

EXCEPTIONAL

People

MAGAZINE

September/October 2019



Creating a Winning
Company Culture Inspires
Ingenuity - Part 2

How to Cultivate
Employee Talent
for Maximum Value

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IMPROVING
EFFICIENCY,
ONE ROCKET
AT A TIME

DR. KAVEH ALIZADEH
SUSTAINABLE CHANGE:
NOT JUST SKIN DEEP

Slow Medicine:

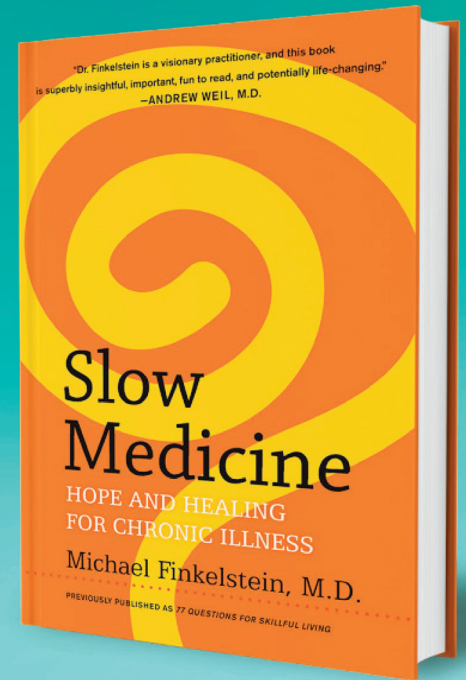
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DR. MICHAEL FINKELSTEIN

**Award-winning doctor of Internal Medicine and
Integrative-Holistic Medicine**

Dr. Finkelstein is a medical blogger for Dr. Oz, Sharecare and The Huffington Post. He is the founder and executive director of The Slow Medicine Foundation, and is the founder and medical director of SunRaven: The Home of Slow Medicine, a wellness center located on a farm, in Bedford, NY.



DR. KAVEH ALIZADEH

**SUSTAINABLE CHANGE:
NOT JUST SKIN DEEP**

EXTRAORDINARY PROFILES

In a world obsessed with physical beauty, the plastic surgery industry is booming. But where some surgeons simply nip and tuck the skin, Dr. Kaveh Alizadeh also looks to improve the structure and strength of the bones and muscles underneath for a more natural, integrated look that lasts.

Looking below the surface is kind of how Alizadeh operates, even in the way he donates his time. Where some surgeons generously donate their skills, Alizadeh also looks

to improve the structure and strength of the local medical communities for, well, a more integrated change that lasts.

The result is Mission: Restore, a new kind of surgical non-profit focusing on more impactful change through education.

Alizadeh is passionate about Mission: Restore. When he recently spoke at the YPO Global Leadership Conference in Cape Town, South Africa, he described what it was like



to be a child living in the chaos of war-torn Iran. With his father arrested and imprisoned as the country became embroiled in the 1979 Islamic Revolution, young Alizadeh was naturally confused and scared.

All he wanted was to have his father released, for his family to live in peace, and to play with his friends again. But in order to survive, he and his parents were forced to escape their country. While Iran writhed in the

agony of political upheaval, they made it to the U.S. as political refugees. Tragically, his two uncles were not as fortunate.

Graduating from high school in Englewood Cliffs, New Jersey, Alizadeh was admitted to Cornell University and attended Columbia College for pre-med. He received his MD from Cornell with commendation from the Dean.

Alizadeh was obviously a smart, hardworking, and driven young physician. But he also knew he was lucky. He could still feel the loss, fear, and abandonment of innocent victims of war and terrorism. Unable to stay put while suffering occurred, he volunteered his surgical skills at Afghan refugee camps during the same year that he completed his residency at the University of Chicago Hospitals.

Since then, his professional career and reputation as a tireless volunteer have soared. Every year Alizadeh has

travelled the world donating his skills to correct pediatric cleft lips and palates, burns, and genetic or accidental disfigurement. But over the years he became frustrated with organizations that only delivered surgeries on location with limited follow up.

So Alizadeh founded Mission: Restore to create a more sustainable solution. Mission: Restore provides local surgeons the knowledge, training, skills, and support needed to treat patients in their own local communities



across four continents. Its volunteers also use telemedicine technology to provide long-term follow up and collaboration worldwide.

