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Jerry Meshulam photos Through the clearing fog of anesthesia, kids instinctively sense the familiar touch, smell and feel of mom, dad or grandma. If things get out of hand, a dash of morphine can help take the edge off. The Post Anesthetic Care Unit (PACU) is a place where moms can sit with children in their laps, swaddled in a gorgeous handmade quilt from donations by Rotary Clubs all across the U.S. and Canada. They rock their children quietly, admire new smiles, ponder enhanced possibilities and let the tears flow.

'Life changing experiences'

Rotarians help with cleft palate surgeries in Mexico

By David Stoneberg

STAFF WRITER

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A week-long trip to Oaxaca, Mexico to repair children's cleft-lip and palate anomalies was a "life-changing experience" for many of the 26 people who volunteered for the tour.

DeWitt Garlock was one of five St. Helenans who were part of the Rotaplast International mission. He said it was a unique trip that become "more special and amazing" as it continued. The trip's mission director was Dr. Frank Leake, a Calistoga Rotary Club member, who has made 10 Rotaplast journeys and has been mission director for half of them.

Twenty-six people, including 15 medical volunteers and 11 Rotarians, went on the trip, from Jan. 15-25. Besides Garlock and Leake, the group included St. Helena Rotarians Paul Dean, his wife, Shirley; Polly Keegan and Linda Andrae, wife of Rotary club member Rob Andrae and Dean's wife, Shirley. Leake said Rotary International paid for half of the trip's \$60,000 cost, the other half was donated by the St. Helena Rotary Club and its members.

Rotaplast International, which was founded in 1992 in San Francisco, is a nonprofit humanitarian organization providing free reconstructive operations and treatment for children in need worldwide. The group's goal is to eliminate the incidence of untreated cleft lips and palates in children worldwide by the year 2025.

Garlock served as "patient transfer coordinator" for the trip. That is, he served in the pre-operation area, explained what would happen to the mothers of the patients in Spanish and handed off the patients to the surgical nurses. Once surgery was over, Garlock, Andreae or Keegan would make sure the patients ended up in the right place, often in their mother's arms.

In a blog posted at [www.rotaplast.org](http://www.rotaplast.org), Garlock spoke of his experiences. "No one can miss the heart-warming experience of holding a tiny infant of perhaps only 3 or 4 months of age with their beautiful eyes and not be moved very deeply. I have seen more than one of the team (including this author) tear up," Garlock wrote.

During an interview last week, Garlock said he had a dozen "best stories" from the trip. But a little girl, whose name he didn't remember, he said, "brought me to tears." She had a hard palate and lip repair surgery and couldn't speak well because of her deformities. At first, she was full of energy and joy and Garlock watched her change as she faced surgery, crying and becoming fearful. "It was all I could do to hold her and hug her," he said. After recovering from the surgery, she again was full of joy and Garlock saw the little girl sitting on her mother's knee. "The girl said the words 'Papa' and 'Mama' and the mother explained to us that these were the first words she had ever spoken," Garlock said. "It was so emotional and a very touching moment. I still see her in my mind's eye. What a bright child! The whole week was like that."

Leake said other Rotarians who went on the trip were Chris Brannan, quartermaster, and Brian Walker, who helped Brannan, Vicky Patano, a translator and Jerry Meshulam, a photojournalist from Sebastopol. He wrote the "mission blog" and took the photos that tracked the group's progress.

Leake said the trip was special because, "we can meet the needs of our next-door neighbors and they can graciously accept our help." In a blog from December, he writes, "The need is great in Mexico, with some 40 percent of its citizens living at or below the poverty line. In these trying times of economic distress, religious conflicts and wars, humanitarian endeavors such as Rotaplast may be the best outreach from one culture to another."

Leake called cleft anomalies a global problem. In the G8 nations of the world, one child in 950 has cleft problems. In the countries with "evolving economies," that figure is one in 550. He said the problem is both genetics and nutrition, because the native Indians, who have lived in the area for thousands of years, eat very few green vegetables and get very little folic acid in their diets. With that diet, the genetic predisposition to having cleft anomalies expresses itself, he said. In the United States, a pregnant woman may carry the gene, but because her diet is better, the gene and thus the cleft problems don't show up.

Sixty native families turned out for the pre-operation clinic, where they registered for the surgery and were screened by both dentists and surgeons, including plastic surgeon Dr. Janet Solomonson, who was the group's medical director. Fifteen people made up the medical team. Although their housing and transportation were paid for, they volunteered their time, performing 60 operations on 45 children in the five days at the hospital.

From Meshulam's blog: "Head nurse Sharon Newton commented that there were a surprising number of children that failed to meet the minimum requirements for surgery this week, mostly due to being underage or underweight.

"Fortunately, the hospital has a permanent cleft team that will be able to treat them at a later time. What may have appeared to be organized chaos in the morning turned out to be a well-run clinic where everyone had a chance to be thoroughly screened. One interesting feature of the waiting area was a large, elevated trampoline where children bounced away excess energy, thankfully avoiding any spills onto the hard, tile floor."

Leake said the operations are "transformational" for the patients, many of whom were as young as 10 weeks old, when cleft lips are repaired. The surgeons performed the cleft palate operations on children who were at least 18 months old and sometimes much older, often youngsters. One of the two dentists who went on the trip was an orthodontist, who created "dental devices" to help the children. Another key member of the surgical team was a speech therapist.

"These children are hidden away — they are throwaway kids — who never learn to speak well because of their problems," Leake said. If an operation can take care of their physical problems early on in their lives, then they can learn to speak well and live a normal life.