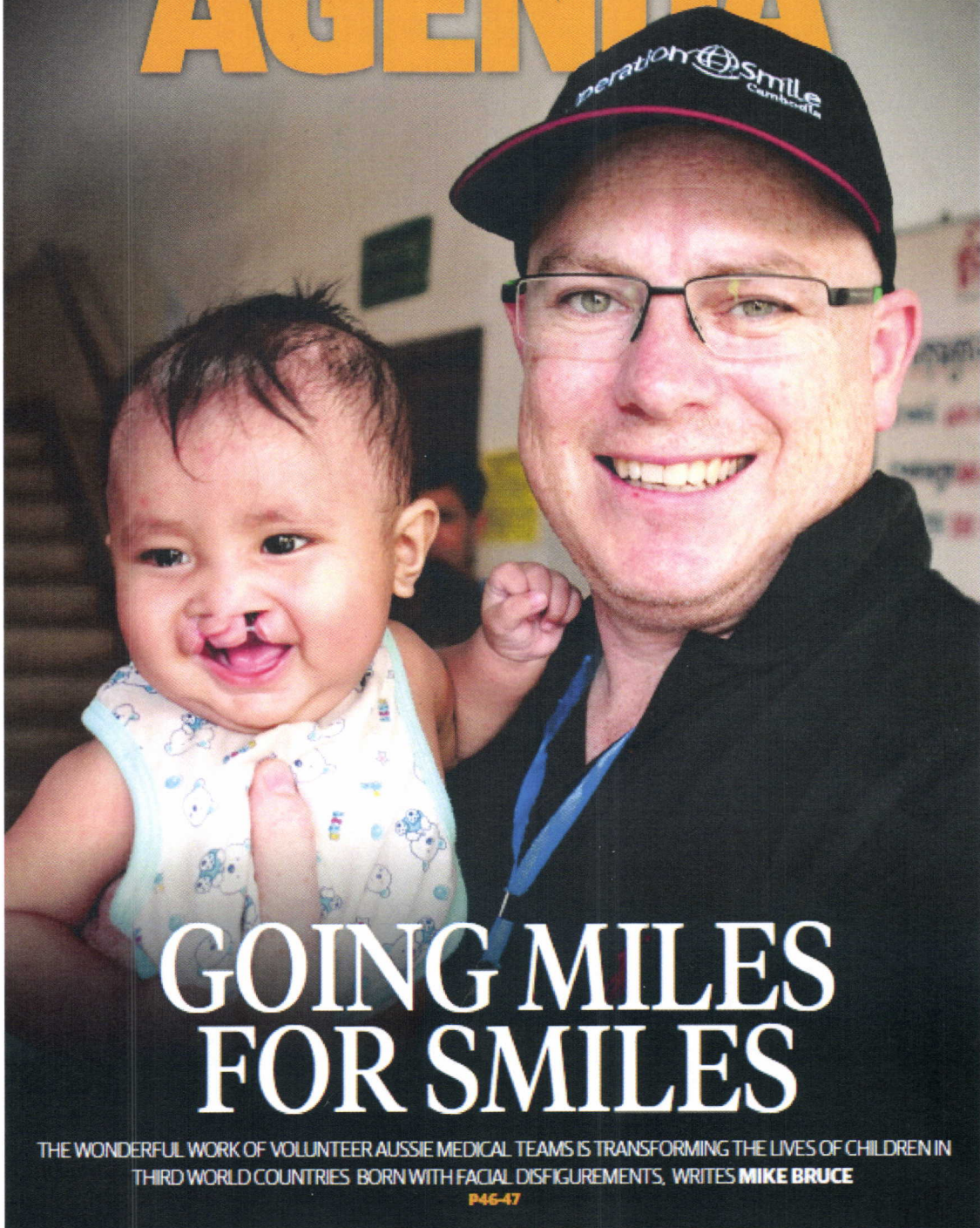


Sunday Mail

AGENDA



GOING MILES FOR SMILES

THE WONDERFUL WORK OF VOLUNTEER AUSSIE MEDICAL TEAMS IS TRANSFORMING THE LIVES OF CHILDREN IN THIRD WORLD COUNTRIES BORN WITH FACIAL DISFIGUREMENTS, WRITES **MIKE BRUCE**

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ONE HOUR TO CHANGE A LIFE

Lucky Wednesday, who was born with a cleft lip, was buried alive by her father in Cambodia. Lucky for her she was discovered and is now about to undergo life-changing surgery, writes **Mike Bruce**

EVERYONE is talking about Lucky Wednesday. In hushed tones, the news of her impending arrival spreads through the hospital.

