



MALIBU DOCTORS MAKING A DIFFERENCE

The lifelong mission of locals Leo Lagasse and Christopher Tarnay to improve the health of women worldwide

BY LESLIE WADE | PHOTOGRAPHY BY OSCAR ZAGAL

A loud, crackling radio announcement echoed throughout the town of Mbarara, located deep in the Republic of Uganda, a landlocked country in East Africa. The announcement alerted surrounding communities that an advanced surgical team was coming. As the good news spread, women began to travel as far as two hundred kilometers to the hospital at the Mbarara University of Science and Technology in hopes of receiving treatment from the skilled doctors and nurses from the Western world.

The radio announcement, a seemingly insignificant way of transmitting information in the twenty-first century, is exceedingly important to the hundreds of women in these communities who live in poverty. There are no doctors or medical facilities in the outlying villages equipped to treat the myriad

health problems from which the villagers suffer—fistula, tumor growths, cancer and others. Many women give birth with little or no medical care, which is the primary cause of childbirth injuries. These women have limited or no access to medical care and no money.

Two Malibu doctors, Leo Lagasse, and Christopher Tarnay, make up part of the team that executes medical missions on a biannual basis to offer help and gain a general understanding of the global health problems women face. They are confronted with the difficulties of working in resource-poor settings, but in their mission they recognize the importance of innovation, and develop long-lasting friendships with those who share similar goals.

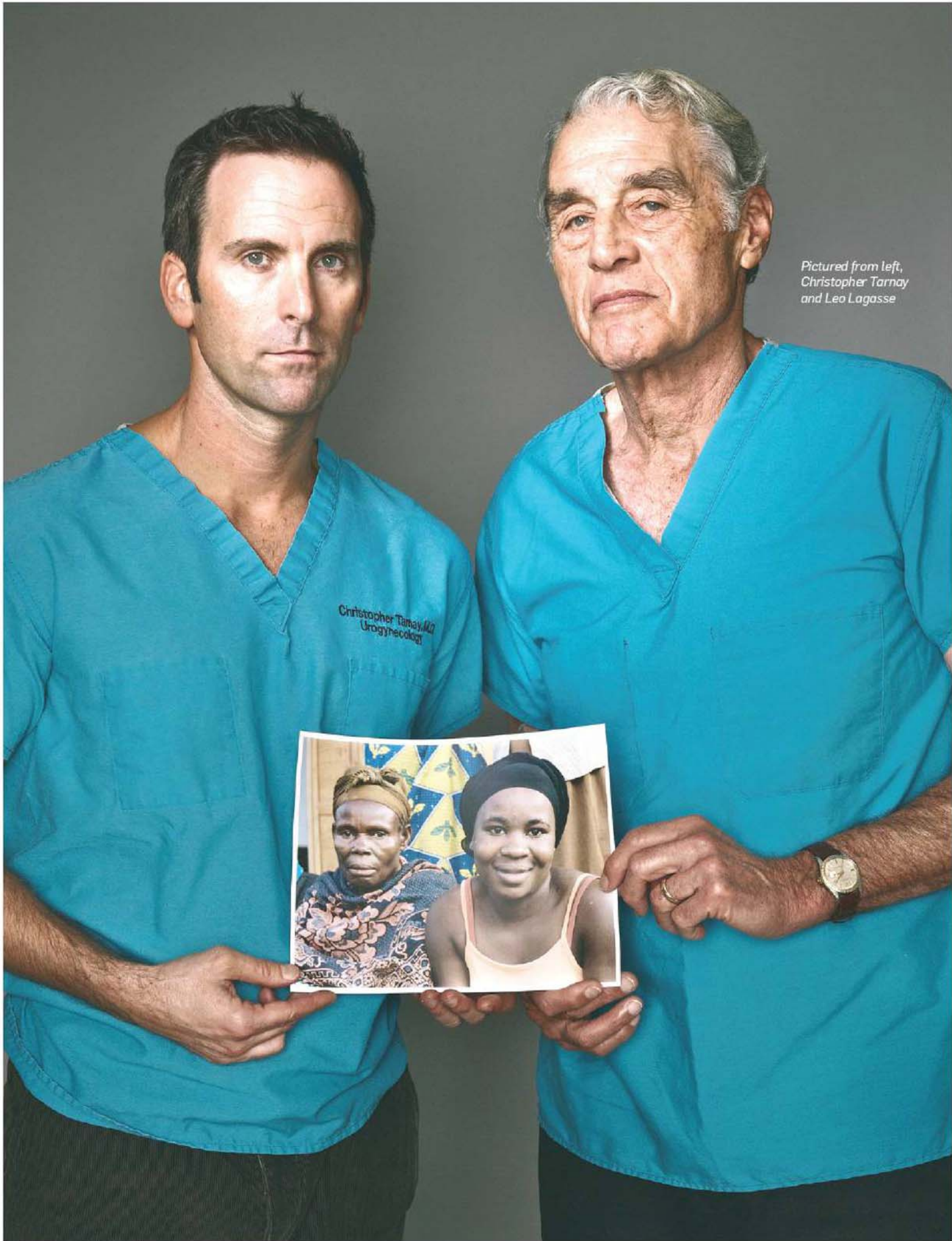
Improving the health of women is a lifelong mission of Lagasse, a Southern Californian native who attended medi-

cal school at the University of Virginia. Lagasse specializes in uterine preservation and proactive management for recurrent ovarian cancer. He is also the president and co-founder of Medicine for Humanity, an international medical care and teaching organization dedicated to improving the health of women throughout the world.

