

# Caryn M. Sullivan: From Minnesota to Peru to fix cleft lips and palates

By Caryn Sullivan

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I left a bit of my heart in Cusco, Peru, last month while on a Smile Network International medical mission trip. It was parceled out -- to the children who arrived at the hospital with cleft lips and palates; to the family members who accompanied them, but especially to the mothers who traveled alone with their babies bundled on their backs in colorful, woven blankets.

I knew little about cleft lips and palates before I met Kim Valentini, the Minneapolis woman who left a corporate marketing and public relations career for a new endeavor that coupled her interest in travel with her desire to make a lasting impact on others.

Valentini had whetted her appetite for helping children with cleft lips and palates while serving on the board of a physician-run nonprofit that performs surgeries around the world. In 2003, she founded Smile Network International to provide the same service but with a different model ([www.smilenetwork.org](http://www.smilenetwork.org)).

Valentini runs a lean operation, with fewer than a handful of full-time staff and a large network of donors and volunteers, ranging from farmers to Delta Airlines. Since its inception, Smile Network has performed thousands of surgeries in dozens of countries.

Most American babies born with cleft lips (an opening in the upper lip) or cleft palates (a hole in the roof of the mouth) have surgeries before their first birthdays. So it is rare to see the disfiguring birth defects.

But in countries like Peru, clefts often remain uncorrected by families who cannot afford elective surgery.

Consequently, children have difficulty feeding (and gaining weight). Food passes through the open palate and exits the nose. Children develop ear infections and dental problems and struggle with speech.

They are often ostracized at school, in their communities -- and at home.

When Fabrizio was born earlier this year his father rejected him. Taking their 13-year-old son, he left the baby, his wife and their 6-year-old daughter because of an archaic fallacy his son was evil or cursed.

Shortly thereafter, Smile Network conducted the first of two missions in Cusco this year. Fabrizio's mother, Ruth, took him to be screened. Though he did not meet the 10-pound weight requirement, she was encouraged to try again when he did.

The November mission, the one I participated in, began early on a Saturday morning with a long day of screening. Families spoke Spanish and Ketchwa (a native dialect) but not English, so translators ran ragged.

Ruth was one of dozens of mothers who arrived without a car seat or stroller but with a face that broadcast her exhaustion, anxiety -- and hope for her slightly bigger baby boy. Fabrizio was among the lucky ones who were successfully screened and scheduled for a procedure.

Every mission volunteer had at least one job.

Nonmedical volunteers set up medical records, scheduled surgeries, procured lunches and beverages, entertained children, took them into surgeries and served as liaisons to worried parents.

Nurses and anesthesiologists from several Minnesota hospitals worked with plastic surgeons from Minnesota and Texas, performing more than 60 procedures in less than four days.

I was there to observe and record stories but I also entertained restless children with stickers and coloring supplies; observed surgeries; and climbed up and down four flights of stairs to deliver messages because there was often only one working elevator (plus no WIFI and limited cell service).

On surgery day, families waited for volunteers -- English-speaking strangers -- to take their children into rudimentary operating rooms, wrapped in donated fleece blankets, to be transformed by surgeons they would never meet. After surgery, volunteers walked them across to the utilitarian recovery room where a row of beds bore plastic sheets that were used once on each side.

Nearly 100 patients were screened. Though I rooted for all, one family stole my heart.

Samuel is the youngest of seven children, born in January 2014, about an hour from Cusco, an old city in the Andes Mountains where Spanish and Incan cultures are meshed. His cleft lip and palate made it so difficult for him to eat and gain weight he had to be hospitalized in Cusco.

For a month, his mother, Ricardina, left home before sunrise each day to travel to the hospital where she pumped her breast milk and held her newborn. Late in the evening she returned home.

Like Fabrizio's mother, Ricardina took her infant to Cusco last summer, hoping Smile Network would correct his birth defect. Valentini reluctantly told her that at 6 pounds Samuel was too small but encouraged them to return in November if he gained at least 4 pounds. It was a tough conversation, Valentini says, because she didn't know if the baby would survive that long.

In August, Ricardina's husband was hospitalized in Lima with a work injury. Her 17-year-old daughter dropped out of school to work and support the family. Her 14-year-old son took care of the younger siblings while she visited their father.

With attention diverted, Samuel's health deteriorated and he was hospitalized again. Ricardina was told Samuel would likely die and that it was futile to pursue the cleft lip surgery.

Ignoring the naysayers, she transferred Samuel to a different hospital and started an aggressive feeding schedule.

When Smile Network returned to Cusco in November, Ricardina did, too. Spotting Valentini, she lifted Samuel up, one hand under each tiny arm. The woman who speaks no English declared, "4.4 kilograms."

When it was Samuel's turn for screening, many waited anxiously, for the "failure-to-thrive baby" had a large cheering section. When the pediatrician cleared him for surgery, many eyes were moist.

When they left the hospital after the surgeries Fabrizio and Samuel sported band-aids instead of cleft lips. Their weary mothers were relieved and grateful.

Volunteers -- especially the surgeons and nurses -- worked long days in less than optimal conditions. Yet gratification trumped fatigue, for each time a child was gifted with new lips or a closed palate, triumph, joy, and satisfaction were shared by strangers who communicated through eyes and hugs and smiles.

There are many layers to medical mission trips. Next week I will offer insight into the logistics of planning and executing them.