

# HEART

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the bugs are more rampant, the landscapes more desolate, and the medical knowledge and recourses extremely scant; where families travel for days on old, windowless school busses so their child can get a cleft lip fixed (a procedure normally done at birth in U.S. hospitals) or much needed vaccinations; where a "hospital" is little more than a couple rooms with beds. Places where people ride mules more often than cars, and they're grateful for the care.

## Carrasquillo in the Dominican hills

A note on the receptionist's window adjacent to ubiquitous Norman Rockwell prints, in General and Vascular Surgeon Dr. Thomas Carrasquillo's office, says this is more than a profitable private practice. The note requests that patients donate unused medications; just give them to Carrasquillo's staff, the note said, and he will see they are used to help the needy.



CARRASQUILLO

Carrasquillo, 52, encouragingly tall, large handed, a gentle Puerto Rican native, has been practicing in Cape Coral for 28 years. Six year ago he was contacted by the

Catholic Diocese in Orlando, asking for his help. Since then, he has traveled through that organization to the Dominican Republic on a regular basis, to perform pro bono surgeries on migrant workers. He's always hustling for supplies, he said - medication, bandages, qualified nurses and doctors - to aid missions carried out on the western edge of the Dominican Republic in the province of San Juan, near Haiti.

"They have nothing," Carrasquillo said. "It's very rudimentary."

Mission director Sister Bernadette Mackay, who splits her time between the states and the Dominican Republic, relies on doctors such as Carrasquillo for medical care in that part of the world.

"He's just a wonderful person," she said. "A wonderful leader, very, very personable...he remembers the smallest details about his patients."

Last September, Carrasquillo met and examined an older woman at a gas station in San Juan who had a malignant tumor in her arm the size of a watermelon. Carrasquillo and his team removed it. Now, he said, she's doing well. A picture after the surgery, minus her arm and shoulder and surrounded by family, shows the woman's ear-to-ear grin.

The Diocese sends multiple teams of 55 to 60 volunteers throughout the year, Carrasquillo said. They examine the ill in villages, gas stations, in the fields, wherever they can find them. Many are transported down from mountainous terrain, by mule, into the nearby San Juan, where there is a small rural hospital. There, family members sleep on cardboard in the hallways and Carrasquillo's team provides care before, during and after operations.

"We take full control of those patients while we're there," he said.

Most of the surgeries are for hernia repair or gall bladder removal, he said. The geography and lifestyles in the area contribute to the need for these operations specifically. Locals toil in area fields harvesting crops such as coffee, plantains and onions.

"The average worker earns between four and five bucks a day, so it's a pretty desolate area," he said.

Ear, nose and throat doctors will often perform other kinds of surgeries such as tonsil removal or thyroid sur-



gery.

"They'll do tonsils all day long, from sunrise to sunset," Carrasquillo said. "Chronic tonsillitis is rampant there."

Goiters - thyroid glands that grow to an abnormally large size - are also a major problem, he said, because of a lack of iodine in the diet.

"They're huge goiters," he said. "And when I say huge, I mean the size of a grapefruit."

Teams also perform prostrate surgeries and reset broken bones that never healed properly.

"We're basically the big provider of medical care in that area," Carrasquillo said. "They have doctors, but they are very rudimentary, because of limited training."

That's why some training programs have been initiated there. Local women have been taught to deliver babies, give injections and suture minor lacerations. It's worlds away from the medical expertise available to developed countries.

"When we go back there, we don't have CAT scanners, we don't have ultrasound, so you're going back to your basic skills as a doctor," he said. "Another thing is, those patients are so grateful. And there's no paperwork, there's no malpractice. Basically, you see a patient, you identify a problem, you fix it and they go home, without all the rigamarole."

Carrasquillo, who lives in North Fort Myers, and has two grown children and two grandchildren, said going to the Dominican Republic can be explained simply.

"I always tell people, when you do these things you get a hell of a lot more out of it than you put into it," he said. "You feel like you've really accomplished something, you really do."

## Humanitarian Gardner

Dr. Paul Gardner spends about two weeks every year far from the relative comfort and cosmetic enhancements of his plastic surgery practice in Bonita Springs. He travels with Operation Smile, a national organization which dispatches teams

**Top, a hospital hall in Paraguay crowded with patients and their families waiting in line for cleft lip repairs; below, Dr. Thomas Carrasquillo examined this Dominican Republic woman's huge, malignant tumor in a gas station in San Juan. "She said it was causing her a lot of pain," he said.**

COURTESY PHOTOS

of medical personnel to impoverished communities around the world, where they repair cleft lips and cleft palates.

