Hearts without Borders

When infants are diagnosed with a serious heart defect, they are routinely ushered into the O.R. for surgery. Afterwards, these tiny patients can look forward to long, healthy lives. At least, that’s the scenario in the developed world. In many countries, however, pediatric heart surgery isn’t an option. Children with defective hearts are simply sent home, with little hope for the future.

This dismal picture is beginning to brighten in a few places, thanks to the efforts of Robert E. Michler, M.D., the Samuel I. Belkin Chair, Professor and Chairman of Cardiothoracic Surgery, and his generous colleagues and benefactors.

In 1994, Dr. Michler and his wife, Sally, founded Heart Care International, a not-for-profit organization whose two-fold mission is to bring pediatric heart surgery to developing countries and to train local health-care professionals to do the work themselves.

“We are not a group that will go to a country and focus entirely on performing procedures and then leave,” says Dr. Michler. “We make a minimum five-year commitment to a country. We look for situations in which we know there are doctors, nurses, and hospital administrators who are willing to engage in this sort of intensive onsite training experience.”

Since its inception, Heart Care International has operated on more than 600 children and treated hundreds more in Guatemala, the Dominican Republic, and El Salvador. After conducting about 20, four-to-five-week-long “mission trips,” the organization functions with the efficiency of an Indy 500 pit crew. Each trip begins with the arrival of a screening team, which works alongside local doctors to select candidates for surgery. A week later, a second team — enough surgeons, anesthesiologists, perfusionists, operating room nurses, critical care nurses, intensive care specialists, and respiratory therapists to staff the host hospital 24 hours a day — follows for an intensive round of surgery, usually lasting a week. “We’ve done as many as 50 to 60 operations in a single visit,” says Dr. Michler. “In effect, it becomes the busiest pediatric heart surgery program in the world at that given time. Then, we stay for about two to three weeks of recovery, in which we transition the care of these children over to the local physicians and nurses.”

All told, a typical mission trip may involve the participation of more than one hundred Heart Care International volunteers and the transportation of some 15,000 pounds of supplies and equipment, including medicines, echocardiography units, and heart-lung bypass machines.

“It costs about $2,500 per patient, which is extraordinarily low, compared to U.S. standards,” says the Chairman of Cardiothoracic Surgery, Heart Care International underwrites all expenses, including airfare and lodging for the volunteers, through donations from individuals and corporations.

For local clinicians, “the learning experience is immeasurable,” Dr. Michler says. In Guatemala, the team helped establish a regional cardiac center in the capital. After five years, it was largely self-sufficient, allowing the team to move on to the Dominican Republic. Last year, the team began shifting its focus to El Salvador.

“As you can imagine with this sort of work, you never quite leave your prior site. Every year, we still send small teams to Guatemala City and Santo Domingo, maybe a dozen people to focus on specific operations or other needs that that country might have,” says Dr. Michler, who in 2003 was awarded the Official Order Heráldica de Cristóbal Colón for his humanitarian work in the Dominican Republic by then-President Hipólito Méjía.

Heart Care International has had requests for help from countries in Asia and Africa but has no immediate plans for long distance expansion. “Perhaps we will expand in time,” says its founder. “It’s more logical for us to concentrate on Central and Latin America, simply because of its proximity and the fact that many members of our team speak Spanish.”

For more information about the Heart Care International, see www.heartcareintl.org.