

## MAN ON A MISSION

### Dr. Brian Camazine practices surgery on three continents

by Katie Moore

"There's a certain mentality to surgeons," admits Dr Brian Camazine. "They're the kind of people who want to get things done, who are always in a hurry."

Unlike most in his field, as a child he didn't dream of becoming a doctor. Though severe asthma exposed him to the profession at an early age, the New Yorker didn't consider a career in medicine until he was already at Harvard and his brother had begun med school. As an undergrad, he grew bored with school and took some time off, during which he went to motorcycle-mechanic school, did some photography and travelled the country on his bike. He did, however, eventually return to school. After earning his MD at Harvard Medical School, during which he again grew bored and took time off, he completed a general surgery internship at the University of California and a surgical residency at the University of Arizona-Tucson hospitals.

After his residency, Dr Camazine was uncertain about what to do with his life. "I knew that I was interested in big surgeries, that I wanted to do big operations, which isn't what you do in private practice," he says. For him, the world of private practice consisted of hernias, gall bladders and breast biopsies. He decided instead to do a fellowship in thoracic oncology with Dr Takita at the Roswell Park Cancer Institute in Buffalo, the oldest cancer institute in the US. Takita became his professional mentor. "He made sure that I learned everything I could from him," remembers Camazine. "From day one, I did every surgery with Dr Takita assisting me, patiently taking me through the case." He still calls Takita when faced with a complex case, "just as some of the residents who've gone through my program call and bounce ideas off me," he says.

After a year of cardiothoracic surgery at the University of Chicago, Dr Camazine moved to Temple, Texas, with his wife and child. He currently works as general and thoracic surgeon as well as director of the surgical intensive-care unit at the Central Texas Veterans' Health Care Center in Temple. He is also assistant professor of surgery at the Texas A&M Health Science Center and the consulting thoracic surgeon at the Darnell Army Community Hospital in Killeen.

"I find intensive-care medicine rewarding," he says. He is the only one at the army hospital performing lung surgery and also gets to take on some of the more involved general surgery cases that require a lot of post-operative care, such as colon and liver resections, cancer operations in the abdomen and neck, as well as hip disarticulations.

He finds working with veterans a challenge -- and he loves a challenge. "They're older

and more sick, with heart and lung disease," he comments. Camazine says the veterans have a unique pathology that's often very advanced -- smoking. "If they didn't smoke before they went to war," he says, "their ration packs included cigarettes and they eventually became addicted."

## **FROM BOSTON TO NIGERIA**

Surgery is more than just a profession for Dr Camazine. "I consider myself lucky," he says, "because my hobby also happens to be my job." It was in 1985, while taking a yearlong break during his medical degree at Harvard, that he first met Dr Farrar. In 1964, Farrar founded the Nigerian Christian Hospital in Aba, Nigeria, with the International Health Care Foundation. The 110-bed hospital provides health coverage for an area with about 100,000 people and is staffed by full-time physicians and clinicians. During four months of each year, when various surgeons are visiting, the hospital can handle almost any case.

Farrar allowed Camazine to assist and eventually perform surgeries, something he wouldn't normally do until well into his residency. "Dr Farrar was truly inspirational," he remembers of his first trip to Nigeria. "I love medicine and figuring out medical problems, and here was a place with patients with pathologies different from those I was accustomed to encountering."

Conditions here are far from ideal. The lighting is often poor, the equipment sub-standard if available at all, the electricity unreliable and a heat that can be unbearable, especially with no air conditioning in the operating room. "Sometimes it's so hot we're sweating into the wound," he says, "but somehow the patients don't get infected."

Along with treating problems such as bowel obstructions, giant hernias, goitres and sarcomas, time at the Nigerian Christian Hospital is also spent training local doctors. Dr Mike Enyinnah, a Nigerian doctor specializing in surgery, trains closely with Dr Farrar, Dr Camazine and other visiting doctors so that he will be able to provide better care for the population. "I think he will become one of the best surgeons in Nigeria," Camazine says of Enyinnah.

So that patients feel more comfortable with him, Camazine has attempted to learn Ibo. "When we go on rounds, I'll ask a patient a question in Ibo and then the nurse who's with me will translate my Ibo into Ibo," he laughs.

Dr Camazine has returned to Nigeria for month-long stints at the hospital seven times in the last 15 years. His trips often overlap with Dr Farrar or another visiting surgeon so that patients requiring long-term post-op care can be well treated. And he now brings residents and medical students with him. "It's great to expose them to an environment

where their learning curve is 100 times what it would be in the US," he says.