“There is no expanded part of the health of the world that is more important than women’s health,” the soft-spoken Lagasse said. “If we can’t improve the health of women, we’re not going to improve the health of anyone.”

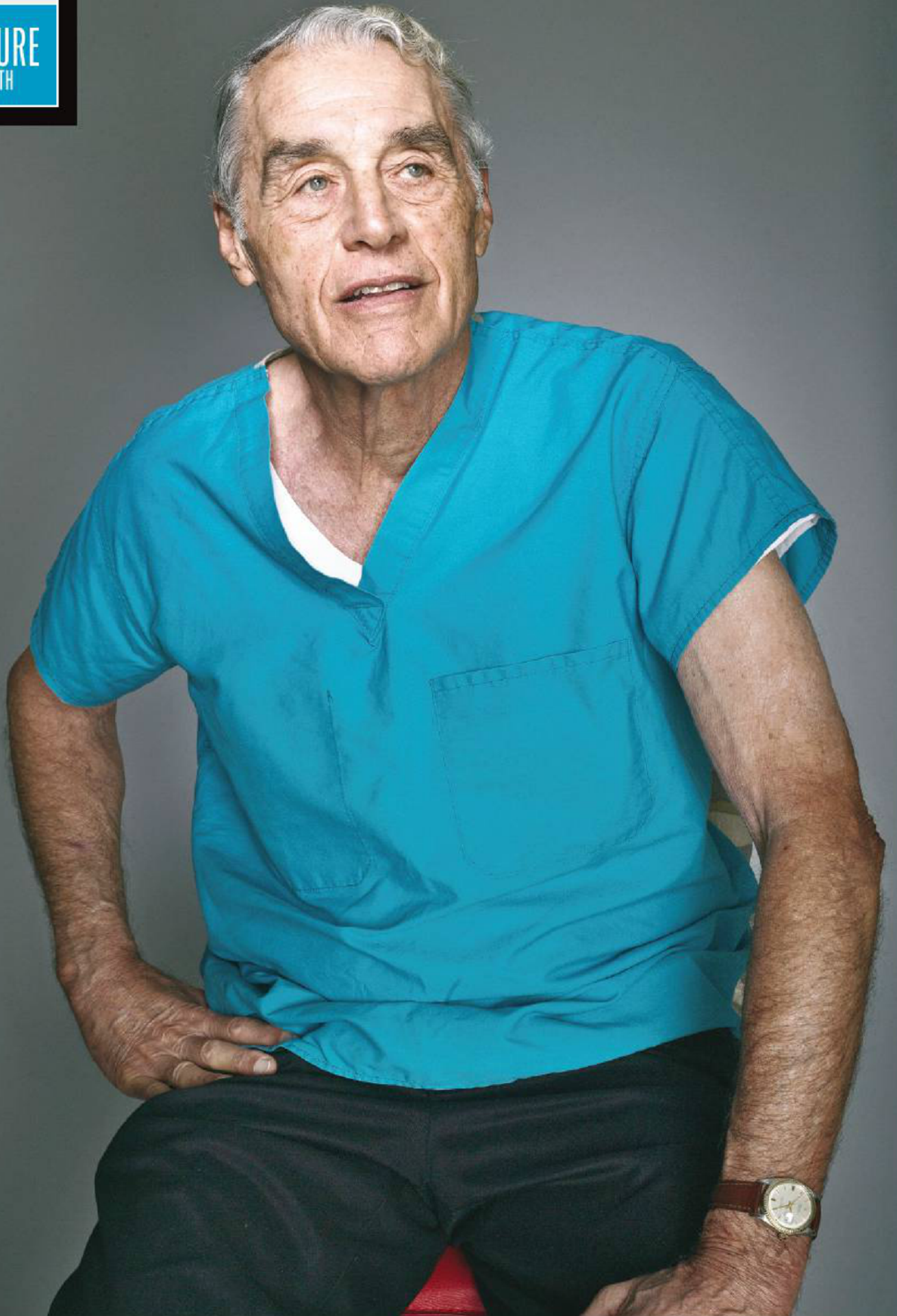
Lagasse, an older, yet well-aged man with a firm handshake and eyes that appear to stare right through you, is a father of three and lives in Malibu with his wife of more than fifty years, Ann. He is a skilled physician with extensive

*Pictured from left,
Christopher Tarnay
and Leo Lagasse*





FEATURE
HEALTH





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involvement in the medical community, and firmly believes that addressing women’s health issues is the key to improving the well-being of men and children.

Tarnay, a physically fit, forty-four-year-old, is also a native of Southern California. His bright smile instantly envelops a person, making them feel welcome. When he is not working or spending time with wife LanAnh and their two children, seven-year-old Matthew and six-year-old MaiAnh, he trains for triathlons. Working alongside Lagasse, he has developed an ever-growing interest in women’s health.