At just two months old, Lucky Wednesday is already a national celebrity – for the most pitiful of reasons.

Hours after her birth on April 30 in a province of southeast Cambodia, her father took her to the grounds of a temple and buried her alive. His reason? She was born with a cleft lip.

Most of the 25 volunteers from not-for-profit surgical group Operation Smile gathered at the hospital in rural Cambodia today have witnessed the terrible sadness that results from prejudice and even atrocities committed against children with cleft lip or palate. Children have been bullied, stigmatised, shunned, even abandoned by their families and communities. But the woeful tale of little Lucky Wednesday marks a sorry first.

She was discovered about an hour after her burial by boys playing nearby. They heard her muffled cries and alerted monks who sped her to the local hospital where doctors christened her Lucky Wednesday. By the weekend her mother had named her Kong Sokthida. Today she has brought her to the hospital of Svay Rieng, a sleepy town of 30,000 people at the south-eastern reach of Cambodia, where volunteer Australian surgeons, anaesthetists, nurses, speech pathologists and psychologists are on a "mission" to perform, predominantly, cleft lip and palate surgery. Most have taken annual leave, some have left behind young families for the eight days of the mission.

The story of little Lucky Wednesday shocks and moves them without exception. Sokthida arrives at the hospital still in that sweet place of wonder and bewilderment at the world. And thankfully oblivious to her story.

Her mother is a mix of relief and shame. She struggles to look the medical team in the eye, uneasy at the fuss eddying around her. She has said publicly she wants her husband, a 29-year-old schoolteacher, released from

prison – something which many fail to understand after an act that so betrays the instincts of parenting.

National media reported the father did it because he "couldn't bear the sight of her cleft lip", but there may be other, hazier explanations.

David Fruitman, a director of Operation Smile Cambodia, says the incident is symptomatic of the misunderstanding around clefting in some cultures, citing accounts of parents abandoning children on the side of the road or to extended family.

Depending on the culture, a cleft can be seen as a curse, an act of an angry god or gods, karma, a manifestation of myth or mysticism or an intellectual disability that sees kids shunned and ridiculed. On a practical level, in countries such as Cambodia with no free healthcare, it can also be seen as a lifetime of medical bills and, therefore, a sentence of impoverishment.

At 9.30am, the team arrives after a three-hour drive from Phnom Penh and fans out through the hospital like commandos on a raid, taking up stations in cramped, basic facilities which can be kindly described as functional.

Parts of the hospital are, by western standards, filthy. An informal rubbish tip has formed outside a side door of the hospital, a tennis-court sized patch scattered with litter and bin bags. Most volunteers assure me conditions are "pretty good" by usual mission standards.

At one end of the building, a medical technician sets up three operating tables in two small theatres, while nurses squeeze and manoeuvre three beds into a storeroom to create a makeshift recovery room. Across the foyer is a post-op room crammed with seven beds, its walls faded and peeling.

Staff buzz between rooms, shifting and unpacking 80 large boxes of medical equipment, enough for 125 patients. The boxes have been shipped from Operation Smile's head office in Virginia in the United States, underlining how within 30 years the body has gone from one well-intentioned surgeon to a





PROCESSION OF HOPE: (Clockwise from main) Lucky Wednesday; Brisbane paediatric nurse Kate Cogill; Brisbane plastic surgeon Raymond Goh operating; Melbourne surgeon David Chong; Raymond Goh and Perth plastic surgeon Mark Lee; Chom, 4, who is having his photo taken and the assembled patients who are hoping for life-changing surgery. Pictures: Mike Bruce

global charity juggernaut that in 2012-13 performed almost 21,500 operations in 37 countries with 3700 volunteers worldwide. This Australian mission, funded by Lions Australia, comprising 25 Aussie volunteers and 17 from Cambodia, India and the US, is a small cog in a big wheel.

Brisbane anaesthetist Vernon Moo has lost count of the overseas missions he's done. At least one a year, mostly two, since 1998, he thinks.

"Not sure," he ponders. "It's probably more than 30, but it's the 12th for Operation Smile."

Brisbane paediatric nurse Kate Cogill, 41, is another. She's on her 15th mission for which she's taken annual leave and left two-year-old son Charlie at home for the first time.

She got hooked after her first mission to India in 2005 and has since worked in The Philippines, Kenya, Vietnam and Cambodia. All on her own time. Cogill says cleft surgery delivers the most bang for buck and an instant gratification that has an addictive quality.

"Much international aid is valuable, but you don't see results for a long time," she explains. "With this you see a kid turn up and within an hour the problem is generally repaired and gone. You see it so quickly and you

see it particularly on the parents' faces. That's so powerful. And for that kid, everything changes ... but it changes their family and their community as well."

