HEALTHY Lifestyles

Doctors, dentists and other healthcare professionals have some interesting ideas about taking a "good vacation" ... *Inside this week!*

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HEALTHY Lifestyles

A personal mission that began 30 years and 22 countries ago.

By ELAINE HESSER

YOU'VE PROBABLY seen fundraising campaigns with dramatic be fore-and-after photos of children who have had surgeries to correct cleft lips, cleft palates, or both.

Monterey plastic surgeon David Morwood has been helping kids with those issues and others for nearly 30 years in approximately 22 countries (he said he may have lost count). In fact, the interview for this story was conducted while he was in Cebu, Philippines. He participates in surgical missions twice annually for 10 to 14 days each time and is planning to go to East Africa later this year. Like other professionals who donate their services, this is often in lieu of conventional vacations.

Morwood's Philippines trip is supported by Rotaplast International. He's also worked with San Francisco-based Alliance for Smiles and with Mission Plasticos, founded by Dr. Larry Nichter, a plastic surgeon from Orange County.

As many Pine Cone readers know, Morwood is a jazz drummer who can often be found a La Playa Hotel and the Hyatt Regency's late-night jam sessions during the Monterey Jazz Festival. Some of his "gig money" goes to help fund the trips, and he said they've been supported locally by generous donors, as well.

Monterey plastic surgeon, David Morwood operates on a child during a medical mission trip to the Philippines.

Dr. Morwood and his staff have documented dozens, if not hundreds, of life changing surgeries.

The missions started for Morwood when Dr. Angelo Capozzi, founder of Rotaplast, asked him to be a surgeon on the first one, sponsored by Rotary International. "we went to Antofagasta and La Serena, Chile. We had no idea if this would be the only mission or if we would ever go back," Morwood recalled.

He still enjoys volunteering his time. "Basically, I get to practice my craft, for which I trained for years—essentially, it's why I went to medical school. There are no insurance companies, very little paperwork, no dictation, no worries about getting paid or thoughts about money. Almost all the families say "thank you," and the children get better so fast," he said.

The problem

Cleft lip and cleft palate are birth defects. A child may have a split in the upper lip that's relatively small, or it may extend all the way to the nose. Cleft palate is a split in the hard —or less commonly, soft — palate in the roof of the mouth. There is no single known cause, but there is a genetic component. And, said Morwood, there is a misconception that the deformities only occur in developing nations.

"The reason you do not see children walking around Ocean Avenue or Alvarado Street with an unrepaired cleft lip or palate is because we fix them early — the scars tend to fade," he explained.

He continued, "Other countries and societies are not so blessed and lucky. They lack enough properly trained plastic surgeons. They are short on supplies and operating room time."

Morwood said that about one in 1,200 children in the United States, Canada and Europe are born with a cleft lip (with or without a cleft palate) annually. It's less common in Africa, at about 1 in 2,000 children, but much more prevalent outside of Shanghai, China and parts of South America.

In addition to potential emotional and psychological damage, clefts cause physical problems. The Mayo Clinic lists several, including trouble nursing and getting proper nutrition, increased risks of ear infections and hearing loss, dental problems, interruptions in speech development, and more.

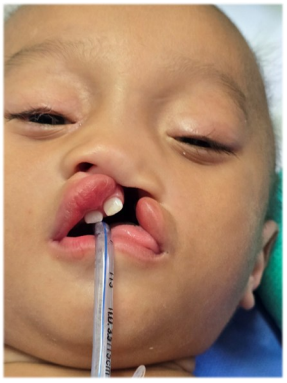
Being able to correct and prevent those things has been a great source of satisfaction for Morwood and a huge relief for anxious moms and dads.

"Parents are the same the world over," he observed. "They just yearn for their children to be able to grow up without a stigma, fit in, speak well and live to their full potential. A mother in Guatemala told me she got on her knees and prayed every day" for her son. "She told me her prayers were answered when our team arrived, and during triage we told her we could help her child."

The organization Morwood volunteers with set up the missions and announce the doctors' visits. He said that sometimes, more than 100 families will show up and the teams have to sort out which children have problems they can fix and are healthy enough to undergo the procedures.

It is not always kids either. "We also on occasion see adults with unrepaired cleft lips," Morwood reported. "In Columbia, we operated on a 50-year-old man who had an unrepaired cleft lip. After his operation he went home and he later told us, he kissed his wife for the first time in their marriage."

Host organizations find lodging for the medical professionals. "I have stayed in army barracks, a convent, a monastery, many different hotels and host family homes," said Morwood. During the long workdays — eight to 10 hours, and, on his most recent mission, one that stretched from 7:15 a.m. to 9:30 p.m.—food is sometimes brought to the team, or they are invited to people's homes, but usually, they purchase their own meals.



Repairing a cleft lip can transform a child's entire life.

Blackouts, water shortages

Equipment and supplies are also provided, although a doctor might order and purchase and instrument if it's necessary and unavailable locally.