Chief of Plastic and Reconstructive Surgery at Westchester Medical Center and Associate Professor of Clinical Surgery at New York Medical College, Alizadeh has served as president of the largest and oldest plastic surgery center in North America. Alizadeh directs the

Clinical Research Division of Cosmoplastic Surgery and is credited with developing new breast, abdomen, and eyelid-lift techniques. He opened his own private practice on Park Avenue in Manhattan in 2014.

Alizadeh's humanitarian volunteer work has earned him the prestigious Ellis Island Medal of Honor and numerous other citations. He regularly appears on major network news as well as leading national magazines and

newspapers. He has authored numerous publications and has given extensive presentations at the national and international level.

Dr. Kaveh Alizadeh is a kind soul and a force to be reckoned with. You're sure to learn and grow from our recent interview with him.

Monica: It is just absolutely amazing the lives that you have touched and will continue to reach through your Mission: Restore program. What was the driving force, first of all, behind your desire to build a profession as a plastic surgeon?

Dr. Alizadeh: I went to medical school intending to become a neurologist or a psychiatrist. I got a scholarship to medical school, and that was my intention until my third year in medical school, where you have to decide as to which career you want to pursue. That's the year when the medical students start rotating into hospitals with different specialties.

I had the good fortune of spending time in the New York Hospital Burn Unit. During that time, I was exposed to the work of plastic surgeons and their transformational operations where they were able to take someone who was entirely disfigured, and return them to normal again, either by skin grafting or using flaps. That was very inspiring to me, and I decided that was what I wanted to be when I grew up.

Monica: It's indeed working very well for you.

You have developed a fantastic program, Mission: Restore, which provides medical and surgical care to citizens around the world and in developing countries. When you first began working as a volunteer with African refugees in camps, as well as in other countries, how were you received or perceived as one who was coming into another country from the outside?

Dr. Alizadeh: I've been fortunate enough because of the nature of what we do, which is primarily to go and teach and train doctors. We're always well-received despite the political environment of the native country where we work. Afghanistan was no different. Having spent the past 20 years just doing volunteer work regularly, you get to learn that everyone's the same.

All humans are the same. They're all appreciative when someone's willing to take the time to focus on their lives and to help improve them. So, Afghanistan was

undoubtedly a challenging place to go and work, but we always felt welcomed by the local people and the patients or doctors alike.

Monica: What are some types of conditions that you treat through Mission: Restore?

Dr. Alizadeh: As I mentioned, I've been doing volunteer work for the past 20 years – 21 years now. I first went to the Afghan refugee camps, which you stated, as a medical student. That was in 1993. That was 26 years ago.

That was the moment where I felt this kind of work was impactful enough that I wanted to dedicate my life to it when I finished my training. I completed my training by the year 2000 when I started my practice, and I have not missed a year since. I've not missed a year of going and doing the work since 1998.

I've been doing this every year, at least twice, if not three times, a year. We've learned that to be effective, the work you do has to be sustainable.

So to be sustainable, the accountability has to be transferred to the local people we work with, because the work essentially ends the minute you leave that location and that country.

The colleagues you're working with on location are the ones who have to assume the responsibility from day one. You go in there to help them with your experience. However, patient care is always done by local doctors and nurses.

Once we learned that, that's how Mission: Restore was born. It was born in response to a crisis, which was the Haiti earthquake in March of 2010. That's when my colleagues and I talked about going there and setting up these sustainable programs. We said, "You know what? Let's go and see if we can do this in Haiti."

We responded to the Haiti earthquake within a week of it happening. What we learned from Haiti was that the infrastructure and the resources for the local doctors were not quite in place yet. So, then we pivoted, and we said, "Okay. Now we want to focus on countries where there's war and trauma, but there's also infrastructure in place."

That was the reason for the help of our American colleagues in Afghanistan and Iraq during the war there. We essentially piggybacked off the American military and



some of the non-profit organizations that were based in Kabul and Iraqi Kurdistan at the time.

The lesson learned there was that you could have a great infrastructure in place. You could have great colleagues who are local. However, if the political climate is not right, you can't have a sustainable program because it's hard to have doctors come and teach when they're worried about their safety.

So, the next pivot happened in 2013 when we said, "Let's pick a place where we know there's stability over long periods of time, and there is a need, and the ability to actually recruit, train, and network young doctors and nurses who can then become the next generation of leaders."