For Brisbane consultant plastic surgeon Raymond Goh, 38, the satisfaction is twofold. It's that short act of changing someone's features by millimetres, yet leaving such a powerful legacy on how they look, talk or eat, but most importantly their place in the world.

"And it's not just the patients' response, but their parents'," Goh explains. "They've got tears in their eyes when they bring their kids in, they hand them over to complete strangers and see them emerge with a full lip and whole new life. I can't describe that feeling."

But Goh says equally rewarding is the training of surgeons in the host countries to enable them to create local capacity.

In Australia it's a quick and mostly routine operation done in the first months of life. Yet in developing countries, cleft kids are often adults before they undergo surgery. In Mae Sot in Thailand's northwest, Operation Smile staff operated on a man who'd lived with his cleft lip for 67 years.

The reasons why simple cleft lip and palate surgery isn't being performed differ be-

tween countries and cultures, Goh says. It can be resources, facilities, training or simple will. Cambodia, for example, has around 15 plastic surgeons, about five of whom can do cleft surgery. (Three are on this mission.) With no established program of training, Cambodian surgeons are forced to go overseas if they want to learn.

Interestingly, the three Australian surgeons on the mission all divide their time between public and private work. Much of the latter deals with facelifts, breast implants, liposuction or Botox. Predictably, taking annual leave to do an operation (valued at \$240) that can transform a life can prove a contrast, an exercise in humility. All volunteers talk of missions in terms of a reality check, coming down to earth, a prism of gratitude through which we view our own, comfortable lives so differently.

By mid-morning, about 50 people have gathered under a rainbow-coloured marquee in front of the hospital, some waiting since early morning. Some have travelled far, one three hours from Phnom Penh. It's a glorious display of the universality of

parenthood – the proof that parents will do anything for the health and happiness of their kids.

One of those kids is Chom, a four-year-old with a cleft lip who's railing and lashing out at staff trying to take his ID picture. Child psychologists soon intervene and take Chom outside to play games and blow bubbles to calm him down. He suckles his mother's breast frequently, even though she has no milk.

Child Life therapist Raina Sharma asks the mother if he's in hospital for the first time.

Chom has never even been past the gates of his family home, let alone to a hospital, his mum explains. At four, he has never engaged with a world aside from his parents and seven siblings, perhaps as a result of his parents' fear, perhaps his own.

"He is completely non-social ... he has likely been bullied and teased," Sharma explains. "These kids can remain scarred by their experience and often find it hard to reintegrate back into society."

She says many parents feel so helpless and hopeless with a cleft child, their response mechanism is often to isolate the child from the community.

A procession of hope flows

through the doors during the day. Cleft lips, cleft palates, growths, scars, burns and "revisions" or finessing of existing cleft scars.

A young girl turns up with hideous burn scars to her hand that have fused her thumb to her palm and some of her fingers into a web.

"Easily fixed," says Perth plastic surgeon Mark Lee, who details a procedure of zigzag incisions and a graft of skin from her hip to repair it.

An elderly man with a port-coloured vascular growth on the right side of his face is lurking by the stairs when Melbourne surgeon David Chong recognises him. Chong operated on the man in 2008, carving off a huge lump of the growth, but the 68-year-old rice farmer has come today hoping surgeons can have another crack at the regrown, debilitating tumour.

"Yep, we've got room, let's do it," says Chong enthusiastically, as he discusses the probable approach with colleagues. It's a tough job requiring "huge skin grafting" and possibly grafting some of the bottom lip to the top lip. It's a tough job in an Australian hospital, let alone one where most patients are discharged and sent home after one day.

And as for Lucky Wednesday, the wonderful news is she'll be having surgery in Phnom Penh in two months' time.

Chong, on his 19th mission and 5th in Cambodia alone, is repeatedly moved by patients' stories, by their dignity and humility in the face of suffering and isolation.

One boy in particular on this mission has stolen his heart. He's a 25-year-old with a cleft lip and cleft palate. He's now too old to have the palate repaired, but Chong repairs the lip and quickly reconstructs the boy's nose to realign it to his new face. When Chong visits him in recovery late on day two, he sheds a tear.

"Everything about that kid's life will change – his family structure and dynamics, the reaction of his community to him," Chong says. "He'll live with that palate for the rest of his life ... but he has some hope now, he can look people in the eye, he's a boy who might now look forward to marrying in a country where marriage is so important. Being able to do that for him makes me feel really grateful and very blessed."

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Mike Bruce travelled to Cambodia courtesy of Lions Australia.
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