These disfigurements, holes in the lip or roof of the mouth, are normally corrected at birth in American hospitals. But the defect mostly goes untreated for children Gardner has seen in Vietnam, Thailand, Peru, Brazil, Honduras and Bolivia. This assures a lifetime of disease, malnourishment, speech impediment and social outcast status. The majority remain shut in at home; one 10



GARDNER

year-old Gardner met was banned from his local school.

"Every kid has a story, but there are certain ones that stand out," he said.

On a mission in Vietnam, a 26-year-old farmer waited more than a week to get a cleft lip corrected, but his age prevented him from getting priority. Gardner and his wife Amy eventually took him into an operating room and performed the surgery themselves, using local anesthesia.

"He wanted it so bad, because he had never kissed a woman," Gardner said. "He said he just wanted that opportunity."

Gardner led 60 volunteers to Paraguay last year, and remembers this story:

"I did a cleft repair on a young medical student who has had a terrible time communicating her entire life because of her deformity," he said. "Even with that, she managed to make it through college and is now in medical school. The surgery really opens up the world for this young woman."

It was his eighth mission with Operation Smile. On each trip, some members of the team arrive in advance to secure a hotel, some accommodations being better than others.

"Sometimes it's a really nice hotel," he said. "And sometimes it's a dump with bugs crawling on the wall."

Then they meet and organize a three-day screening period. Children who will benefit the most get first priority. Many come - sometimes 500 hundred patients - but the team is usually able to operate on only 100 or 150.

"Whole families will take a school bus for two or three days, and sleep outside, just to get the opportunity to see a doctor," Gardner said. "Sometimes we work out of hospitals that have been shut down. We bring our own lights, generators, instruments, anesthetics, and antibiotics...the organization chan-

nels volunteers and provides supplies."

Gardner chooses to work with Operation Smile because it's so well organized, he said. The mission group is headquartered in Norfolk, Va. and has local chapters in 15 states, as well as 26 partnering countries which it runs missions continuously throughout the year. The required donation to repair a cleft lip is \$240, the website claims. That operation takes about 45 minutes.

"When I take two weeks off to do these trips, I know there's going to be, one, patients, two, there's going to be equipment that will work so we'll actually be able to operate on them. Three, this organization only brings volunteers that are safe and know what they're doing."

Volunteers are board certified plastic surgeons, like Gardner, anesthesiologists, nurses and other doctors.

"It's a very emotionally powerful thing to transform a kid's life in one operation," he said. "Parents are often very despairing. The kids grow up ostracized, teased. It's not much of a life."

For Gardner, the trips are a healthy juxtaposition to life in Florida.

"It really grounds me," he said. "We have so much in this country that we take for granted every day and here's a place where they have nothing. Though what you find is, they're just as happy if not happier - now I don't want to in any way discourage our way of living - but it makes me appreciate what we have."

Gardner said he plans to start a Florida chapter of Operation Smile in the next couple of years. Call 1-800-OPSMILE to make a donation or visit [www.operationssmile.org](http://www.operationssmile.org) for more information.

## Heart to heart

Dr. Robert D. Pascotto repairs the hearts of indigent patients during three annual trips to the Cabral Hospital in Santiago, Dominican Republic. He said the hospital is little more than an empty room. There, 520 beds serve a population greater than 3.2 million.

"It's not a tourist area," he said. "It's in the middle of the country. There are no recourses. And there's basically no help. We do everything from A to Z, so to speak."

Pascotto, who started the Cardiac Surgical Program in Fort Myers 30 years ago, created the "Heart-to-Heart" program in 2002; since then, his teams have successfully operated on 170 patients at the Cabral Hospital.

"The patients are very grateful," he said. "The people are just delightful."

The 12- to 14-member group he leads all pay their own way and give up vacation time to go. They and the supplies they bring are it. The teams do an excellent job under "battlefield" conditions Pascotto said, with electricity and air conditioning flickering on and off and bugs sometime get in the OR. (Although he notes there have been no infections.)

After the volunteers return from a mission, Pascotto said, "They know why they're in medicine. I haven't had a person who's gone who doesn't want to return. They work twice as hard there, and they all want to go back."

The majority of the operations include life-saving heart surgery, which means installing a mechanical valve. Pascotto said the surgery would cost \$50,000 minimum at Lee Memorial Health System for example, assuming there were no complications.

"Here, if you have a heart problem be it coronary artery disease or valvular heart disease, if you show up in the ER you'll wind up having a heart operation if you need it," he said. "There, there's no mechanism for having a sophisticated operation like this performed."



PASCOTTO