That place on the map ended up being east and central Africa. It was mostly because, in 2013, there was a report that was widely distributed by the World Health Organization talking about how the next world epidemic was going to be wounds and essential surgical care for

wounds from trauma and accidents. It also spoke about how east and central Africa were the epicenters for the needs for training the next generation of doctors. Once we saw that report from the World Health Organization, we had our map.

Everything was mapped out for us. We knew we had to be there from a geographic perspective. We felt that it was politically stable enough. Kenya and Tanzania were where we got our start. Thankfully, this area has not had much political instability. There's been regional instability, but not national or local instability.

The idea was to go to one place and drill deep and set an anchor, and then we would wait for these young doctors and nurses, whom we were training, to come through so we could make them self-sustainable. Here we are now five and a half years later. We've stayed in the same place. We've grown it from our very first location, which was in Mwanza on Lake Victoria in Tanzania. We now have over 100 participants from 14 countries in Africa.

Monica: Do you have to design the training and education based on the needs of each country and the surgeons in those countries, or do the programs stay the same regardless of where you're training them?

Dr. Alizadeh: Our program is the same. Our view is that we want to be very focused on what we're good at, and what we know works, and what's in demand. Those are the three key principles. The next principle that we believe in is that we operate with the local doctors, not for the local doctors.

Traditionally, when we think about a medical mission that goes and does work, they have the right intentions, but they're usually going in and using a lot of the local resources.

They're setting up these camps to do surgery for a kid with a cleft lip or a kid with a burn.

They're using up all the local resources; the hospital beds are taken up. Then they leave. Then what happens? What is the follow-up? How do we know if these people are healing well?

If they're not healing well, who is taking care of them? That's why we've taken the long view at this. We believe success is defined by the number of doctors and nurses

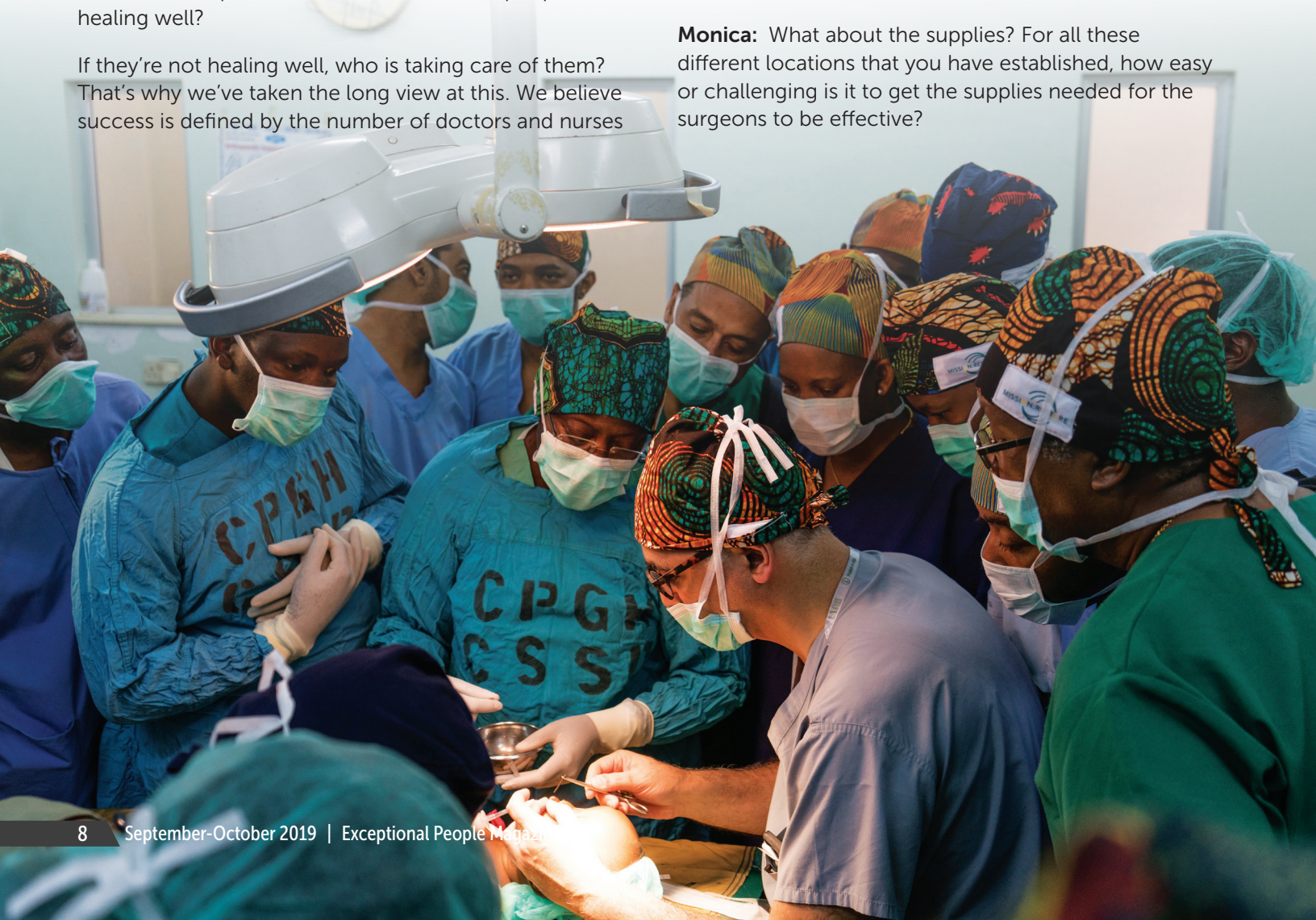
we train, not the number of patients we treat. It's a very different mindset.

