The GCH Online Gift Shop
In case you hadn’t heard, the Upstate Golisano Children’s Hospital Online Gift Shop is now open for business: http://www.gchstore.com/. Not only does it feature a full assortment of fashion clothing and gift items (all with the GCH label) but it offers them modeled by some of the most sought after models in the industry. Or, at least in the GCH. And on top of all of that, a portion of the proceeds on all sales will go to the GCH. The Crier was fortunate to have gotten an exclusive interview with one of the models. Payton Welsky is Photographer Rich Welsky’s yellow lab (as seen modeling the GCH dog collars).

There definitely could have been more treats on the set. And more nap breaks. 5. Was there any kind of compensation for your modeling? Having my picture on the GCH On-Line Store website is compensation enough.
6. Anything else you would like to tell us about your modeling experience, the Pet Collar, or the new GCH product line?
If there's something you'd like that you don't see, put in a request for it! We have too many items to display!

Thank you, Payton (and thank you Barb Delaney for your help interviewing Payton).

Pediatric Ophthalmology Mission to Hue, Vietnam
Marc Safran, MD

As a local Syracuse ophthalmologist who performs general and pediatric eye care, I have been fortunate to combine my profession with a love of international work. During the past decade I have volunteered with an organization called Healing the Children (HTC) - a pediatric surgical services group that organizes international missions with surgeons, pediatricians, anesthesiologists, nurses and OR staff. They also bring complex medical and surgical cases to the states. Started in 1979 in Spokane, Washington, HTC now has district offices in thirteen regions and has cared for thousands of children. The surgical services are all provided free of charge for needy children.

Our latest mission, through the New Jersey chapter of HTC, was a multi-specialty surgical team visit sent to Hue, Vietnam – a medium sized city just north of Denang. Our group included three ophthalmologists, two urologists, two plastic surgeons, an orthopedist and several anesthesiologists and pediatricians. Rounding out the team of forty were more than a dozen OR nurses, recovery nurses and administrators. I was the lone Syracuse member. An administrator from HTC had flown to Hue Central Hospital early in 2011 to set up the trip’s feasibility and logistics. Preparations for the mission – from personnel, travel arrangements, legal and licensure matters, supplies, equipment, medications, etc. – are complex and lengthy for the team administrators. Since the missions are all charitable, each team members is expected to pay for themselves. In essence, costs beyond the airfare are generally very reasonable as we visit poorer areas where the land, room and food costs are low.

My past missions with HTC included trips to Ansaldos (Bolivia), Esmereldas (Ecuador), Azogues (Ecuador) and Hoi An (Vietnam). These were pediatric ophthalmology groups. We ran eye clinics, segregating out surgical cases that included strabismus, ptosis and cataracts.

For most missions, team members typically have 12-36 hours of demanding travel to reach sites which
using domestic and international air carriers, as well as local road travel. Once in Ecuador we had a flight on a military cargo plane chartered especially for us. In Bolivia we drove across dry river beds in ambulances to get to our remote clinic. The transport not only includes the personnel, but also our large cache of medical baggage. We typically take the day after arrival to set up our equipment in the hospitals and clinics and acclimate to the new settings as well as meet our hosts and each other. On the first official day of work we set up a screening clinic. Patients and their families are recruited by area hospital, physicians, Lions Clubs, Rotary Clubs, orphanages and word of mouth. Some recruitment campaigns have been more successful than others. If possible we work with residents in area programs. Each mission has been different, but the clinics can be very intense and busy as there may be over a hundred patients and their families waiting to be seen before the doors have even opened. In addition we are often working with rural patients who may be speaking Qetchuan (Andes dialects), Vietnamese or Hmong, and we must rely on translators. Our work protocols, flow of patients and general rhythm of the clinic can range from orderly to controlled chaos. Also, given our short time of the mission (6 days), we are limited as to what we can and cannot treat effectively. For our ophthalmology patients, we set up stations to: record demographics and histories; check visual acuities; examine the ocular alignment, lid positions, refraction and anterior segments; dilate the pupils; check fundi and take appropriate photographs; set up surgical date and time. All surgical patients must get a physical with our pediatricians. They are allowed to stay at our hospital site or return to their homes prior to the actual surgery.

