

# Doctors OF GOODWILL

Taking their Hippocratic Oath to heart, these Upstate alumni volunteer their medical expertise in extraordinary ways: eradicating evil, bringing opportunity, changing lives, and as change agents raising awareness. —By Renée Gearhart Levy

## Putting a New Face on Violence

No one would guess the violent history that brought the young woman from Ethiopia to the United States just by looking at her. A year ago, her face would have given it all away.

Since July, Douglas Halliday, MD-PhD '79, HS '84, has performed a dozen facial reconstruction procedures on Tiggist, whose face was pushed into a fire a decade earlier by a witch doctor trying to burn her newfound Christianity out of her.

“Most people, as their face gets close to the flames, would back off on their beliefs,” says Dr. Halliday. Tiggist did not and ended up with second- and third-degree burns that left her heavily scarred and her skin unevenly pigmented.

She was brought to Central New York through the sponsorship of a Syracuse-area church, which in turn brought her to Halliday. “There really wasn’t anyone who could help her in Africa,” he says.

Helping those who need it has become something of the norm for Halliday, a Syracuse otolaryngologist who specializes in facial plastic surgery. “It’s the way I was raised,” he says. “I mean, how can you say no to these people?”

About 15 years ago, Halliday became a member of the American Academy of Facial Plastic and Reconstructive Surgery’s pro bono committee. At the time, most of the group’s work was done internationally—such as cleft palate surgery in developing countries.





Doug Halliday, MD-PhD '79, HS '84, at a press conference announcing his selection as honorary chair of the 2008 Vera House White Ribbon campaign to raise awareness about domestic violence. The honor recognizes Halliday's long-time assistance to battered women needing facial reconstructive surgery.

"That's all perfectly worthwhile, but I felt like there was a lot of good we could do in our own communities," he recalls.

For years, Halliday had treated battered women referred to his office who were indigent or had no insurance. "I knew there was a need," he says.

Thus began the Academy's National Domestic Violence Project, which teamed doctors in various communities with domestic violence resource agencies for referral. Halliday regularly treats battered women referred by Vera House, a Syracuse women's shelter and crisis center, mostly with fractures of the nose, orbit, or jaw. "I may treat three patients from them in a month and then not again for a year," he says.

Halliday earned both his MD and a PhD in immunology simultaneously at Upstate, and then stayed on for his residency training

in otolaryngology and became chief resident. "The emphasis was very much on reconstruction," he says. "It provided a great foundation."

He then spent a year working in practice with a Virginia facial plastic surgeon, before returning to Syracuse to open his own practice.

Today, Halliday's practice is divided half between facial reconstruction surgeries, including head and neck cancers, and aesthetic cosmetic procedures.

"There are those who would criticize a career that caters to treating people's vanity, but the truth is, there are very few people who don't care about their appearance," Halliday says. "You can improve someone's life by making them feel better about themselves."

He is the only authorized doctor in the state outside of the metropolitan New York-area performing the Lifestyle Lift, a new face-lift procedure performed without general or IV-sedation. "Because it's very safe and requires only about a week's recovery, it's become very popular," says Halliday, who trains Upstate's otolaryngology fellows in cosmetic surgery procedures at his office.

In recognition for his work with Vera House, the group has named Halliday its "Honorary Campaign Chair" for the 2008 White Ribbon Campaign to raise awareness about domestic violence. "It's a fundraising vehicle on their part, but I'm very honored to be chosen," he says.

In addition to that voluntarism, Halliday also spends every other Tuesday at St. Joseph's Hospital's indigent clinic, one of only two otolaryngologists to do so.

"I think it's really important for physicians to serve as role models in their communities, says Halliday, who believes community service is part of that, whether it's donating medical services or coaching Little League.

He recommends Tracey Kidder's *Mountains Beyond Mountains*, about Dr. Paul Farmer's work in Haiti, as "simple proof that one person doing good deeds can make a difference."

While Halliday says the goodwill generated from good works is a wonderful practice builder, the true reward is internal.

"It just makes you feel great," he says.