If we're able to successfully train a surgeon, for example, that surgeon in his lifetime, will be able to perform 10,000 operations that will affect 10,000 lives. You can never match that by just setting up several camps.

Those numbers are just not achievable. That's essentially how we achieve scale, by going there and doing this for a while. You have to go back to the same place because, during these multiple visits, you get to learn about the local health officials and the government officials, and about which doctor has a personal problem that will not allow them to make it long-term, for example.

The more time you spend with someone, you'll be able to affect change over time. That's why we decided that we're going to actually pick a few places in a very geographically localized way, which is east and central Africa, and then keep going back to the same places over and over again.

Monica: What about the supplies? For all these different locations that you have established, how easy or challenging is it to get the supplies needed for the surgeons to be effective?



Dr. Alizadeh: Here's what's different about us. We don't take any supplies with us. The idea is for me not to come and change what's happening but to come and make you better. We don't want to distort the way they do things by introducing equipment or other things that will end up making it more expensive.

Monica: You're also training and supporting female surgeons around the world. In what ways are you helping them to become better at their craft?

Dr. Alizadeh: In the past 20 years I've been doing this; what I've learned is that women who work in a community, especially women surgeons, end up staying in their communities. Whereas usually men, once they get the proper training, they will seek economic opportunity by going somewhere else.

Women tend to stay in their communities because they are usually caretakers, not only for their children but also for extended family members. They have a commitment that is innate with regards to staying involved and ingrained in their communities. It came from a very pragmatic approach, which is about asking how we could make sure these programs remain intact and alive over time.

If you rely on women leaders, they're more likely to stay, as opposed to men. I think that's a general trend that we've noticed, which is why we're pursuing this path.

Monica: Even though you're helping the doctors perfect their craft, you're also supporting the citizens of those countries by restoring hope, confidence, and even self-esteem, wouldn't you think?

Dr. Alizadeh: I would say most of what we do in Africa is mainly functional improvement.

I would say the byproduct is cosmetic. However, it's really about functional improvement. By that, I mean a typical case is a young child who was playing at home where there's open-fire cooking in the middle of the home. That's how it's usually done in the villages in Africa. So he went to pick up something. His ball rolled close to the fire. He went to pick it up, and he burned his hand.

When he burned his hand, he lost the ability to use his hand, which means as he grows up, he's not going to be able to help his mom around the home, and he's not going to be able to help his dad in the field. Likely, he

isn't going to be able to hold a pen, so he's not going to be able to do his work at school.

So, that kid is now completely shunned from the community. Over time, he will be a fallout from that community.

A straightforward operation that we teach, which is how to release these burn contractures on a skin graft, which takes about 30 minutes, will potentially bring the function back to this kid. This operation will enable him to start writing and playing again. He can hold a ball. He can hopefully hold an instrument to work in the field to help his dad.

These all by themselves are incremental, but they have huge connotations with regards to the community for these people. There is the cosmetic aspect, but it's really beyond that. I think most of what we're doing is functional improvement because that is what's going to make a difference in the communities.