Through Medicine for Humanity, the two spearhead medical mission trips comprised of six to twelve volunteers to places such as Mbarara where they visited last spring. These highly intensive medical missions emphasize maternal health, fistula care and educational exchange. Fistula is the most devastating and serious of all childbirth injuries that is highly prevalent in countries where mothers either give birth at a very young age or without any medical help. This injury sustained during childbirth creates a hole between the birth passage and an internal organ, such as the bladder or rectum, which makes it difficult for a woman to hold her urine and bowel content.

“The poverty in this sub-Saharan part

of Africa prevents women from access to basic obstetrical health care, which would avert injuries,” said Tarnay, who believes the program has the ability to serve as a catalyst for change. “We can improve health conditions by helping others help themselves through learning, training and support.”

Medicine for Humanity has a working relationship with the David Geffen School of Medicine’s Department of Obstetrics and Gynecology at University of California, Los Angeles, which offers medical residents the opportunity to travel with the nonprofit organization as part of their credentialed training.

“Our residents go in there with a very different attitude. They are very humble and willing to work very open-minded,” said Tarnay, who is chief of the Department of Obstetrics and Gynecology, Urogynecology and Reconstructive Pelvic Surgery Division at UCLA. “It has set the table for a really great partnership.”

The team of doctors and nurses go into new places where they figure out how to do things with very limited resources, Tarnay said. “They go there [to Uganda] with great flexibility, not only in terms of being able to adapt to different situations, such as having to operate by lantern light in the event of a power outage, but in regard to adapt-

ing to different ways of doing medicine.” The doctors do not go to Mbarara with the attitude that the Western way of doing medicine is superior simply because it is more advanced, as doing so would lend itself to resistance and adversity from the doctors in Uganda. “Once we go to a place, we leave some sort of presence that will empower them to improve the level of care and the state of condition,” Tarnay said.

The women who travel to Mbarara, all of whom are natives of Uganda, stand in line for days to receive treatment. Though from different communities, each with different stories and struggles, the women share a common ground: they have been ostracized from society because of medical conditions out of their control.

The conditions, which Tarnay said cause psychosocial damage that can be more devastating than the physical injuries, are not only highly debilitating, but also highly prevalent.

“The number of women in developing countries who sustain crippling, non-fatal obstetric injuries is alarmingly high,” Tarnay said.

The villagers often view these injuries as a punishment from God, not knowing there are numerous causes, including but not limited to: sexual abuse, infection, female genital cutting and obstructed labor.



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—*Christopher Tarnay*

After being assessed by the doctors, the women are boarded in a temporary housing unit, which is often referred to as “The Shed,” a makeshift living space comprised of the bare minimum: basic blankets and no pillows. The women stay in The Shed as they await surgery; the facility is also used during their post-operative recovery, developing into a community of women with a shared condition and a desire to get better.

“What’s really amazing is to see the bonds between the women. They are all very supportive of each other.” Tarnay said. “They help each other do all of the laundry and they sing before bed. They turn what can be a really devastating condition and flip it upside down. They have a lot of faith and trust in the doctors when they come there.”

During the course of their most recent trip, more than one hundred fifty patients were evaluated and more than one hundred twenty-three underwent surgery. Numerous medical procedures were performed, including fistula repair, cancer treatment and benign tumor removal, in addition to the

many Cesarean sections and hysterectomies.

“We work hard while we are there but we also get to experience the culture,” Lagasse said.

But the herculean effort of the volunteers goes far beyond the physical aspect of practicing medicine. The team works toward creating sustainable programs of education, prevention and treatment for women around the world.

“It’s all about making an impact,” said Tarnay, who did his undergraduate work at the University of California, San Diego and attended medical school at Georgetown University. “We leave behind sustainable resources in terms of education, and we are lucky to be able to go.”

The team works in conjunction with doctors from Uganda and teaches them different techniques and ways of practicing medicine that the native doctors may not be familiar with. “They are very interested in working,” Tarnay said. “It isn’t the most stable country on the planet, but we go there and decide how we are going to make an impact. We call it ‘medicinal education.’”

While the inhabitants of Uganda have struggled to overcome decades

of violence and poverty due to the rule of despot Idi Amin during the seventies, the country is connected to the world through modern communication. “In these places, they have a hard time with running water, but they do have a link to a computer and the Internet,” Lagasse said.

Lagasse has served as president of the Western Association of Gynecologic Oncologists, which utilizes the Web to deliver immediate, up-to-date educational content to doctors throughout the world.

Through videoconferencing and link sharing, Medicine for Humanity promotes online teaching and learning. “We used to bring old books and leave them there,” Tarnay said. “But now they can have access to information that is not dated.”

In addition to striving to “increase awareness of the plight of women in developing worlds to promote safe motherhood,” the two doctors continue their mission of teaching with “distance learning and telemedicine,” Lagasse said.

“We have an overall passion about this whole thing,” Lagasse said. “Our passion is to educate people.”

And that, he said, is life-changing. *