## From the Heart

Much of the film *The Last King of Scotland* takes place at Malago Hospital, portrayed as a glowing example of modern advances brought to Uganda under the regime of Idi Amin.

In truth, the hospital was built by the British a decade before Amin came to power, and until recently, had no pediatric intensive care unit or any facilities for pediatric cardiology, cardiac surgery, anesthesiology, or cardiac intensive care.

That's changed in the last several years, due largely to Keith Kocis, MD '87, who directed efforts to install both a pediatric ICU and pediatric cardiac surgery program at Uganda's premiere medical facility.

Dr. Kocis, director of Pediatric Cardiac Intensive Care at the University of North Carolina-Chapel Hill School of Medicine, was looking for a way to honor his friend and colleague, Amal Murarka, MD, who was tragically killed in a car accident in 2003. Early in his career, Dr. Murarka spent a year in Uganda conducting research on the transmission of AIDS from mother to fetus and was part of the team that discovered how to prevent that transmission.

"International health was very important to him and it seemed fitting to do something in Kampala, Uganda, where he worked," says Kocis.

With assistance from Murarka's family and colleagues from UNC, Kocis created the Dr. Amal Murarka International Pediatric Health Foundation and in May 2005 embarked on the first mission trip to Uganda. Kocis and four colleagues hand-carried 350 pounds of medical equipment on the airplane to establish the first pediatric ICU in Uganda.

"Unlike many medical missions that are focused on basic health and preventive medicine, our focus was on providing hospital-based critical care. That's what our expertise is in and that is the contribution we wanted to make," Kocis says.

The need was almost immediately apparent. While the team was beginning their installation they resuscitated a child who collapsed before them in the emergency room. "We hadn't finished unpacking equipment or begun training the staff," he says. "But this kid was dying and we just jumped in and saved him."

Kocis's team spent two weeks in Kampala training physicians, nurses and other staff to run the ICU at the hospital, which is affiliated with the medical school at Makerere University and also trains pediatric residents. "We felt like there was good potential for them to keep this going on their own," he says.

After his return, Kocis discovered that a colleague from his pediatric residency, Craig Sable, MD, now a pediatric cardiologist at Children's National Medical Center, was involved in setting up a diagnostic pedi-



Above: Keith Kocis, MD '87, is greeted at Malago Hospital by Ugandan pediatric cardiac surgeon, Tom Mwambu, MD.

Kocis and his team performed 10 pediatric cardiac surgeries in facilities in a pediatric cardiac surgery suite they established in Uganda in October.