When you travel in Africa, you get to see how most people are on the road. Unfortunately, that's one of the reasons we see a lot more accidents in places like Africa. Everyone's walking on the road, so there is more likelihood of accidents. Everyone's cooking in open fire, which is another reason why burns happen in these villages.

So, going back to your question, essentially, what we're trying to do is to restore function to people. A byproduct of that is to restore cosmesis, which helps a person not only feel whole again but to look whole again. It's both.

Monica: As you travel the world, what have you found to be the common denominator among the doctors that you meet, teach, and work with? What is the one thing that stands out to you about who they are on the inside?

Dr. Alizadeh: I think the most compelling message that stays with me is that no matter where we are on the planet, we all have the same hopes and aspirations. We want to help ourselves as individuals. We want to improve ourselves as families. We want to help ourselves as communities. The opportunities that we have is what sets us apart.

We're fortunate enough in the United States that we have many opportunities, so we get to do a lot more with what we have. However, a lot of these people, unfortunately, don't have the opportunities available,



so they don't get to exercise them. With regards to the human spirit and what it's able to achieve, we have seen people who have traveled eight days on the road to get to us to have a chance to feel better.

We've seen doctors who have traveled over 2,000 miles in Africa to work in a village because they were promised that if they work in that village for three years, they'll be allowed to pursue surgery. Only one person can go into surgery per year, so they have given up so much for that hope. Essentially, the human condition is about hope. If you take that away, what is there to live for?

The ultimate African of all for me is Nelson Mandela, who waited 27 years to get to the village.

Monica: It's incredible when you talk about it because it makes me think about a lot of what we take for granted here.

Dr. Alizadeh: Yes, indeed. I have a very selfish reason that I go: not only for what happens there, and what I learn there, but when I come back and how grateful I am. There's this sort of spiritual message that you should always be grateful and have gratitude.

I can tell you; you are promised to have gratitude and be grateful when you come back from these trips.

Monica: In what ways have the people you have served through Mission: Restore helped you become a better person?

Dr. Alizadeh: By watching them in action, by watching their humility and how they go through their days, and watching their patience and how they stay focused on what they need to get done despite all the odds. Also, by their lack of complaining.

Monica: What is your vision for Mission: Restore moving forward?

Dr. Alizadeh: I think the ultimate test of Mission: Restore is for it to be an organization that essentially runs on its own with local resources. When we started five years ago with our first networking summit in Africa, 100 percent of the doctors who were lecturing and teaching were from the west.

This year, I'm proud to say that 80 percent of the doctors who are teaching and lecturing are from Africa.

So, we've gone from zero to 80 percent. I think at some point, it's going to be 100 percent led by African surgeons, and I would say the number of female surgeon lecturers is currently at 40 percent. Hopefully, someday, that number will be over 50 percent, as well.

Those are the goals we're moving towards.

Monica: In terms of your team, do you ever bring on new people, or do you have a steady set of people working with you?

Dr. Alizadeh: No. We like to circulate, so we do have a steady number of people. There are about 30 surgeons in the U.S. who work with us as educators or instructors. However, the idea is to continually circulate and try and bring new ideas and add to the network. I would say the most significant growth in the network has been within Africa in terms of new instructors and teachers.

Monica: A woman by the name of Marianne Williamson once said, "Success means we go to sleep at night knowing that our talents and abilities were used in a way that served others." What does that mean to you?

Dr. Alizadeh: I certainly agree with it, and I think that the only way we know whether our abilities are used well is

by constantly testing them. The only way to test them is to be out on the field. You can keep telling everyone how you were the greatest quarterback in high school, but if you're not playing football, it's not helping anybody.

So, I think you have to continually test your skills by being out there on the front lines.

I'm lucky enough to teach and do surgery here in America, but I do feel that the way I'm tested is to go and respond to where the most significant needs are, which is what keeps pulling me back to that part of the world.

Monica: How can others help support Mission: Restore?

Dr. Alizadeh: There are three ways to do that. The most obvious way is if they have the financial means to help us. These projects are dependent on financially supporting a lot of education. The educational part comes both in forms of sending teams there that are teaching and training, and also helping support the doctors too, by paying their tuition, essentially.

The bang for the buck is enormous there because to train a medical doctor in the United States currently, it's about \$120,000 a year. Whereas there, the average expense in terms of training a doctor is about \$3,000 a year.

The second part is what you are doing: bringing awareness to our work. You have done your good deed of the day. One of the most important things is to bring awareness because we are a small organization, which means we don't have a loudspeaker.

