

Project Belize: Volunteer surgery in Central America



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I first went to the Central American country of Belize with my wife in 1996. We always took a week off during the winter holidays to travel to a warm-weather location to participate in scuba diving and to get some sun. I had to refer to a map to find out where Belize was located when this destination was first suggested. Little did I realize that this trip, unlike any other, would be the start of an adventure and a fulfilling undertaking in which my skills as a surgeon and endoscopist would find a rewarding and satisfying venue.

Background on Belize

Belize, formerly known as British Honduras, lies at the northeasternmost point of Central America, nestled under the Yucatán peninsula of Mexico, with the Caribbean Sea to the east and Guatemala to the west. It is about the size of Vermont, with a population of about 250,000 that includes European whites, African blacks, indigenous Mayans, Asians, Mennonites, and even a few descendants of the post-Civil War American confederacy, giving testimony not only to the extensive history of migration to Belize but also its ready tolerance of people from all walks of life. Formerly a British colony, independence was granted in September 1981, although a British military contingent remains in place because Guatemala and Belize have a long-standing border dispute.

The laws and court system, as well as most other areas of political and administrative life, have re-

tained their British origins. The official language of Belize is English, unlike in the rest of Latin America. Close ties with the U.S. as a trading and political partner are evident most notably in the country's monetary system; the Belize dollar is fixed to the U.S. dollar at two to one. In addition, the standard electrical current is 115 volts, as it is in the U.S., and the television standard is that set by the National Television Standards Committee (as in the U.S.), which is not used in Europe, Asia, and other parts of Latin America.

The barrier reef of Belize is the second largest in the world, second only to the Great Barrier Reef of Australia, and provides one of the main attractions to tourists and thrill-seekers looking for superb diving in a reef barely 10 minutes from their hotel rooms. The Blue Hole of Belize became well known following the Public Broadcast System special by Jacques Cousteau, who explored its 400-plus foot depths in the late 1960s.

State of health care in Belize

On our first trip to Belize, we stayed at a small hotel on the beach built and owned by Will Lala and his wife, Susan. Will is a retired dentist from Manhattan, KS, who has provided and organized volunteer dental missions to Belize and was therefore well versed in the dental and medical needs and organization of health care delivery in that part of the world. We struck up a friendship and, several conversations later, it became clear to me that a great vacuum existed in health care delivery in Belize. Notably, little or no endoscopy was available anywhere and no colorectal specialist practiced in the country.

Above: View of San Pedro, Ambergris Caye, an offshore island near the Blue Hole of Belize.

Patients requiring endoscopy (esophagogastroduodenoscopy or colonoscopy) either traveled north to Mexico or went to the U.S. completely at their own expense. Those patients who could not afford the fees or the travel expenses simply did without. Complex colorectal or anorectal surgery likewise was referred to physicians abroad or simply not done as the situation dictated. It began to occur to me that perhaps this was a place where I could offer my skills and background and do a good deed for the less fortunate.

There is very little by way of health insurance in Belize. Medical services are delivered on either a cash basis in private clinics or may be obtained through the government-administered hospital and clinic system at little or no charge. A nationwide Social Security plan has not been all that was planned or promised and the lawmakers have gone back to the drawing board for the time being. Therefore, I decided to render services to those who could not afford to pay for their health care or for whom the particular service was not available.

How the idea became reality

What made this all come together was the Rotary Club of Belize City. Being a Rotarian myself, introductions to the local club members resulted in my clinic being set up at a local Rotarian physician's private clinic. Funding was obtained from local charities both in Belize and at home in Charleston, SC, including my own Rotary Club. When necessary, my own funds for travel, food, and lodging were used. A Belize Rotarian owned a local hotel and a deep discount was offered.

The next and perhaps most difficult step was obtaining and shipping a complete video endoscopic laboratory from the U.S. to Belize. Through the generous efforts of the Olympus Corporation of America, this became a reality and was soon followed by donations of equipment and supplies from several major contributors, including Johnson & Johnson and Tenet Healthcare Corporation. When the shipments arrived in Belize, the local Rotarians facilitated clearance through customs and ultimately ensured the safety of the supplies until my team and I arrived.

Our first clinic

Leaving in the morning allowed a noon arrival (Belize follows Central Standard Time) and time to set up our equipment. Accompanying me were

two nurses from our endoscopy unit who were also charged with training the local staff to assume these responsibilities independently. The local Rotarians had set up a clearinghouse for patient referrals and scheduling and for distribution of bowel preparation kits or other instructions in the weeks before our arrival.

In April 2003, we were finally ready for our first clinic, in which we would offer upper and lower endoscopy and consulting services for any referred or hospitalized patients in my field of interest.

The response was overwhelming. In four and a half days, we performed more than 50 endoscopies. Much pathology was discovered, including five colorectal cancers and numerous cases of upper gastrointestinal (GI) pathology, including H. pylori-positive gastritis, duodenal ulcer disease, Barrett's esophagus, and gastric ulceration, to name a few. We introduced the use of proton-pump inhibitor pharmacology to treat many of these patients with upper GI disease while plans were made to operate



Bernice (left), a typical patient seen in the endoscopic clinic, Belize City.



Raphael, a preoperative rectal cancer patient in Belize City.

on or refer the patients with lower GI cancers for treatment as the circumstances dictated. Several patients with low-lying rectal cancer were brought to Charleston for sphincter-sparing surgery and adjuvant therapy, which I didn't believe could be safely done in Belize.

The local media got wind of what we were doing (because the Belize Rotarians owned the radio and TV stations) and I appeared on TV and radio to raise the awareness of upper GI symptomatology or lower GI bleeding, which later received national coverage. The call-in phone numbers were overloaded with patients' calls and requests. I decided to try to hold a clinic every three months, as this was the most that I could reasonably spare in time and funds and I thought that a continuum of care would be essential in this project rather than just a one-time, flash-in-the-pan event.

We have been returning to Belize every three months since that time. The project has developed a life of its own, with frequent e-mail consultations with patients in anticipation of our return, plans for a freestanding clinic to be staffed by visiting and volunteer specialists in all areas of medicine and surgery, and an ever-increasing patient load during our stays, which have proven to be much too short.

The future

The events described previously took a long time to finalize. For anyone wishing to do a similar undertaking, be prepared for the unexpected, the unplanned, and the unexplainable. Don't be in a hurry, as time moves much more slowly outside the U.S. Be persistent but always respectful, not only of your target population but also the local physicians and contacts with whom you will develop lifelong friendships. The future for Project Belize is bright and professionally satisfying. As noted previously, plans for a freestanding specialty clinic are being finalized and have received the written endorsement of the Prime Minister of Belize. Fundraising to support this project remains the most challenging aspect of the whole program for me. I produced a video documentary about Project Belize on digital video disk to be used as part of our fundraising. The disk is of high quality and is free upon request (e-mail FriedMD@chscr.com). Our ability to accept funds as a tax-exempt entity is nearly complete. A full schedule



Susan Elgison, endoscopic nurse, prepares a patient for colonoscopy.

of patients awaits us on each return visit and several surgeries for colon cancer have been successfully performed there. Those patients brought to Charleston for their surgery have all done well and have returned to Belize.

From a personal perspective, in a world of ever-increasing regulation and diminishing satisfaction with the practice of surgery, I may have chanced upon an undertaking that restores in me the vigor, delight, and sense of worth and accomplishment that had begun to ebb over these past several years. Each of us must find in our own way some meaning and satisfaction in what we are doing. Many of my patients back home in Charleston allow that in me, and now my new adventure in Belize has given me a second forum to expand on those feelings. Ω

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