## An Ounce of Prevention

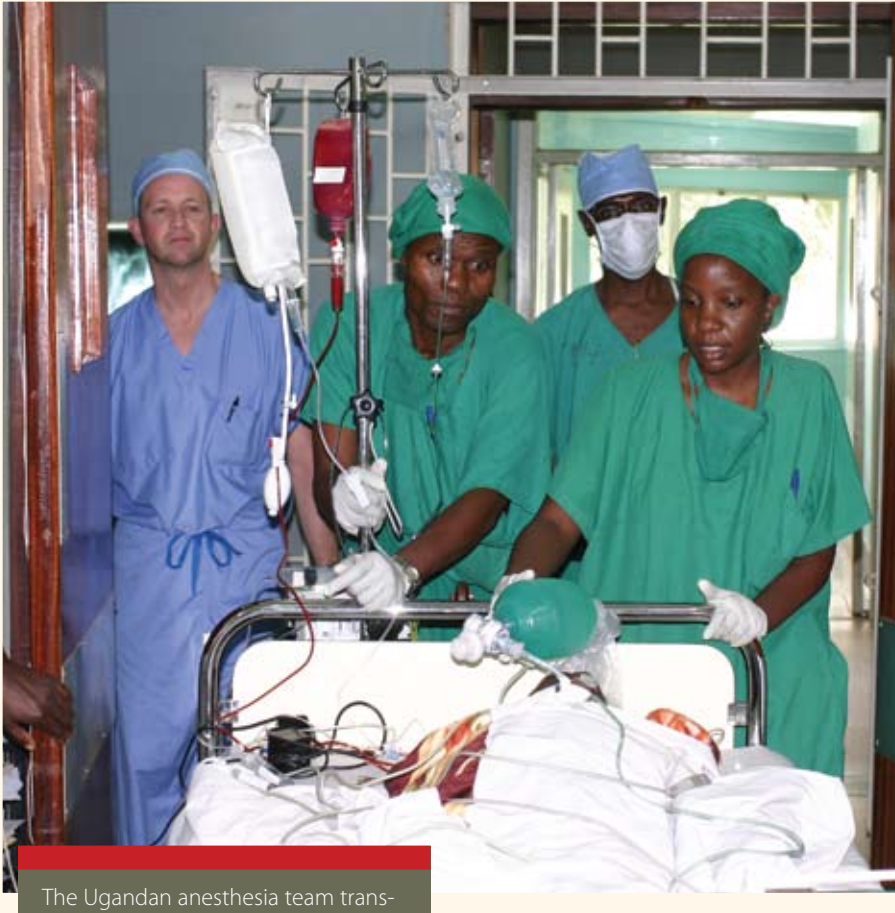
For many years, treating patients with diabetes made up the bulk of the patient population for Santa Barbara nephrologist Michael Fisher, MD '68. Unchecked, the disease causes heart problems, stroke, and nerve damage—triggering amputations, blindness and kidney failure with more frequency than any other ailment. The more Dr. Fisher considered the physical costs and social and financial burden of this manageable and preventable disease, the more committed he became to doing something about eradicating it. So Fisher set out to fight the number one trigger of the disease—obesity—targeting his efforts on children. “If we can get them started with healthy lifestyles they are more likely to have healthy lives,” he says.

It all began one morning when Fisher, medical director of the acute hemodialysis unit at Cottage Health System since 1984, looked out at the patient population beginning dialysis that day and realized that most of them were Latino (where there is a genetic predisposition), and most were diabetic and obese. “The medical literature was suggesting that a lot of this is totally preventable. That the pre-diabetes doesn't have to turn into diabetes—with some exercise and an 8-10 percent weight loss we can prevent the patient from getting diabetes,” he says.

Fisher thought that instead of spending all this money to extend life for one or two years, perhaps it was time to devote resources to preventing the disease altogether. “Clearly, if we invest something now, we can save billions later,” he says.

The result was the creation in 2000 of the non-profit Diabetes Resource Center (DRC), an effort to prevent diabetes through obesity prevention in children. With Fisher at the helm, the organization is run by a collection of health professionals, researchers, social workers, dietitians and educators. “We spent the first couple of years learning about the problem and then started writing grants so that we could do something about it,” says Fisher, who served as a Peace Corps doctor in South America from 1969-71.

Much of the DRC's outreach targets at-risk Latino school children. In January



The Ugandan anesthesia team transports a patient from the operating theatre to the cardiac ICU.

atric cardiology clinic at the medical school at Makerere University. The two joined forces, merged resources, and embarked on the goal of establishing pediatric cardiac surgery, pediatric anesthesiology, and pediatric cardiac intensive care units at Malago Hospital.

In October, a medical team of 22 made the trip to Uganda to work side by side with medical practitioners there to physically install the three units and provide necessary medical training, going without sleep for days in the process. “We didn't want to just come in, do it, and leave, we wanted to build a sustainable program,” Kocis says.

Over a week's time, the American medical team worked with their Ugandan colleagues to perform 10 pediatric cardiac surgeries, including seven cardiopulmonary bypass cases (atrial and ventricular septal defect closures, and resection of a subaortic membrane), and the first open-heart surgery

performed in Uganda since the 1970s (which made front-page news in the Kampala newspaper and later a visit from Ugandan President Yoweri Museveni).

“They had begun bypass surgery in Uganda in the 1960s but that was dismantled under Idi Amin's regime,” says Kocis, who met one of Uganda's pioneering thoracic surgeons during the visit.

Bringing practitioners from around the world together to achieve a common goal has been far more satisfying than Kocis ever imagined.