If anyone can help spread the word with us, especially in today's world of internet, that is key.

The third part is to sort of do something grassroots. Grassroots can take several different directions. It could be we have college students who are starting chapters of Mission: Restore in their colleges. These are students who are interested in global health or medicine, usually. That's their interest. So, they're starting their own chapter. I think we have over 15 chapters right now in different universities in the U.S., and we would like to grow that.

The second way to do it is to hold an informational session, at your home with colleagues and friends, or online where myself or one of my colleagues will be happy to jump online, and we can give a presentation about our work, and then open it up to questions.



People will have sort of a visual journey as to what Mission: Restore does, and what the impact is.

I think those are the key ways to be able to gain traction.

Monica: This is wonderful. I would love it if you closed the interview with your last word.

Dr. Alizadeh: I would like to close with the words that have inspired me to continue, despite the difficulties and obstacles that you can face with our kind of work and where we operate.

"Be the change that you want to see in the world."

That's Mahatma Gandhi's quote.

We always know what's right. Every one of us knows what's right. The question is, how much are we acting towards making it right?

Hopefully, with the work that we're doing, we're taking a small step toward making things right. That is primarily making sure that every human has the right to have access to medical and healthcare, and is functional, healthy, and able to contribute to their community.

Monica: You're certainly doing an exceptional job at it.

Dr. Alizadeh: I hope so.

Monica: Thank you so much for this opportunity. It has been a pleasure.

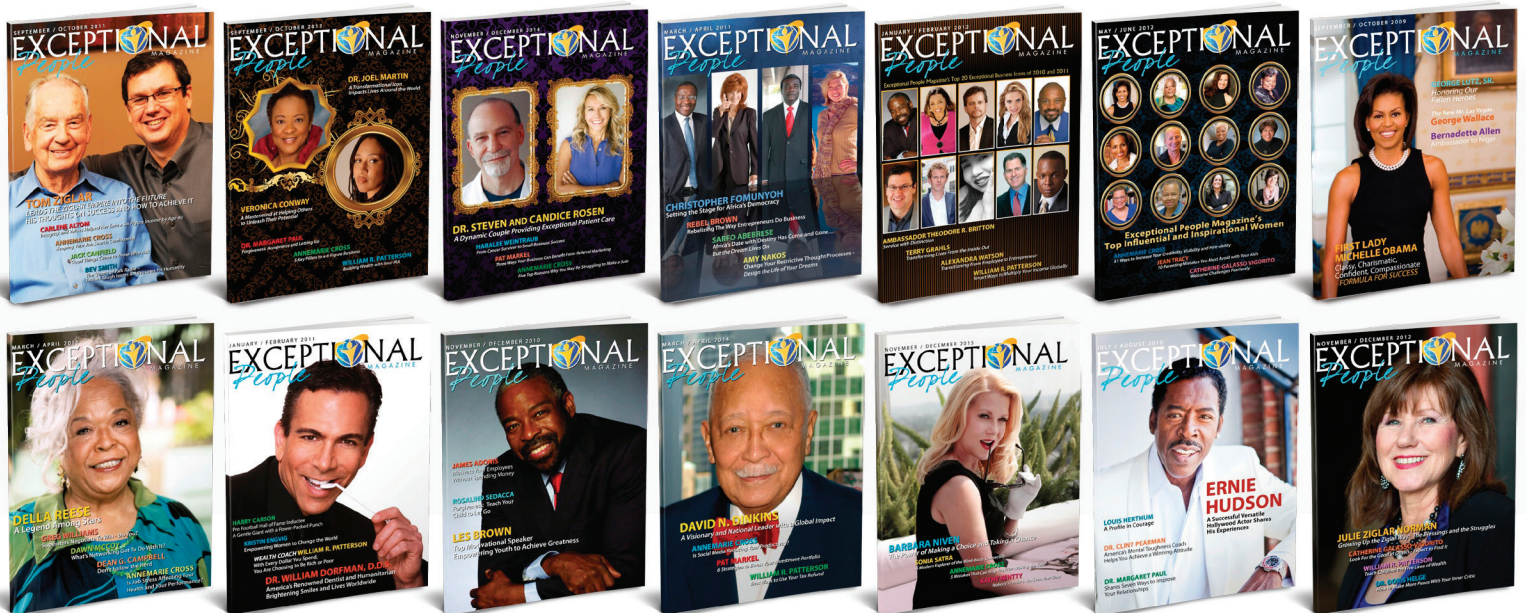
Dr. Alizadeh: It has been a pleasure for me, as well. I hope you keep up with our work, especially since we're going to be back in Africa with our training in two weeks. So hopefully, you can keep up with us. ■

