

HULTMAN ON RECRUITMENT • WORLD WALK FOUNDATION

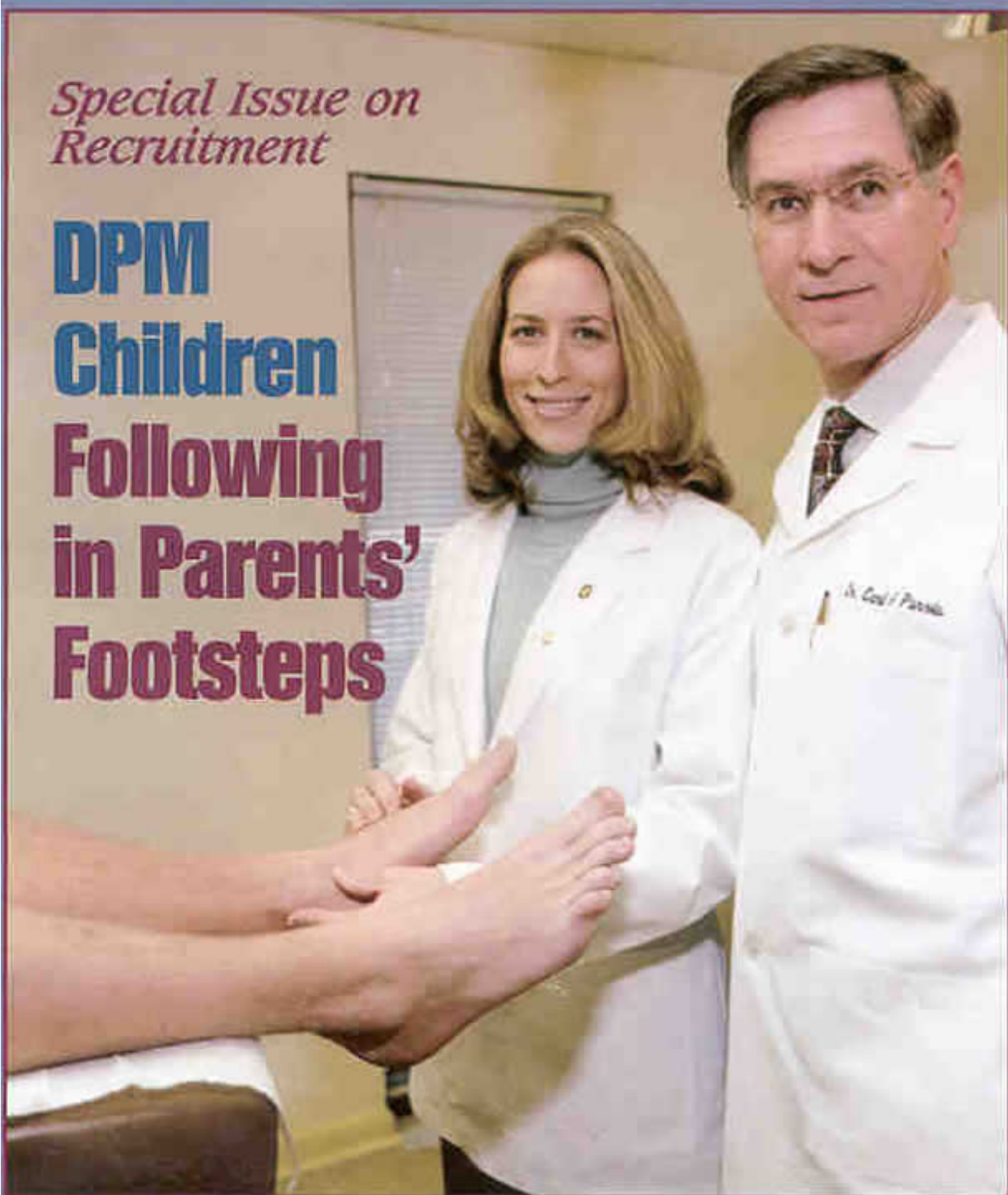
APMA NEWS

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*Special Issue on
Recruitment*

DPM Children Following in Parents' Footsteps



WORLD WALK FOUNDATION:

*SHARING
GOOD FOOT
CARE WITH
THE WORLD*



BY DEAN M. WAKEFIELD, APR

This is a story . . .

about World Walk Foundation and its founder, Cornelius (Neil) Donohue, DPM, of Villanova, Pennsylvania.

It has in many facets and involves such large-scale ambitions, that it's almost impossible to know where to begin. Consider the following:

- ◆ Congenital deformities in Peru and Venezuela.
- ◆ Land mine victims in Cambodia.
- ◆ An international conference in Jamaica on the diabetic lower extremity.
- ◆ Regional centers for lower extremity medicine and surgery around the world.
- ◆ Training medical personnel via the Internet.