### **AND ON TO GUATEMALA...**

On his return from Nigeria one year, Dr Camazine considered the yearlong wait until his next visit a daunting prospect and so sought out another organization in which he could become involved. In 1996 he began making annual, weeklong trips to Guatemala with Health Challenge International, an organization that provides free medical care to Mayan Indians who would otherwise not receive treatment under Guatemala's inadequate healthcare system. While Health Challenge International, like International Health Care Foundation, is a Christian organization, their set-ups are very different. Health Challenge International brings enough staff and equipment to fill a tiny hospital, usually between 25 and 30 people. While this means the equipment is not very different from that which is used in US hospitals (including air conditioning in the operating room), the lack of a permanent hospital means there's no continuity of care. This is why, of the approximately 70 surgeries performed during the usual five-day stay, the majority of them are hernias. "We don't want to leave behind a patient who's just had a big operation and who could get sick," explains Camazine. "There is a doctor there, but he's not equipped to deal with any significant complications." Gynaecologists also make the trip to Guatemala. "They perform hysterectomies on women with prolapsed uteruses, the result of carrying loads of wood on their heads and from having many babies."

### **...AND BOLIVIA**

This year, instead of making the trip to Guatemala, Dr Camazine went to Bolivia with Esperança, a non-profit, non-denominational international health organization that brings healthcare to those in Central and South America who cannot afford it. "I wanted to try something different," he says. He travelled with his friend Dr Grote to work at the Hospital San Juan de Dios in Tarija for 10 days. Surgical teams usually arrive with a surgeon, anaesthesiologist and two nurses, but Camazine couldn't find any who were available to join him. It turns out that they wouldn't have been needed had they gone. "The local scrub nurses and anaesthesiologists at the hospital were great," he says. They also worked closely with the Bolivian surgical residents, who enjoyed scrubbing-in on the surgeries and helping with the post-op care.

While Hospital San Juan de Dios is well equipped with personnel, specialists and equipment, it is a fee-for-service hospital and the poor largely go ignored and unserved. Esperança tracks down people in need of free healthcare services and has the patients ready by the time the surgical team arrives. They also pay the hospital for the use of the operating rooms and beds.

Before leaving for Bolivia, Camazine instructed Esperança to prepare for at least six surgeries per day. "I believe that you can always rest when you're dead," he says. "I

figured we could just plough through the surgeries and help as many people as possible."

They treated goitres and neck masses, biliary diseases and gall-bladder problems. "These were not your typical biliary diseases," he says, "because these patients had had their troubles for a long time, their gall-bladders were very sick with severe inflammations."

They also encountered many gastro-intestinal problems from Chagas disease. Caused by a parasite that is transmitted by the vinchuca bug, the disease affects many organs, including the large intestine. Because the bug lives in the thatched roofing of houses, Esperança has initiated a project to help people renovate their homes so that the risk is reduced.

One case in particular drew Dr Camazine's attention. An elderly woman had a submandibular mass -- which they presumed was a salivary gland tumour but which turned out to be a carotid body tumour. "Although I had done many carotid surgeries in the past, I'd never excised such a tumour," remembers Camazine. Without a CAT scan, angiogram, vascular instruments or blood for transfusion, the case proved tricky. "We carefully dissected the carotid arteries and surrounding structures. The surgery was difficult as the tumour was very vascular and bled easily," he says. They weren't sure if they could safely remove the tumour until Dr Vargas, the hospital's chief of surgery, arrived with his personal vascular clamps -- "these would have been critical had we got into trouble," says Camazine. "After we divided the external carotid artery, we removed the tumour without a hitch."

During the four operative days in Bolivia, they performed 21 surgeries. Dr Camazine and Dr Grote enjoyed the experience so much, they're planning on returning to Tarija this November. This time they hope to treat even more cases.

So what is it that keeps him volunteering? For Dr Camazine, the answer is threefold. First there's the thrill of undertaking new projects. "Every time I go to Nigeria, Guatemala or Bolivia, it's a new adventure," he says. There's a spiritual component to the adventure. "The spiritual aspect doesn't have to be religious, but working in these places makes me feel good about myself," he says. "And in this regard, it's not completely altruistic." He also appreciates being able to do what he's best at. "It's nice to help people without all the accessory hassles associated with it that you have in the US," he says. By accessory hassles, he's referring to the red tape, billing problems and fears of being sued that are more and more common in the US medical system.

For each mission, he not only has to pay his own way, but it also eats up his precious vacation time. His wife, whom he actually met in the operating room -- she's a nurse -- during the third year of his residency, manages to take care of their three children as

well as work while he's away. "She understands that these missions are important for my mental health," he laughs.

That said, Camazine has precious little free time to himself. But then again, he counts himself among those who really love their jobs. "There have been very few days in the last eight years when I haven't been anxious to go to the hospital and start working," he claims. "I guess I'm just lucky."

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