, a task that entails juggling and difficult decisions. "If I don't have room on the schedule for some patients, it's heartbreaking for everyone," he says, but families are always encouraged to return in the future, when they will be given first consideration.

For the past several years, Smile Network has had a strong working relationship with the president and first lady of Cusco's regional government. The first lady has helped to spread the word about missions and has drawn upon on a network of women to support families who travel to mission sites without food and lodging.

Last July, the organization screened 150 potential patients in Cusco, too many to accommodate in one visit. With the president leaving office in December, they were asked to schedule another visit, for it is impossible to know whether a new administration would be as cooperative and supportive, and politics are one of many intangibles with which the nonprofit must contend.

All of the medical personnel take personal time off to participate in the same kind of work they do at home (under better conditions). They also transport donated medical equipment. sutures and medications.

Asked what motivates him to participate, Sarpal said, 'Nobody understands the value of these opportunities better than a boy growing up in India.' He uses his vacation time to present underprivileged children with an opportunity to integrate into society, obtain work and have families.

"Without this simple procedure, many of these children are relegated to back rooms of their homes, hidden from the public and, occasionally, their own families without hope of ever having a meaningful life," he says, noting that watching the families' reactions when they see their children after surgery never gets old.

Funding medical missions is an ongoing challenge. Next week, I will share how Smile Network finances its work.