The hospitals where they work have running water and electricity, although their availability might be a little hit-or-miss.

"I have been on missions where the water is shut off for certain periods during the day, where we have brownouts and blackouts, and limited resources," he said. Precarious infrastructure and political instability have occasionally led to situations like a broken-down bus in East Africa and being uncomfortably close to a demonstration that turned violent in Venezuela.

At the same time, the groups' work can bring people together in surprising ways. "In Bangladesh, I remember seeing many different families waiting in line to be evaluated at our triage clinic," the surgeon said. "Standing side by side, waiting patiently, were Christians, Muslims, and Hindus," whose children had a range of problems including "congenital deformities such as cleft lip and palate, as well as hand problems and burns. If it were not for waiting to be evaluated by the American team, they would probably never tolerate being in such close proximity," he said.

For care after surgery, pediatricians and nurses come along, and the team works with local "care takers, nurses, and pediatricians who can help look after the children, take out sutures, etc., after we leave."

For all of the challenges, Morwood wouldn't give it up. "In some ways, I feel an obligation to share the knowledge and training the United States system has allowed me. It does not feel like a burden. These surgical missions are a very rewarding, important part of my professional life."

Elaine Hesser
Carmel Pine Cone
March 28, 2025

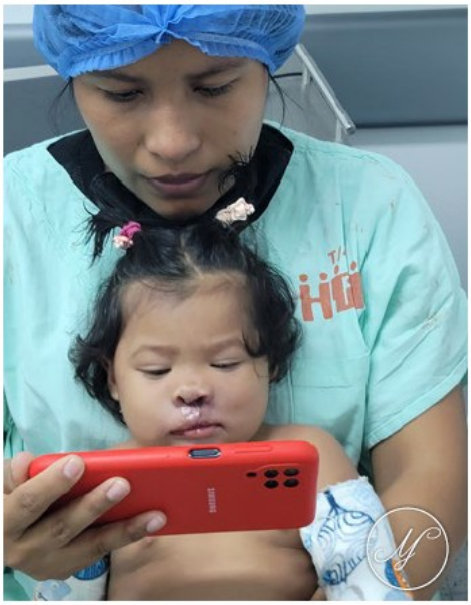
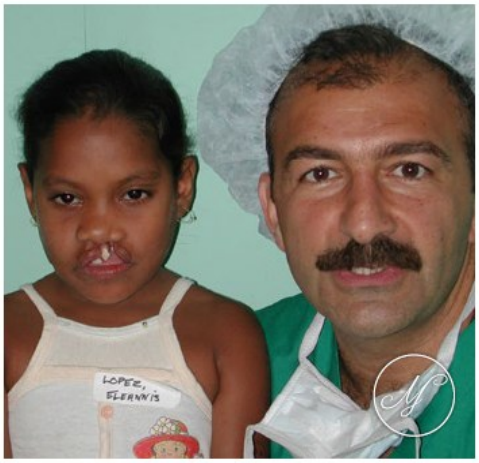
The following pages are an excerpt from the book

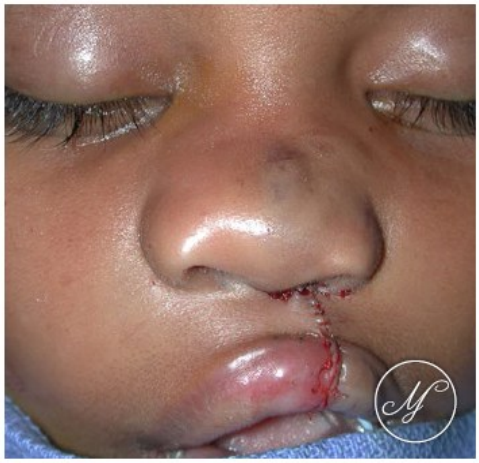
"The Truth about Plastic Surgery - An Educational Guide for Consumers" by David T. Morwood, MD, FACS

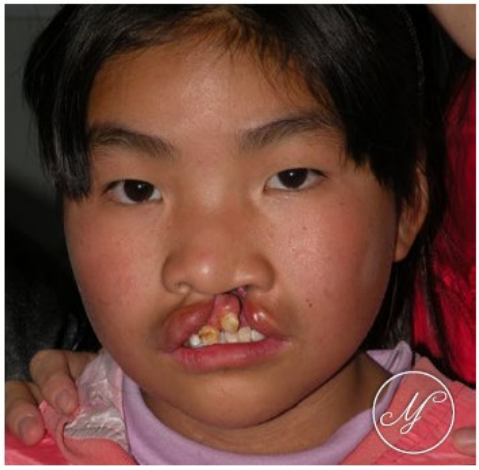
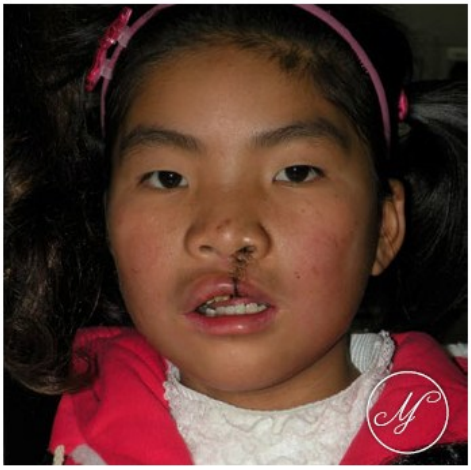
Chapter 25 - Caring for Children at Home and Abroad - Introduction to Pediatric Plastic Surgery