“This effort was very personal to me from the beginning because it honored the memory of a wonderful person, but it became even more after developing relationships with the medical staff in Uganda and seeing how much they do with so little,” he says. “We performed surgeries on 10 kids but there are thousands more. One thing I learned working in Africa is that you'll never end all the problems there. This is a partnership that will last a long time.” (For more information, see the team's blogsite at <http://uncugandateam.blogspot.com>)

2006, with a \$250,000 grant from the California Endowment, the Diabetes Resource Center launched the Carpinteria Childhood Obesity Initiative (CCOI), an advocacy project focused on the underserved children and families in nearby Carpinteria, designed to engage participants in habits of good nutrition and exercise.



A key component to the Diabetes Resource Center initiatives are wellness programs, such as these athletic and fitness programs in Carpinteria, targeted at low-income children at risk for diabetes.

The Diabetes Resource Center was the brainchild of Michael Fisher, MD '68, who serves as its president.

“We look at Carpinteria as our laboratory,” says Fisher. “It has a microcosm of the population we’re interested in. Sixty-six percent of the children are Latino and poor. And there is a tremendous preponderance of diabetes among their parents and families.”

Expanding from an initial involvement with 40 children to several hundred at two elementary schools and a middle school, the program includes sports and exercise groups, organic gardening, cooking classes for parents, and nutrition programs.

Building on that success, the DRC developed an Early Wellness Center targeted at pregnant mothers and pre-school aged children in an effort to further affect social change in the community to prevent obesity.

At the high school level, the DRC has created a “Health Corps” for students interested in the health sciences. “We’ve got a training program to teach them all about the obesity epidemic, the cultural issues, and give them opportunities to volunteer in our clinics and the Wellness Center.”

As much as is possible, the organization has tried to involve the entire community. “If you don’t literally have the village working to solve this daunting problem, you can’t do it,” says Fisher. “When the community buys in, understands the complexities of it, and everyone is involved, then you can make a difference.”

The next step is to undertake a longitudinal study—following children from birth



through the twelfth grade—to see if the environmental changes actually do lead to a decrease in obesity. Dr. Christina Economos, professor of nutrition at Tufts University, and Dr. James Hill, founder of the national grass roots organization, America on the Move, are considering partnering with Fisher to create a Framingham-like study for children.

The DRC is already partnering with Tufts to study environmental change and obesity in first- through-third graders in Santa Barbara and is applying for a more comprehensive grant from the California Endowment to replicate the Carpinteria programs in Santa Barbara. Early Wellness Centers throughout Santa Barbara County may be in the works.

Despite the national epidemic of obesity, Fisher believes people are becoming more mindful of its risks and complications. “

“The truth is you can change anything if you have people on board and they have a little passion because they understand the



Clockwise from top left: Kengtung Christian Hospital operating room, circa 1961. Dr. Dahlberg performs a cleft lip repair on an infant. Nurse Nang Rachel Kyiao is giving anesthesia by putting a finger over the exhaust side of the suction circuit, diverting the air stream through a bottle of ether and on through a copper tube hung in the corner of the patient's mouth. (The charcoal braziers heating the OR had to be removed before surgery to prevent ether explosion.)

Dr. Keith Dahlberg, MD '54, at home.

Kengtung Christian Hospital, 1962. The boy in the far bed was in a hip spica cast for compound femoral fractures after running in front of a machine gun after a military coup. The boy in the near bed had second and third degree burns after stumbling into the cooking fire at home.

A Burmese medical student volunteer teaches village health workers in Putao, Burma, 1998.

consequences," he says. "We hope to make a difference by helping members of our community learn that healthy lifestyle choices can lead to healthier lives and prevent this from becoming the first generation of children to not outlive their parents."

## Jungle Medicine

**K** eith Dahlberg, MD '54, came to Upstate Medical University with plans to become a medical missionary. The first 15 years of his career were spent working for the American Baptist Churches/USA, running hospitals in remote areas of Burma and Thailand, where he developed a unique expertise in tropical medicine.