Let's start with 1996.

That's when Dr. Donohue, who practices podiatric medicine and surgery from an office in the Philadelphia suburb of Bala Cynwyd, joined a volunteer medical team on a two-week mission to Peru.

Dr. Donohue looked out the door of the clinic where he was to take part in clubfoot surgical procedures that first morning in Peru. People were standing in line "as far as the eye could see," he said. Word of mouth had brought them there. The extent of the people's

needs and the lack of trained personnel and facilities to address them almost overwhelmed him. And it hit Dr. Donohue that if all he was seeing was one tiny section of Peru, the scale of those problems in many other parts of the world was enormous.

"Within an hour, the concept of the World Walk Foundation began to take shape in my mind," Dr. Donohue said. He launched the nonprofit organization the following October. "My vision is a global network of teaching centers," Dr. Donohue says.

But that's probably getting ahead of the story.

Dr. Donohue made other trips to perform voluntary surgery, in Mexico and Jamaica in 1997. On a return trip to Jamaica in 1998 he began to focus on training other physicians in the techniques involved in avoiding amputations, a model he used later in the year on a trip to Cambodia. He was invited by Project HOPE Worldwide to visit its hospital in Phnom Penh, Cambodia's capital.

Cambodia was a shock: The problems there arise from the fact that the nation is honeycombed with land mines left over from its civil wars. Children he met there were not the only afflicted; they were begging for rice for their par-



ents, who were the hospital's patients, victims of land mines that had blown away feet and legs. The patients' families, not the hospital, were responsible for feeding them.

Cambodia is not a place for the casual tourist. Dr. Donohue says: it's too heart wrenching. Most of the nation's doc-

tors—members of the intelligentsia—died in the genocidal rule of Pol Pot and his Khmer Rouge guerrillas in the 1970s, and the nation's recovery since has been hampered by unstable political regimes.

In 1999, Dr. Donohue met the Maryknoll missionary priest Father Jose Heim, who had founded a clinic in Barinas, Venezuela. It was in Venezuela that Dr. Donohue's vision began to take on more form—and more doctors.

Dr. Donohue has traveled to Barinas three times, beginning in 1999, taking more US doctors with him each time. In the market town and state capital of 100,000 southwest of Caracas, in the foothills of the Andes, he sees one of the points of what he calls "the healing triangle" (the other points are in Jamaica and Guatemala) of training centers in the Western Hemisphere.

OPPOSITE PAGE—

Left: Dr. Donohue with children in the village of Pacaipampa, Peru, in the Andes Mountains, October, 1996.

Right Top: World Walk / Healing The Children team, at World Walk's administrative center in Barinas, Venezuela, September, 2000.

Right Bottom: Mother and child with clubfeet in Peruvian Andes en route to Chibocomas Hospital.

THIS PAGE: Dr. Neil Donohue with children and patients at Sihanouk Hospital, Center of Hope, Phnom Penh, Cambodia.

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Barinas has become the world headquarters for the World Walk Foundation's physician computer network. Its Internet instruction activities train physicians who continue to treat patients there, and the Internet facilities forward information to Dr. Donohue and others who are always preparing for the next visit by US physicians.

As the scope of World Walk's efforts in Venezuela has expanded, so has the reception from government personnel at all levels in the country. President Hugo Chavez has taken an interest, going so far as to make Venezuelan military aircraft available to fly the US professionals all over the country and to airlift supplies as they ran low.

The US doctors and other medical personnel who joined Dr. Donohue in Barinas in September last year did 65 clubfoot procedures in five days, he said, but the team encounters other childhood plagues, such as polio and various congenital deformities. The doctors have branched out from Father Heim's clinic and operate in a second hospital in Barinas as well, where they see not only children, but adult diabetes patients.

Sometimes they see patients with seriously advanced cases of diabetic wounds that simply haven't had any attention and have progressed to gangrenous conditions.

In such situations, with so much disease and suffering, many podiatrists have probably wondered whether it's possible to treat patients beyond the scope of the profession's practice in the United States.

"We do only the maximum we could do under any state law in the United States," Dr. Donohue said. "We're not cowboys, and exceeding [the maximum] would be setting a bad example that could come back to haunt you."



Dr. Donohue with children at Military Hospital, Phnom Penh, Cambodia.

"Actually," he said, "we're dealing with responsibilities that are much more overwhelming than they are in the States, and if anything, you find yourself being ultraconservative."

"Also, we're training doctors from Venezuela and other countries, developing simple models that will work in other countries in the third world. Going beyond our scope, if anyone were of a mind to do that, would defeat that goal."

