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Seasons

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SALAD DAYS: IT'S SO EASY EATING GREENS

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SAVIORS IN SCRUBS

ESSAY: SHAWN ZIMMERMAN

From left to right: Dr. Linda Taylor, Dr. Robert Fuller, Dr. Ibrahim Daoud

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Saviors in Scrubs

In less-developed countries, Connecticut doctors are helping to save lives, village by village.

OKENE, Nigeria— Ranging in age from 14 to 84, the women come in droves to the free makeshift clinic set up by Faith Care of Connecticut. Dr. Linda Taylor, a gynecologist who practices in Farmington and is on staff at Hartford Hospital, has journeyed three times to Africa as part of this program to help indigent women who have no access to health care.

Wide-eyed, high-cheek-boned, their heads wrapped in the traditional gele of gloriously patterned and colored headdress indigenous to the Ebira women of western and central Nigeria, they camp out overnight to be among the first to be seen, then wait in temperatures exceeding 110 degrees: girls who are pregnant, mothers with abdominal pain, women with excessive bleeding. Many of them have AIDS. The majority of them have never seen a physician before.

Taylor's team of doctors, joined by Nigerian surgeons, has set up in a trailer. To say conditions are substandard is an understatement—these American doctors often operate with no electricity or running water.

"We operate without an operating table, just on a regular table. When one surgery is finished, we literally have to roll the patient off for the next one," Taylor says. "We operate in daylight, with a headlight, or even with a flashlight. We do surgery with women's legs supported by sticks and duct-taped to the table."

They bring with them desperately needed but egregiously limited supplies: gowns, drapes, surgical supplies, antibiotics, syringes and needles. They have a portable ultrasound unit, but no "fancy machinery" and no general anesthesia.

"When you first get there," Taylor continues, "it is ingrained in you to be sterile, but the sterilization solution is limited and we have limited instruments."

Petite, soft-spoken, and unassuming, the veteran physician describes her mission work with humility, but adds a hefty dose of practicality. The medical services she and her colleagues provide from eight in the morning until nightfall—removing huge fibroid tumors, performing hysterectomies, treating infections and pelvic inflammatory diseases, delivering babies—is both a gift of the heart and a way to share years of training and expertise. In turn, the Nigerian women are grateful, occasionally even paying for life-saving services with the gift of a live chicken.

"Here in the United States we are very lucky. We have so much. I believe everybody should do whatever they can to help people who are less fortunate," she says. "This is the work I want to do when I retire."

SANTA ELENA, Ecuador – A truck with loudspeakers broadcasts the news through the impoverished coastal village nestled on a crescent on the Pacific: *The American mission is coming! If you need surgery, come to the village!* Word spreads. Infants, children, men, women, the young and the old alike make the pilgrimage with hope in their hearts. Since 2001, Dr. Ibrahim Daoud, in conjunction with St. Francis Hospital and Medical Ministries International, has made fourteen missions, to Ecuador, Bolivia, and the Dominican Republic, reaching populations that desperately require medical care, performing life-saving surgeries: hernias, gall bladder and thyroid operations, and Caesarean sections. Daoud acknowledges that without treatment they would not survive; with treatment, they can go back to work, and put food on the table for yet another day.

Born in Lebanon to a family of extreme poverty, where medical care was inaccessible to the poor, the 63-year-old Daoud has made it his lifelong calling to give back to others. The slightly graying, mustachioed surgeon is exuberant and purposeful in his dedication. His first trip to Ecuador was an epiphany: despite the filthy conditions, hospital facilities in disrepair, pharmacies with empty shelves, lack of running water, limited supplies and shortage of food,

he remembers, "It was all worth it if I could save even one life."

Every mission, consisting of groups of 50 to 70 doctors, requires six months of organization and preparation. Each physician packs two suitcases loaded with donated medical supplies, leaving a little room for personal items. While on his twice-yearly missions, Daoud mentors medical students and residents who accompany his team; this on-site training and teaching helps prepare doctors for future trips—a geometric progression of good will. "I believe in multiplication," he says. "My goal is to train other people. Anyone can come if they are willing to pay their way and take the time off."