Eventually, Dahlberg and his wife, Lois, a nurse and graduate of the former Syracuse General Hospital School of Nursing, settled in Kellogg, Idaho, where he practiced family medicine and she was a school nurse. After retiring from office practice in 1993, he spent 10 years

doing *locum tenens* work ("We like to travel," he says) as well as volunteering in locales such as Ukarumpa, Papua New Guinea, at Kwai River Christian Hospital, Sangklaburi, Thailand, and in Burma's Kachin State.

"Originally, I was asked to come back to Thailand to fill in for a doctor who was taking a leave. We did, and that's what got the whole thing started," he says.

The Dahlbergs returned to Thailand to fill in for doctors taking vacation or an extended leave, using earnings from *locum tenens* fees from work in the United States to pay the cost. Over 10 years, the Dahlbergs spent between a month and nine months in this capacity every year or so.

"There aren't a lot of people who have the experience we have and who speak the languages," he says. "We're familiar with the culture and the medicine so it was quite easy to go back."

Not to mention fascinating.

In 1996, the Dahlbergs had their first



Clockwise from top: Peter Adasek, MD '65, making rounds in Budapest, Hungary, 1998; with children in a Czech Republic orphanage; and with Dr. Saleh Shajrai, Zarga, Jordan.

opportunity to return to Burma since all foreigners were evicted during a government coup 34 years earlier. They were invited to assist in an effort initiated by the Burmese government and World Concern of Seattle to teach diagnosis and treatment of simple illnesses to village women in Northern Burma so that they might help care for their families and neighbors.

“We were in some villages where they hadn’t seen a Caucasian person in 35 years,” he says.

Dahlberg’s experiences ranged from primitive, such as Northern Burma, to Thailand’s Kwai River Christian Hospital, which attracts medical students and residents from the United States and around the world who come to get an initiation to tropical medicine and rural surgery.

“It’s a lot of fun to work with them and teach them, and to see the research being done on jungle fevers,” he says. “It’s fun to see things that no doctor has seen before. And

even though not all the cases turn out well, it’s especially rewarding to resuscitate a baby whose mother was having eclamptic seizures on arrival, or to use the new test strip for falciparum malaria and have IV medicine flowing within a half hour of the patient’s collapse into coma.”

## Combating Child Abuse and Neglect

Recognizing child abuse as a problem was a relatively new concept in 1970 when Peter Adasek, MD '65, entered private practice in Colorado Springs, Colorado, but it was apparent he had a special rapport with abused children and he soon became the child abuse specialist in his multi-specialty group practice. “Typically, I would evaluate a case and eventually go to court to testify,” he says.

In the course of testifying in many such

cases, Dr. Adasek was stunned to learn how often an abused child was returned to his or her family simply because the family had a more experienced lawyer than the young district attorney, and appalled at how many of them ended up re-abused. He also realized why other pediatricians were reluctant to take these cases—some were uncomfortable with testifying in court; many more were dissatisfied with the level of reimbursement and the time court proceedings kept them out of their medical practices.

By the mid seventies, Adasek had developed a reputation as the “local expert” in child abuse. He opened his own office and invested in a set of video equipment, which was brand new in the consumer marketplace.

Adasek began videotaping his examinations and interviews with abused and neglected children to produce better evidence. Not only did his tapes prevent many children from having to return to court and testify multiple times, they also increased the conviction rate. Once he had a critical mass, Adasek used these tapes to produce a teaching video, *It’s Safe to Get Involved*, intended to encourage physicians to document abuse cases in their practices.

In 1982, Adasek showed his video at the International Conference on Child Abuse and Neglect in Paris. Encouraged by the interest it generated, he returned to Colorado Springs, found someone to cover his practice, packed his family in a motor home and spent the next several months traveling the United States giving talks on child abuse awareness at hospitals, medical schools, police departments and social service departments.

An article published in *Contemporary Pediatrics* generated even more interest, and he was deluged with lecture requests. Unfortunately, many of the places that needed the information most couldn’t afford a speaking fee. When Adasek’s attempts to find underwriting from the pharmaceutical industry failed, he began to cover the travel expenses himself. “It was interesting that there was always money if you were pushing a drug for a pharmaceutical company but if you were

just pushing information, they didn't have any money for you," he says.

