

Plastic surgeon blazes new training path from Kabul to the West Bank

BY JIM LEONARDO

ASPS member Kaveh Alizadeh, MD, personifies a directive attributed to poet Ralph Waldo Emerson: “Do not follow where the path may lead; go instead where there is no path, and leave a trail.”

As president of the charitable care organization Mission: Restore, Dr. Alizadeh is blazing a trail for reconstructive surgery training in foreign countries and enclaves beyond the reach of adequate health care – in many ways, forgotten populations – which serves the overall goal of the group’s aptly named “Forgotten Patients Project.”

His objective is to advise and assist local hospital officials and surgeons as they build plastic surgery training and education programs that allow their physicians to stand alone to help the local populations. “These countries don’t want people to come there and perform surgery for two weeks, only to pack up and leave,” he says. “That approach leaves many patients behind.”

As a plastic surgeon affiliated with Mission: Restore – its charge is to provide plastic and reconstructive surgery, education and infrastructure in the United States and abroad (missionrestore.org) – Dr. Alizadeh is targeting two areas of the world that haven’t enjoyed true peace for years: Afghanistan and Palestine.

The Long Island, N.Y., plastic surgeon was scheduled to return to Afghanistan in March after a November 2011 visit, but the killings of nine civilians allegedly by a U.S. Army Staff Sergeant scuttled that plan. Dr. Alizadeh used the open days created by the cancellation to visit Palestine – the site of contested land and borders for millennia – on March 3-12.



Clockwise from top: Kaveh Alizadeh, MD, (center) in Afghanistan in 2011; children in Ramallah, Palestine, play in the street with toy guns; a sign at the entrance of Kabul Hospital asks visitors to leave their weapons outside before entering.

West Bank intrigue

“Mission: Restore approaches places that are not typical volunteer destinations,” Dr. Alizadeh tells PSN. “The focus is on areas where there’s a large population with a huge demand for plastic and reconstructive surgery services, but that has no infrastructure or enough native plastic surgeons to address the complex issues that exist.”

“The occupied territories of Palestine is one,” Dr. Alizadeh adds. “There are more than 4 million people in Palestine – and one trained plastic surgeon in the West Bank to treat the entire population. There’s been a cycle of dependence created by local medical centers that are backed by nongovernmental organizations (NGOs) and that take care of

complicated reconstruction problems; the native surgeons have become dependent upon the NGOs to come and do their work.

“But there’s no one rising among the doctors to take it over, because there’s no training program in place,” he notes. “We want to provide native surgeons who have an interest but not the infrastructure, with the ability to create a training program, and recruit and train the next generation of plastic surgeons – and take care of their own problems.”

However, in attempting to solve problems for others, Dr. Alizadeh in March found himself in situations that could have quickly become dangerous. One such recurring scenario involved Israeli checkpoints through which he had to pass to and from Ramallah Hospital in Palestine’s West Bank.

“A wall separates the Israeli and Palestinian sides, and it’s manned by Israeli soldiers. It’s a conflict zone, no doubt,” he says. “We went through multiple checkpoints where we were stopped and questioned by security personnel or soldiers – often they were age 18-20, and not understanding of the nature of our visit. I had great conversations with Israelis and Palestinians who separately seek to collaborate but are unable, due to the untenable daily constraints of sociopolitical circumstance.”

For example, Israeli Jews who want to help volunteer on the Palestinian side are discouraged, and the Palestinian Arabs with an interest in conducting research in the highly respected laboratories of the Jerusalem Medical School are prevented from crossing the check points, Dr. Alizadeh says.

Under the radar in Kabul

Similar circumstances existed in Kabul, Afghanistan, during Dr. Alizadeh’s visit in November. The plastic surgeon notes that many hospitals there don’t seek American volunteers due to security concerns. “Here was a scenario where I was volunteering my services at the emergency hospitals, but they were worried about their internal security if an American was noted to be working there.”

Afghanistan represents another challenge in terms of plastic surgical training: It’s a country of 29 million people and steeped in more than 33 years of war that has left it with only two full-time, fully trained plastic surgeons. Dr. Alizadeh stayed at a nondescript guest house to avoid being detected and traveled in nondescript cars to and from the hospital.

