

Gary Myers spends time with family members of his patients, who have traveled to the MSF hospital in Adre, Chad, near the Darfur border, camping outside, eating and sleeping on hospital grounds until their relative is released.

A Doctor Without Borders

BY ANNE BARAJAS HARP
PHOTOS PROVIDED

Gary Myers had everything a successful surgeon could hope for—except the satisfaction of knowing he was using his skills to make a difference in the world.

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Gary Myers had earned the just rewards of a successful career in medicine. After an admitted restless streak had led him through a series of general-surgery stints in Oklahoma and Arkansas, he and his wife, Stacey, had a lovely home in Norman, a son in college at the University of Oklahoma and a daughter nearly ready to join him there.

Instead of feeling contentment, Myers became convinced he should be doing more with his life. A brief experience with a surgeon exchange program in Peru, a church mission trip to Nicaragua and the aftermath of 9/11 led Myers to think about making a difference in the world.

"It embarrassed me that I was so provincial; I realized that there's more we can do to interact with other people," says Myers, 52. "My theory was that I'd balance private practice with international medicine. I wanted to export myself a little bit."

Myers researched then applied to Doctors Without Borders, the international medical organization that often is first responder to humanity's worst episodes. He had no idea what he was starting.

Doctors Without Borders, better known worldwide as "Medecins Sans Frontieres" or MSF, sends medical personnel, water-and-sanitation experts and other professionals to nearly 4,000 field assignments in more than 70 nations. While on site, these volunteers help people whose lives have been destroyed by war, epidemics, famine, poverty and other disasters. MSF is considered somewhat controversial due to its fierce independence, refusal to become involved with geopolitics and outspoken advocacy for victims.

The MSF application process usually takes a year to 18 months. Myers was the exception; within two months, he was in lush, tropical Sri Lanka. "It was a fateful thing. Another surgeon had arrived and left after only 24 hours because she felt she didn't have the training she needed," he says.

Two years before the tsunami washed away entire villages, Sri Lanka already was reeling from a nearly decade-long civil war between the dominant Sinhalese and separatist Tamils. Some 65,000 people died in the conflict. When Myers arrived in January 2002, a fragile peace was on the horizon. Because most of the fighting was over, he dealt primarily with land-mine injuries. He also witnessed the after-effects of suicide attempt by immolation, testimony to Sri Lanka's extremely high suicide rate.

The majority of Myers' work in Sri Lanka was not as dramatic. He and the other MSF professionals were filling in for medical personnel who had fled the fighting, and much of what he did was similar to his normal work routine. But when he returned to Oklahoma after several months, Myers had a growing sense of what he could accomplish as part of MSF.

"I came back home, thinking I would return to a normal life. That's when I really got the bug," he admits with a smile.

MSF asked Myers to consider another rotation in Sri Lanka just four months later. He found a more peaceful nation and hope that conflicts could be resolved. And after nearly 20 years in medicine, Myers also had found his niche.

"I'm kind of a gypsy. I think that's part of my story," explains Myers, a typically self-effacing Oklahoman. "[MSF] just seemed like something that fit me. I wanted to make a more sincere commitment."

He began reflecting on how much of the world is being devastated by AIDS and diseases the West thinks of as relics of the past—malaria, tuberculosis and cholera. MSF estimates that 1 million people die each year from malaria alone, 90 percent of whom are African children under the age of 5. Malaria is the most common illness in patients seen by MSF. If he was valued as a surgeon, Myers realized, he could be even more valuable to MSF as an epidemiologist, a doctor of diseases.

Returning home again from Sri Lanka, Myers shared his feelings with his family.

He and Stacey decided to take their lives in a new direction. Myers would leave private medical practice and return to OU, where he had earned both his 1976 bachelor's and 1985 M.D., for a master's of public health in epidemiology and biostatistics.



Myers operates on a child with a neglected leg infection. MSF field hospitals use pre-existing equipment, some dating back to the mid-1970s. "It's like going back in time," Myers says, adding that he found relying on his skills rather than cutting-edge equipment refreshing.



This elegant-looking woman had walked for two days while carrying her child to reach an MSF hospital, where Dr. Myers treated her for an infected foot.

Their big house would be sold, replaced by an apartment in downtown Oklahoma City near the College of Medicine. Stacey's job as assistant curator of education at OU's Fred Jones Jr. Museum of Art—and a nest egg from the house proceeds—would make it possible for Myers to devote all of his time to MSF, which offers its volunteers only travel expenses and a modest stipend.