After a serious car accident in the mid-1980s, Adasek left clinical practice. He went to law school with the intent of prosecuting child abuse cases (and even interned for famed San Francisco defense attorney Melvin Belli) but was turned off by legal maneuverings and the emphasis on financial outcome.

Instead, he decided to re-focus his energies on child abuse prevention through increasing awareness of the issue. For the last 20 years, Adasek has traveled throughout the United States and internationally to share his expertise: how to determine the difference between accidental trauma and abuse; how to confirm the diagnosis; how to document the abuse and to testify on behalf of the child.

And he's done the majority of it at his own cost. His remuneration, he says, has been the knowledge he has "broached this important subject that has been taboo on many locales, helping children there in the process."

For his contributions, Adasek has been named Advisor to the Minister of Health of the Czech Republic and was awarded honorary membership in the Czech and Slovak Medical Associations and Czech and Slovak Pediatric Societies.

"Awareness of child abuse is much greater than it was 30 years ago throughout the world," says Adasek. "It's great to have been part of making that happen."

## A Higher Calling

**O**bstetric fistula, a devastating child-birth injury caused by unrelieved obstructed labor, affects women and girls living in poverty throughout the developing world. As a result of these injuries, women with fistula leak urine and sometimes feces, causing them to be shunned by their communities. Most are relegated to the edges of society and for those who can't access treatment, their suffering and isolation is life-long.

Repairing this ailment has been one of the most rewarding experiences in the career of Charles Marshall, MD '49, who has spent much of the last 14 years treating women with vesicovaginal fistula in the Ivory Coast as a medical missionary.



Left: Obstetric fistula patients celebrate after recovery from surgery, cared for by Doris Marshall and an African nurse.

Below: Doris and Chuck Marshall, MD '49, served in the Mercy Ship in Sierra Leone, West Africa, in March 2004.



"West African women are subject to terrible birth trauma. They get an obstructed labor and are stuck out in a village somewhere with no medical help, then end up with holes in their bladder and rectum," says Dr. Marshall. "The repair is difficult. It's been a real challenge, but then challenge is part of my nature."

Over the last 30 years, Marshall and his wife, Doris, have lived and worked in 19 countries in South and Central America, India, New Guinea, and Malaysia, as medical missionaries.

It began in the late 1970s, when, after 20 years in private gynecological practice, Marshall became disillusioned with the course of his work and his partners' emphasis on producing a high income. With the youngest of their four children in college, the Marshalls, devoted Christians, decided to refocus their lives. They joined the Christian Service Corps (similar to the Peace Corps) and went off to Washington, DC, for a three-month boot camp focusing on language, cultural understanding, and religious training.

The Marshalls spent the next two years in Chonju, Korea, where Dr. Marshall worked on the gynecological service with Korean physicians and residents at Presbyterian Medical Center. "This was a wonderful way to begin our mission service and was probably the best experience we had. It was a very good teaching hospital, close to the housing compound with dedicated veteran missionaries," he says.

Since Korea, the Marshalls have spent six-to-seven months a year abroad, in venues ranging from Thailand, where they traveled with a mobile medical corps escorted by Thai military to local villages serving Cambodian refugees, to the nomadic Somalia desert, to a premier hospital in Kenya, and then to Vlore, Albania, which was one of their least productive medical-hospital experiences.

"It was a spiritually deprived place," Marshall recalls. "The country had been under a communist, atheist government for 40 years that had destroyed all the churches, mosques, and synagogues. That darkness was pervasive."

Since 1994, the Marshalls have served eight times in the Ivory Coast, which he calls their "home away from home." They returned from their last trip in May 2007, and may return this spring, if Doris's health allows.

"We are starting to feel the need to slow down," says Marshall, who is now 80 and Doris, 82, "but we will continue as long we are physically and mentally able."

While he recognizes their way of life is not for everyone, Marshall says it's been incredibly interesting and satisfying. "We don't worry about how much money we've got in the bank. As long as we've got food on the table and a roof over our heads, the Lord provides all we need." ■