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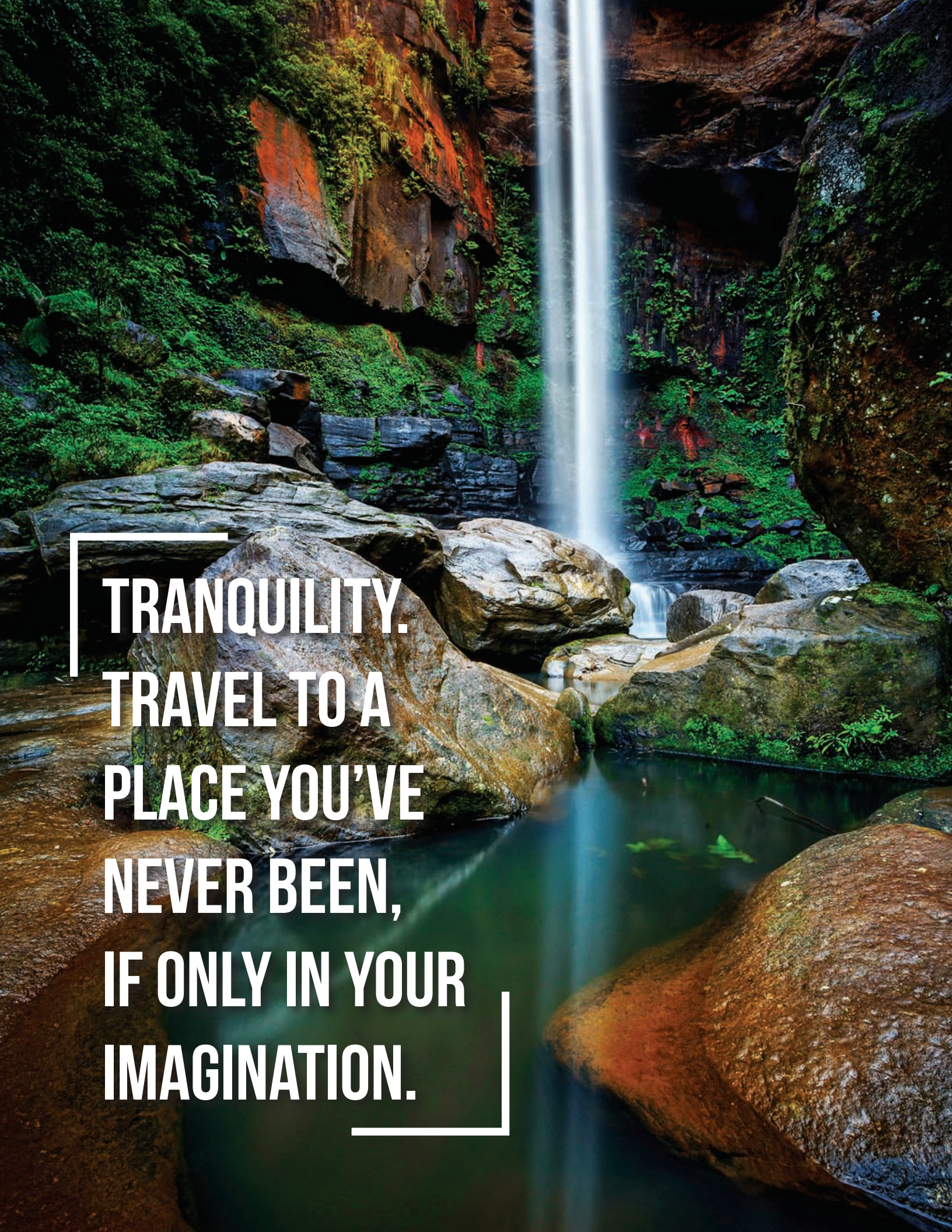


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Annemarie Cross has been podcasting and interviewing national/international guests since 2008. Through using podcasting and online technologies she has been able to build a global business and now supports her clients in creating their own global visibility and media platforms. She has been listed among Top Entrepreneur/Business Podcasts and has also been syndicated on Zimbabwe Local Radio.

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