He insists the change was not entirely altruistic. Myers had become frustrated with the complexities of the American medical system; by comparison, there was a wonderful simplicity and purity to the medicine he could practice as an MSF doctor.

"They're savvy enough to place us where we can do the most good. We're not saving the world or even correcting problems," Myers stresses. "We're just helping a population that's lost something—basic medical care."

Myers' next MSF assignment in summer 2003 was not so basic. He was sent to the besieged capital of Monrovia, Liberia, where rebels had attacked innocent civilians seeking refuge from a war raging on and off since 1989. More than 200,000 people had been killed during the course of the conflict, and 700,000 had become refugees from the fighting. Just getting to Monrovia was a challenge. Arriving, Myers was shocked to see child soldiers holding AK-47s, part of an army commandeered by warlords, controlled by drugs and alcohol and often as young as 10 years old.

"It was more anarchy than a war," he says. The local hospital had been overrun by rebels, so MSF turned its headquarters into a hospital that housed 300 patients, 200 staff members and an additional 150 family members.

"We blamed everything on stray bullets," Myers says wryly, adding that innocent people simply walking down the street would be struck by bullets falling from the sky. Ten minutes after he arrived in Monrovia, with his bags still within reach, Myers was on his way to perform a tracheotomy on a man who



Young Chad militia members wait outside the MSF hospital. In other war-torn areas of Africa, warlords commonly recruit child soldiers, some as young as 10, and control them with drugs and alcohol.

had been shot in the throat. Only hours later, throngs of patients waiting for treatment in the MSF compound became unintended targets. "A rocket fell right in the middle of the people and killed 10," he says.

Many of Myers' surgeries involved gun wounds to the feet, because it was common to retaliate against enemies by shooting

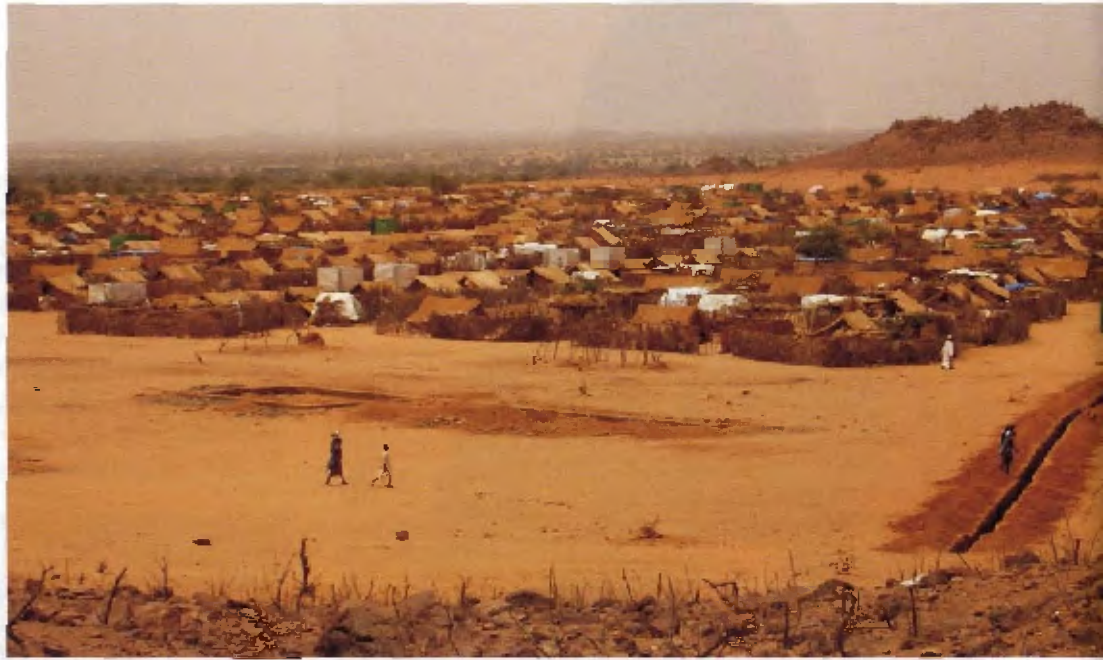
them in the foot. On the other extreme, Myers successfully operated on a 15-year-old boy shot in the heart.

“That’s one of those crowd pleasers, but it’s not a testament to a good surgeon; that’s just good luck. The nice thing about it, though, was it established me with the staff—they thought I was a shaman or something,” he told the author of *Hope in Hell: Inside the World of Doctors Without Borders*. But he found that the world is a humbling place. “The next day a guy came in with his abdominal wall blown off from a mortar. I operated on him for three or four hours, and he bled to death. I looked over my shoulder and said, ‘Yeah, I’m really not a shaman.’”

