

## EDITOR'S MESSAGE

# Volunteering to help others needs no translation

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After carefully placing my bulging Crumpler backpack in the overhead bin, I greeted my neighbor with “Ni hao” and sat down in 34E. I closed my eyes and exhaled. It was time to sleep.



Five weeks earlier, I received a very unusual e-mail. Way of spam and Nigerian lottery schemes, I almost deleted the note: Pediatric Hand Burns in China – Plastic Surgeon Needed. After investigating this opportunity, I discovered that HandReach, a non-profit NGO (non-governmental organization), was preparing for the organization’s first clinical exchange, with Air Force General Hospital in Beijing. In the past, patients had been brought to the United States for burn reconstruction, but limitations in scalability prompted a paradigm shift. Now the goal was to bring U.S. clinicians to mainland China for teaching, service, and collaboration.

Unfortunately, the two senior surgeons withdrew at the last minute, and the mission was in jeopardy. Alan Chambers, MD, a hand

fellow from Massachusetts General Hospital, wanted to know if I could join him.

### **The international reach of a hand**

With laser-sharp focus, impressive internet penetration, a virtual team of clinicians, and carefully selected corporate sponsors, HandReach is singularly committed to providing pediatric hand burn reconstruction in China. Led by Brecken Swartz, PhD, who became inspired to organize this group after she adopted a Chinese girl with a previous burn injury, HandReach has the potential to become “The Smile Train” or “Operation Smile” of burn reconstruction. “I was able to help my daughter, but what about the other 4 million children in China who are burned each year and do not have access to care?” Dr. Swartz has said.

To help fund this venture, Dr. Swartz, who serves as executive director of HandReach and has a faculty appointment at the University of Maryland, has harnessed the power of 20 million women in China. These amazing individuals – television producers, lawyers, accountants, factory workers, and farmers –

belong to AngelMom, an internet-based charity that raises money for injured children, one *renminbi* at a time. By linking with AngelMom and using the infrastructure of a governmental hospital, HandReach can provide high-quality, free care to countless children in China. It turns out that one person can make a difference. The internet tears down the barriers of geography and mobilizes the power of people, as we move further into our post-modern era of globalization.

My own experience with mission work has been limited. I recognize the value of such endeavors, but for me personally and professionally, this has not been a priority. I have dabbled with international outreach (Nicaragua in 1994 to introduce laparoscopy, and Cambridge in 1999 to help set up a DIEP program), but I have been reluctant to lead a team overseas. My rationalization includes the usual suspects of indifference: "I am too busy at work," "I have a young family," "I have too many patients who need my help at home."

I certainly had not planned to visit China in 2010...In January...With no knowledge of Mandarin...

Defying logic, I said yes.

### **A world both foreign and familiar**

After getting a Chinese visa, clearing my calendar, and contacting the other team members by email, I boarded a plane to Beijing. In my marketing, strategy, and operations classes in business school, we studied China extensively, but actually going to China felt altogether different, even unsettling. I would be immersed in a several-thousand-year-old culture and working on the front lines of a foreign health care system. I wanted to share what I knew about surgery and I wanted to represent our country well.

With nearly everyone else on the flight asleep, I watched the GPS monitor show our slow but steady progress over the North Pole, Siberia, and Mongolia.

I was filled with a strange mixture of excitement and disbelief. In less than two hours, I would touch down in a communist country. As an obvious minority in a heterogeneous group of more than 1 billion people (who happened to have the fastest growing economy in the history of the world), I was dreading whether or not I could communicate.

Touchdown was perfect. After meeting the rest of the team in customs, we passed through the thermography scanners (used to identify anyone with a fever) and were greeted by our coordinator and translator, Qi McIntosh. Having travelled now for more than 24 hours, we did not enjoy the luxury of going to our hotel, but rather, we were taken to a formal banquet where our hosts were waiting to greet us and welcome us to their country – imagine eight exhausted American in jeans and sweatshirts meeting a delegation of Air Force surgeons, therapists, and nurses dressed in full military regalia. Their graciousness was palpable, their desire to learn endearing, and their appreciation genuine.

The two groups bonded instantly, over a feast of duck feet, pig lung, bovine carotid artery, donkey rump and, of course, beer to wash down these culinary treats. Many toasts were made, and when toasts are made in China, the expectation for men is to finish the entire glass of alcohol. By the end of the evening, I was told that I was a true Chinese man.

The next morning, work began. Cao Weihong, MD, director of the burn center, led us on rounds, where we selected patients who we thought would most benefit from our

combined services. Using a two-team approach, we functioned as true collaborators, performing 85 operations on nine patients in three days. Specific procedures included contracture releases, skin grafts, groin flaps, tendon transfers and joint reconstructions. Based on cultural expectations and aesthetic considerations, amputations were almost always avoided. While most of the surgical planning and procedures had a distinctly Western feel, the postoperative care, including pain control, had a largely Eastern approach that involved acupuncture, herbal medicine, and a Chinese version of Reiki – a Japanese technique for stress reduction and relaxation.

### **The world is watching**

The events were documented not only by many members of the Chinese media, but by David Ross Smith, a film producer for National Geographic, who intends to create a documentary about HandReach. During the first case, 18 photographers, videographers, reporters, and students converged in the O.R. to watch us perform a DIP arthrodesis. The following morning, this story of medical exchange and collaboration was featured as the lead article in the *Beijing Times* – sharing the front page with another story about a 7.0 earthquake in Haiti. It was at this moment that I realized how interconnected our world is (and could picture many of my fellow plastic surgeons mobilizing to provide medical care in that country).

The resourcefulness, skill, and dedication of Dr. Cao's team was remarkable and on a par with any group of American surgeons. What was fascinating is that we were able to operate with these surgeons without having to say much. We were linked by our profession and connected by our calling: to serve patients with burn injury. This

commonality allowed us to transcend any differences in language, political ideology, or even taste in food. Communication, it turned out, was quite easy.

The week concluded with an academic conference, filled with lectures, farewells, and presentation of gifts. This time with the Americans wearing suits and the Chinese out of their military uniforms, we were treated to an unforgettable day of cultural sightseeing that included Tiananmen Square, the Forbidden City – and McDonald's.

I did not get a chance to see the Great Wall. But I have already decided that I will visit this ancient wonder on my next visit to China. I settled into 34E, closed my eyes and exhaled. I slept almost the entire way to San Francisco.