“You quickly realize that your survival is dependent on acute observational skills – watching people’s movements in the streets while staying under the radar,” he says. “A favorite photo I took was of a sign just outside Kabul Hospital, which reads: ‘Please



check all your weapons at the gate before walking into the hospital.”

Despite the daily challenges, Dr. Alizadeh was impressed by the level of commitment of the hospital administration and local physicians to advance the clinical training of the indigent population – and he’s actively engaged in bringing plastic surgery training when the political climate settles down.

The build-up

While invested observers lament the lack of diplomatic progress in this part of the world, Dr. Alizadeh focuses on what he can change: establishing reconstructive plastic surgery as a discipline that can be relied upon by the region’s needy – a ground-up process, he says.

“In the West Bank, we met the Palestinian Health Minister at the Ramallah Hospital and discussed how we would address their needs,” Dr. Alizadeh recalls. “First, I conducted a needs assessment: I spent time inside the hospital, met with the head of surgery and the head of resources, and with others who work with the NGOs. I visited the O.R.s to gauge their supply and technology levels and to see just how they worked, and I went to the burn center to see what they’re doing and how they’re doing it.”

“I spent another day doing the same at the surgical specialty hospital in Nablus,” he says, “the second of three cities that have major hospitals – the third being Hebra.”

These visits provided the background he needed to compose a proposal that will serve as a memorandum of understanding to spell-out the responsibilities of and the working relationship between Mission: Restore and Ramallah Hospital “to help build the capacity for an educational program for the future,” Dr. Alizadeh says.

The education program is rooted in the “teach a man to fish” concept. “Mission: Restore doesn’t feel that its surgeons should focus only on the surgeries at any given time,” he says. “It needs to be the native surgeons; we’ll be in the O.R. with them, but we won’t be performing the surgery.”

“On other mission trips, a team of surgeons, anesthesiologists and nurses fill the clinic and O.R., and perform dozens of surgeries before moving on – which is fine,”

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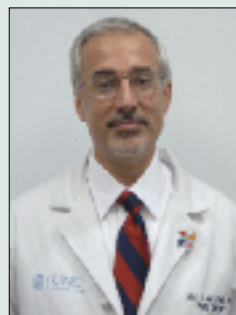
N.C. plastic surgeon instrumental in Palestinian Cleft Society’s start

BY JIM LEONARDO

The surname of ASPS member John van Aalst, MD, is Dutch, but the maternal side of his lineage is rooted in Palestine – which may explain his devotion to serving that population’s reconstructive surgery needs.

“I still have family in Bethlehem, Jerusalem and Ramallah,” Dr. van Aalst tells PSN. “My mother was born in Tulkarm, Palestine, in 1927. Much of the initial surgical work I performed in Palestine was done at the hospital where she was born; the building still stands. In addition, grandmother was a nurse at the hospital and my grandfather was the pharmacist.”

This connection in part has led Dr. van Aalst, Chapel Hill, N.C., to complete 18 mission trips over eight years, targeting cleft lip and palate repair in Palestine’s West Bank. In 2007, Dr. van Aalst founded the Palestinian Cleft Society (PCS), which elected him as its first president.



John van Aalst, MD

Ready to serve Palestine

The PCS was created in partnership with The Smile Train, Operation Smile, Palestinian Red Crescent Society, Palestinian Medical Society, Palestinian Ministry of Health, and Resurge. By all measures, it has become an independently functioning cleft society, Dr. van Aalst says.

The PCS comprises the disciplines of dentistry; ENT; genetics; neurosurgery; nutrition; oral surgery; orthodontia; otolaryngology; pediatrics; plastic surgery; social work and speech pathology. In addition, research is represented among the many PCS committees and an annual meeting is held each fall.

Dr. van Aalst says that beyond bringing badly needed cleft repair to the region, there’s another, less-visible plank that he would like to develop within the PCS platform: bringing Arabs and Israelis together to collaborate on cleft care. “It’s working!” he says.