The local doctors include orthopedists who are pretty well trained, but they haven't had experience or exposure to the principles of treatment that can prevent amputations, so amputations become the norm.

"They really want to learn," said Dr. Donohue, "and they're very grateful for the chance."

Dr. Donohue's concept of regional centers for lower extremity medicine and surgery got a full air-

ing in March at the seventh annual international conference of the University (of the West Indies) Diabetes Outreach Project (UDOP) in Ocho Rios, Jamaica.

He presented his vision in closing remarks at the conference, proposing that the capital cities of Kingston, Jamaica, and Guatemala City, Guatemala, become regional centers for the Caribbean and Central America, respectively, in the manner that Barinas is developing into such a center for Latin America.

World Walk Foundation has also had overtures from other countries interested in his outlook; Nairobi, the capital of Kenya, has been suggested as a logical center for Africa.

At the same conference, Dr. Donohue also proposed that the Caribbean basin emulate the United

States, several European nations, and international health organizations with the "Caribbean Declaration on Universal Foot Care and Amputation Prevention." Such a declaration would be a natural extension of the work of UDOP, which has involved community education, diabetes screenings, wound risk assessment, and wound prevention care under the auspices of the Jamaican public health center system.

Dr. Donohue is on staff at Graduate Hospital in Philadelphia, which has become a significant source of support for World Walk, in terms of both finances and volunteer assistance. Fred LaVan, MD, a plastic surgeon on Graduate's staff, is now medical director of the organization; he was part of the group of 20 on the most recent Venezuela trip. He has also become a key fund-raiser.

Tenet Health Care, which runs Graduate, has contributed \$14,000 and medical supplies. American Airlines has helped keep the travel costs low.

Christopher DiCicco, chief executive of Graduate, is in Dr. Donohue's camp. "He's a great guy who works very, very hard," DiCicco said. "Seeing pictures of the children he treats, you know what a great job he's doing."

Dr. Donohue, of course, is not the first podiatrist to venture outside the United States to extend medical services to populations that lack access to the kind of care the profession provides.

"What's making us different is the concept of building regional training facilities," he said. "We want to have treatment continue while we're not there." He has said many times that, according to his calculation, he can train 100 doctors in his lifetime to

perform the procedures that he and others have been providing in Barinas and elsewhere.

"If those doctors can then train another 100 apiece, that's 10,000 doctors who will have the skills to alleviate unnecessary suffering.

"It's the children who drive [the World Walk]," he said. "I'll never accept children suffering needlessly if there's something we can do." ■

WORLD WALK UPDATE

By Neil Donohue, DPM

Luke Cicchinelli, DPM, chairman of the Podiatry Institute in Atlanta, not only is on World Walk's board of directors, but also now director of missions for World Walk. Luke has been on the last two missions to Venezuela and was featured on the Public Broadcasting System's "Visionaries" show about World Walk, filmed in February 2000 during that mission.

Also, Frederick B. LaVan, MD, plastic surgeon and my colleague from Graduate Hospital in Philadelphia, has accepted the position of medical director for World Walk. Dr. LaVan worked with Dr. Cicchinelli and me in Venezuela last September.

Jorge Penagos, MD, a pediatric orthopedist from Guatemala, has joined our team and will be its leader in developing a World Walk mission in Guatemala, based on the Venezuelan model. He will also be managing the Telemedicine site in Guatemala, which will be networked with the sites in Venezuela and Jamaica. Developing interna-

tional representation and leadership on the teams is at the core of our program.

I also acknowledge the fine work of Healing the Children, whose members worked with World Walk during our September 2000 mission, under the leadership of Todd Gunzy, DPM, of Mesa, Arizona.

Getting back to the seminar, we have received positive support not only from the Pan American Health Organization (PAHO), but also from the International Diabetes Federation (IDF), regarding the grant application that World Walk is developing in conjunction with Cybermed and Villanova University. I believe that the support of both of these organizations comes from their understanding of how this program can augment all of their existing and planned programs for the hemisphere regarding the diabetic lower extremity. And we continue to

appreciate the support from Tenet Health System. Finally, we are setting up an Intranet site in the Caribbean to assist podiatrists in establishing a

"Caribbean Association of Podiatric Medicine." The Caribbean Association has asked me to build more bridges with APMA, including establishing links with the Podiatric Assistant's Program and the Foot Care Assistant's Program, started by chiropodist Owen Bernard in Kingston, Jamaica. Bernard is the executive director of the Diabetes Association of Jamaica (DAJ) and we have discussed the possibility that the World Walk Telemedicine site locate its site at the DAJ headquarters in Kingston. The implications of improved training and patient care—particularly in the realm of diabetes—with a formal organization in the Caribbean could be staggering.

