

They come in tears and leave with big smiles



■ There's a saying that goes, "When the student is ready, the master will appear." There's another that says, "The wisest teachers learn from their students."

That was true for Ibrahim M. Daoud, M.D., a general, laparoscopic and breast surgeon, and director of the minimally invasive surgery center at Saint Francis Hospital and Medical Center.

"I'm on the faculty at UConn, and on a Saturday in August of 2001, I was interviewing medical students who were potential candidates for the surgical residency program. I spoke to eight students, and two happened to talk about medical mission trips. They both spoke with excitement and I got all excited."

Daoud went home and found that his family didn't quite share his enthusiasm, except for his son Vladimir.

"He said, 'Yeah, I'd love to go.' I didn't expect that."

He looked into Doctors without Borders, an international organization that provides assistance in more than 60 countries, and decided that their two-month commitment in a war zone was a bit more than he was able to undertake.

"That was not for me. I was looking for one week, in case I hated it."

A dentist from his church was involved with a non-denominational ministry organization, Medical Ministry International, which did two-week mission trips.

"I asked, 'Do you have a one-week trip?'" Daoud recounted with a smile.

Through that group, he and Vladimir decided on a mission to Ecuador.

"I had no expectation. We packed our suitcas-

Accommodations were less than first-class. "I slept on a bed that sank to the floor. The first day, my son got [a shock] because there was electricity in the shower."

He was the only surgeon among the 70 volunteers.

"I asked, 'Who's going to help me?' They said, 'No one.' I said, 'I need help. I need instruments. I can't do surgery myself.'"

Waiting at the hospital were 400 people who spoke only Spanish, which Daoud does not.

"The hospital was a primitive place. There was mildew on the scrub sinks. There was blood on the floors. There were holes in the walls, and broken lights and doors that didn't close. It was in terrible, terrible shape. I had no idea what was going on. I was lost in space."

Feeling overwhelmed, with lines of patients to be seen, **Daoud put sheets on the hard tables and began examining patients with the assistance of a retired vascular doctor.**

That first day, a woman pregnant with twins in the breech position needed immediate surgery.

"I said, 'Why are you talking to me? I'm not an OB/GYN.' They told me if I didn't operate she would go back to her town, and she would die and her two babies would die. This was my first procedure down there, a C-section. We had no Betadine. There was nothing to wash her with.



There was a box with 10 instruments. Usually, we have 300 to 400. I've never done a C-section. I said to my son, 'You are my assistant.' I took the first baby out and gave it to him."

The two boys and the woman survived. The woman asked for the doctor's name.

Seven years later in the Dominican Republic, someone from the mission met a little boy. He was Ibrahim Daoud Rodriguez, one of the two boys that Daoud delivered that first day in Ecuador.

"That is my favorite story here," Daoud said. "I did seven C-sections that week. But that day was the turning point."

Even cases that were within his specialty, such as the young girl with the ruptured appendix, were challenging.

"Antibiotics? We didn't have any. IV fluids? We didn't have any. They cost 45 cents. We give someone \$10 and say, 'Go buy some.' That girl had pus in her abdomen. Here, we would have done the surgery laparoscopically. There, we had to clean the pus out, but there was nothing to suck it out with. We had to try to scoop it out, but you can't scoop it all out. She went home on our last day there. She was doing great. This was a miracle. Something miraculous made her survive."

Getting home was another miracle. Somehow, he found, his airline ticket had been canceled.

Daoud said he returned to Connecticut a different man. "That trip was a significant event in my life. This is so emotional for me. It changed

my life forever. Men don't cry. I had tears in my eyes when I came back to the hospital. We have everything. Why am I here? I should be there."

He has been on a dozen medical missions to places such as Ecuador, the Dominican Republic and Bolivia, performing hundreds of operations.

Each year, he brings more people with him. The first year, it was just his son. The next trip involved 10 people. The third one had 18, and the fourth more than two dozen.

For the most recent trip, jointly sponsored by Saint Francis International Medical Missions and Medical Ministry International to Bolivia, there was a waiting list of people wanting to go, both from Saint Francis and beyond.

The living conditions on the missions are rustic and the volunteers often work long hours, sometimes around the clock, because the need is so great.

"We work as a team. You'll see a surgeon mopping the floor," said Daoud, who closes his Hartford office when he goes on these missions and pays his own way.

Volunteers are responsible for their own expenses, and if they can't afford the trip, Daoud sometimes contributes out of his own pocket.

"I was raised in the Middle East, in Lebanon, as a poor kid. I know poverty very well. That's what drew me to become a doctor," he said. "When I went to Ecuador, it reminded me of my childhood."

He credits the hospital for subsidizing employ-



A growing number of Saint Francis physicians are joining medical missions to places like Ecuador, the Dominican Republic and Bolivia.

ees and now co-sponsoring the trips, as well as donating thousands of dollars in medical supplies. **“Saint Francis is an integral part of these missions. It’s nice to have the support.”**

Daoud said he learned after the first trip to bring along everything from lights to fans.

Practicing medicine on the missions is different in every way.

“Here, a patient comes in and they’ve already seen a medical doctor. They’ve had an ultrasound. There, they walk in from the street and say, ‘I have a pain in my stomach.’ When I ask about their past medical history, they don’t know what I’m talking about,” he said.

He said it’s a valuable experience for medical and surgical residents to be part of a medical mission and is looking into making that a part of the curriculum. **Without being able to rely on tests and lab results, the doctors must think on their feet and solve problems as they go, with limited supplies.**

Daoud is already planning his next medical mission, in March 2010.

“I get humble when I go on these trips. They live in real poverty. They have nothing. Poverty in this country is when you have one car or one TV. But they are happy, even though they have nothing,” Daoud said.

“Here, I’ll see someone in the elevator and they don’t say hello. They’ll turn their head and I’ll wonder what I did. There, they are so happy. At night when there are no nurses, who helps

them? Their families. We put them in one room. The one who had surgery yesterday helps the one who had surgery today. They work as a team,” he said. “It humbles me. The community is just amazing. They come in tears and leave with big smiles. That’s worth a million dollars.”



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