The rule of three

At PSN press time, Dr. van Aalst was slated to return to Palestine on May 16-29, where the PCS will perform procedures in Hebron, Nablus and Ramallah. It will mark the first time that PCS teams have operated simultaneously at three different sites, he says.

A cleft repair center has opened at the Al Bireh Charitable Building in Ramallah (with a full-time coordinator), and a dental chair has recently been installed there for the provision of free dental care, he adds.

Weekly speech assessments are conducted at the Center, and a surgery clinic is held each Saturday morning. Since 2004, the PCS has performed more than 850 free cleft and craniofacial surgeries. For information, go to palestiniancleftsociety.com. PSN

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Affiliations: AAPS, ASRM, ACS

Medical Degree: UCLA

Years in Practice: 10

ABPS Certification: 2002

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Affiliations: AAPS, ABPS, ACS, ASRM, ASMS, ACAPS, PSRC, European Plastic Surgery Research Council, The World Society for Reconstructive Microsurgeons

Medical Degree: University of Pennsylvania

Years in Practice: 12

ABPS Certification: 2000

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Medical Degree: University of Michigan

Years in Practice: 10

ABPS Certification: 2003

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Past ASPS/PSF Board Position: None

Current ASPS/PSF Committee Work: Cosmetic Surgery Alliance, Ethics Committee

Past ASPS/PSF Committee Work: Marketing Committee, Pathways to Leadership, Risk Management Committee, Videotape & CD-ROM Subcommittee

State and Regional Society Involvement: Allegheny County Medical Society, Chairman of the Board and Immediate Past President

Affiliations: ASAPS, Northeastern Society of Plastic Surgery, Ivy Society of Plastic Surgery

Medical Degree: Temple University

Years in Practice: 25

ABPS Certification: 1989

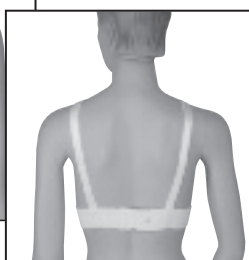
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Mission: Restore

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Dr. Alizadeh notes. “Our approach is to do surgery with them rather than for them.”

Veni, vidi, vici

The installation of surgical capability in the forgotten portions of the world by Mission: Restore relies on a three-pronged approach that could be summarized as “here, there and always.”

Physicians from abroad are brought to the United States where they are provided with accommodations by local plastic surgeons and institutions, to gain a full understanding of the treatment process from start to finish – with admitting, informed consent and managing post-op care among the many topics addressed.

Next, a Mission: Restore team travels outside the United States to the local institution to which the surgeon belongs, and engages that surgeon and his or her institutions “in a very intensive format,” Dr. Alizadeh says. “We stay with the surgeon in the O.R. and help him or her through difficult operations, mainly through direction rather than direct participation – unless we’re absolutely needed,” he explains.

The third element is the physician’s ongoing participation in didactic conferences held in the United States and that utilize Skype technology for weekly “face-to-face” interaction, with participants sometimes half a world apart.

“We also ask that each surgeon submit to a standardized testing – much as residents here do,” Dr. Alizadeh adds. “In that way, we know that each surgeon is maintaining a set of standards that we would expect of physicians here.”

“To their credit, these native physicians and surgeons are willing to submit to these



Dr. Alizadeh meets with Afghanisthan Minister of Health Soraya Dalil and Cure Hospital Medical Director Rick Manning in Kabul in November 2011.

same standards, and they do it on their own,” he says. “No one’s forcing them – they want to partner with us because they want to show to themselves that they have their own standards.”

Opening new dialogue

Next up as potential partners are reconstructive surgeons in Burma, officially known as Myanmar, “a country of 55 million with four plastic surgeons serving the entire country,” Dr. Alizadeh says. “There’s going to be a lot of need for capacity building.”

So continues Dr. Alizadeh’s trail-blazing: Burma is a military government in transition, with a health-care system that in 2000 was ranked by the World Health Organization at 190th – the worst performing of all countries (*who.int/whr/2000/*). However, in mid-April, Burma’s government learned that the European Union would suspend the economic and trade sanctions that it had installed in response to Burmese political repression.

“This action should create an opening to the West,” Dr. Alizadeh says. “That will make future collaboration much easier.” **PSM**