Cleft palates occur on every continent on earth



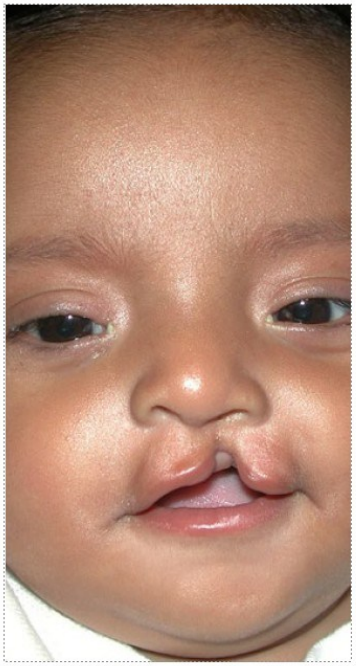
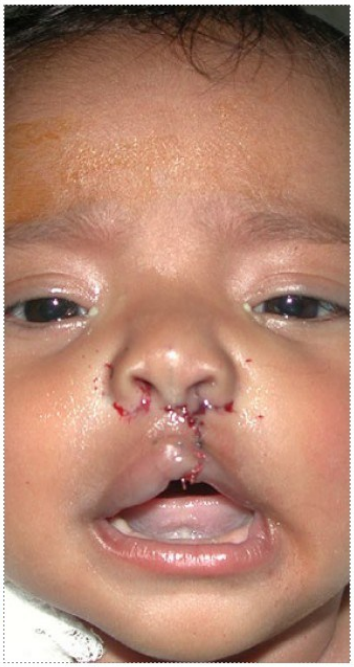



All over the world, families bring their children to our mission clinics





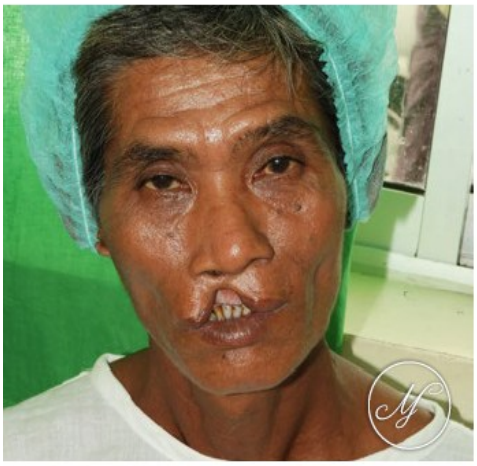






When left untreated, cleft deformities persist into adulthood. Cleft surgery in adults can be life transforming.






Just in Time!

During the pandemic and shelter in place, of course, we were not allowed to travel overseas. On our first overseas mission following the pandemic to Guatemala, there was a backlog of cases and lots of babies, children, and families who needed some help. I was operating on the next-to-last day, during the last operation scheduled that day, when our charge nurse walked into our room and told me that there was one late-arriving family. We were all aware that our surgery schedule the next day was full; still, our charge nurse requested that I at least evaluate the baby, and perhaps I could recommend returning for the next mission. It was a blessing to meet little Alejandro. Although his cleft was obvious, he was a beautiful little boy with bright eyes and an engaging manner. After his loving parents requested that we look for an open spot on our schedule, I returned to the operating room suite to discuss with my team. Everyone knew our schedule was already full, and we were getting ready to return to our hometowns when we finished operating the next day. In spite of that, the nurse anesthesiologist and our volunteers enthusiastically approved adding Alejandro to the schedule for the next day. The parents were so grateful, they asked me what they could do for me. I told them our reward was to see their baby undergo a high quality, safe operation, and it would be such a delight if they could somehow figure out how to email a photo to me every Christmas showing us Alejandro's progress - I have been blessed with not only photos of Alejandro but reports about how well he is growing and thriving. The nearly perfect timing of meeting Alejandro turned out to be not just one but many of the best Christmas presents I could receive.

The first surgery to repair a cleft lip is scheduled when the child is about 10 weeks of age.

Two days following surgery, normal healing after cleft lip and nose repair.

One year later, Alejandro is a happy, active, good-looking little boy.

With time, Alejandro's scar is fading and he is growing toward his full potential.

For further information, to donate, or to inquire about volunteer opportunities, go to:

http://www.DrMorwood.com, or

http://www.Rotaplast.org, or

https://www.AllianceForSmiles.org, or

http://www.MissionPlasticos.org