With no available chest x-rays, blood tests, or nearby blood bank, and working with limited instruments, they operate on dozens of patients in one week. Such is the heartfelt dedication that for one particular surgery during which a patient lost six pints of blood, members of the team volunteered their own.

For the doctor, gratification comes in immeasurable returns: the way that the patients respect and trust the doctors, their deep appreciation, the way, notwithstanding their own pain, they help one another in recovery. At day's end, over a dinner of rice and beans, and with no cell phones or television, the medical team recharges with hours-long conversation, only to wake up the next morning and begin again. "The more I do this," Daoud says, "the more I want to do it. We work for a week in chaos. We come back with tears in our eyes."

PORT-AU-PRINCE, Haiti—It is one o'clock in the morning, several days after the island's cataclysmic earthquake. Dr. Robert Fuller, Medical Director of the Emergency Department at the University of Connecticut Health Center, leads the discussion to what is known as "austere medicine." The group of doctors and nurses sit around a ping-pong-turned-conference table strategizing about how to respond to the next day's demands: the sea of patients still waiting for help, the need to establish post-op wards, the threat of tetanus and other infections, the pressing need for supplies, and the logistics of organizing new teams of doctors, with nurses and volunteers arriving from all over the world. As piles of bodies line the streets, the medical challenges are boggling.

It is, in fact, austere medicine that drives Fuller, who thrives on the discipline he has accrued working in the villages of St. Lucia, in the aftermath of 911 in New York City, and after the tsunami in Indonesia, where he learned experientially how to function optimally in the wake of disaster. Fuller was poised to go to Haiti when the opportunity arose under the auspices of the International Medical Corps, a nonprofit humanitarian organization. His wife and three daughters are deeply supportive of the urgency and unpredictability of this part of his life. The vigorous, youthful physician landed in the Dominican Republic within 48 hours of the tragic quake, was picked up by the United States Air Station Coast Guard of Clearwater, Florida, and was transported via a C-130 military aircraft to Haiti, where his headquarters were in the Hopital de l'Universite d'Etat d'Haiti, in Port-au-Prince. All he took with him was his backpack containing survival items—a water filter, calorie-laden Clif bars, a stethoscope, a mosquito net, some clothing.

"It was a mess," Fuller recalls. "There were 800 patients with crushed limbs lying on the ground or on cardboard. They had mangled extremities, but had survived." There were 400 corpses outside the morgue of the hospital and bodies strewn along the streets with no way to remove them. "We just got crackin'," Fuller says. "Our immediate plan was to get to work. We went looking for patients and dragged them in. We identified the orthopedic patients. We'd take off dressings and clean out the maggots and flies, wash the wounds, straighten their bones, put on a splint, hand them a latex glove filled with antibiotics. We worked with a translator right beside us."

The small assemblage of physicians initially included Fuller, two other American emergency room doctors, two orthopedic surgeons, and two retired French surgeons. The ER docs devised an ingenious triage system, writing a numerical and letter code in indelible marker on the left upper arms of patients, who lay body to body on the surrounding grounds, to indicate the severity of their conditions. "A code of three random numbers meant get to the operating room," Fuller explains. "Two numbers and a letter indicated that a patient needed surgery but could wait. All we did were amputations. We did 16 operations the first day—pretty impressive since we virtually had no supplies."

In the ensuing days, as more medical teams and supplies arrived, Fuller assumed a supervisory role—communicating, commandeering, and coordinating medical personnel and volunteers.

Fuller relishes the intellectual challenge of accomplishing a task with limited resources and marginal facilities, and the ingenuity required to get the job done. Back in Connecticut, dressed in blue scrubs and cargo pants, he enjoys his specialty. But should a global tragedy befall, he is prepped for mission. Accordingly, his ready-to-go backpack is propped on the floor of his closet at home, equipped with supplies for survival and self-sufficiency. "I'm sort of parked on the edge of the next disaster," he admits.

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