Magical or not, Myers and his colleagues were in high demand and treasured as mentors to Liberian medical students, whose school had closed due to the war. He was honored to return to Monrovia in 2004 both to work for MSF and to help medical students learn about clinical surgery and biostatistics.

Last summer, Myers was back in Africa, this time on the border of Chad to assist with some of the 200,000 refugees streaming out of Darfur, where a three-year-old conflict has displaced 1.8 million and killed 300,000. Myers says the situation in Darfur often is blamed on ethnic clashes, but the real problem lies between two distinct populations—cattle ranchers and farmers—fighting over scraps of land. “It’s like a range war in the West. Grass is so precious, people will do anything for it.”

A surgical team at the MSF site in El Genina, Darfur, included nurses and doctors from France and several African nations. The majority of MSF employees are native to the nation they serve. These national staff members “are the glue that holds us together,” says Myers, here on the far right.



The 50-acre Furchana refugee camp houses 35,000 people, part of the some 200,000 refugees entering Chad from war-ravaged Darfur, where approximately 300,000 have been killed and 1.8 million displaced.

Health care in Darfur often is non-existent; patients came to the Chad hospital by camel, donkey cart or by walking miles through the desert. Myers frequently dealt with neglected trauma wounds and malnutrition, operating on as many as 15 patients per day—five times the number he might normally see at home.

He also found himself in the strange territory of obstetrics. Darfur women have little or no access to prenatal and obstetric care. Myers says it is common for a woman to undergo seven



or eight pregnancies, with only two or three children surviving birth. He estimated that nine out of 10 women he treated already had lost their babies during labor, which often lasted days before they reached medical help.

Maternal health also played a large role in his work in Sierra Leone this past fall. Again, Myers was dealing with the after-effects of a civil war in which more than 2 million had been displaced and tens of thousands killed. Sierra Leone has the

to export it to areas where it's so important. If they had clean water and sanitation and 1,500 calories a day, it would solve so many problems. These things are reasonable; they're attainable.

"[MSF is] a place where I fit in and I'm comfortable, but it's so difficult. The things I like about the job are the same things I hate about it—that's the paradox." Another paradox is that the sheer scope of human need he encounters keeps Myers from becoming discouraged. "It's just amazing that there's so much to be done. You become overwhelmed at first, and then after a day or two, you realize that you can't possibly do it all.

"It's not a Pollyanna thing, and it's not a panacea; it's my opportunity to use all the things that OU and my experience have taught me over the years. It's intoxicating, and then addictive," Myers confesses. "That's the embarrassing thing about it."

Myers' wife is happy to live with his addiction. Stacey says his experiences have enriched her life, as well as those of their children—Matt, a 2005 OU graduate now teaching high school, and OU junior Meagan. "It's just pure joy for him. He's a really good man with a really good heart who wants to give back. I'm so proud of him—our whole family is."

For Stacey, the hardship of their frequent separations is about to get easier. Myers' expertise as a surgeon, paired with his volunteer efforts and his 2005 OU master's degree, has grabbed the attention of MSF administrators. In April he assumes a full-time staff position with MSF international headquarters that will split his time between Geneva and Vienna, where Myers will help start and monitor surgical programs for African nations and other countries.

This may be the opportunity of a lifetime for someone who has traveled the world to finally find his perfect niche. Myers says it all was made possible by his wife and children, his colleagues and his OU professors. "They have given me this career. I owe thanks to my family and everyone else. It's not a very secure life, but it's a real gift."

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Myers proudly shows off one of the rare, healthy babies born during his time in Chad. Nine out of 10 women the American doctor treated already had lost their babies during labor, which sometimes lasted days before they reached the hospital.

world's lowest average income and highest maternal mortality rate—making it perhaps the worst place in the world to give birth. Tuberculosis and malaria also are serious problems, as Myers discovered firsthand.

"I did a really stupid thing—I got malaria in Sierra Leone," he says with a shake of the head, explaining that he missed one day of his anti-malarial regimen. But unlike many of his patients, he has easy access to health care that will make malaria a distant memory. By contrast, such basic issues as general wellness and cardiovascular health go completely unaddressed in the countries Myers has served.

"We have so much," he says. "We devote so much money and energy to health care. It requires so much energy and infrastructure. What's frustrating to know is that our society has figured out ways to deal with these things, but it's hard to figure out ways