In addition to providing essential services for the surgical clearances, our attending pediatricians can make site visits with our nurses to area orphanages or schools.

Surgical work is typically done over the next 4 days and, while usually tiring, is often an uplifting experience. There is a sense of great camaraderie among team members who are coming together through their common respect for medicine and patient care, delivering services to needy and appreciative children in areas where opportunities for such care may not exist or be affordable. It is liberating to be able to practice freely, without burdens of insurance or bureaucracy. While each trip is unique, our ophthalmology team aims to perform 50-80 general surgical cases. Our last visit in Hue, Vietnam had smaller numbers as we spent more time working directly with residents from patients they had selected at their clinics.

During the missions we may be able to present a lecture to the area residents or physicians. We also develop a relationship with the area ophthalmologists who can help provide post-op care after we have departed. It is common to have dinners and receptions with host physicians and support organizations. These allow for great cultural and personal exchanges, and build strong camaraderie. By the end of the intensive week, we all feel tired but close to one another having shared a rich experience together. Of course, many of us will tack on a few days for tourism as there are so many beautiful things to experience. In my own case, I’m a serious photographer who enjoys the opportunity to shoot on exotic locations. My own work is at www.marcasafran.com/

For those interested in donating their time and services to such ventures, I suggest visiting Healing the Children’s website at http://htcnj.org or contact me through email at msafran@clayeyecenter.com.

‘Tis the (Interview) Season

As most of you are aware, the 2011-2012 interview season has come to a close after interviewing 133 excellent candidates. Special thanks to all of the residents and chief residents who hosted dinners, did tours, ate desserts, and helped recruit these applicants throughout the interview season. And thank you to all of the faculty who helped with the 266 interviews that took place (not counting afternoon wrap-ups). We couldn’t have done it without all of your help. Hopefully, the Crier will be reporting the results of an excellent match in March thanks to all of you!

Her Opera (Chorus) Debut

Our very own Sue Stred will be giving her debut opera performance at the Syracuse Opera’s performance of Carmina Burana - Friday, February 10 at 8:00 pm, and Sunday, February 12 at 2:00 pm at the Civic Center. Dr. Stred tells the Crier: "In the Fall of 1993, my husband and I went to our usual subscription seats at the Syracuse Symphony Orchestra. What I heard even in the first few seconds of that night's concert caused my jaw to just drop! When the featured piece,
‘Carmina Burana’ was over, I turned to my husband and said: ‘I want to do THAT!’ A few weeks later, I auditioned for the Syracuse University Oratorio Society and was accepted. I have since had the opportunity to sing the work in the same venue in two additional subscription years. In February, I'm going to have the chance for the first time to sing it with Syracuse Opera, accompanied by Symphony Syracuse.

‘Carmina Burana’ is a bombastic set of medieval poems, most assuredly NOT pious, found in an abandoned monastery in Germany. The opening chords, in a dissonant minor key, have been used in so many commercials and movie scores, you've probably heard them at some point. The whole set, usually running about 80 minutes depending on the tempo set by the conductor, includes both solos and choral pieces, in either Latin or Middle High German. (There will be surtitles in English). Even though the composer, Carl Orff, intended some costumes, sets, and actions in his original plan, it is not at all a traditional opera (there is no action unaccompanied by music). It is usually performed as a concert set piece.

The number of voices needed in the chorus is larger than the usual Syracuse Opera core chorus, so additional singers, such as you truly, were allowed to audition. I should note (pun intended) that the Music Director assigned me to sing mezzo-soprano, one voice part higher than my previous performances, so that has kept me on my toes.

Rehearsals have been going well: I am blown away by the talent in the room! By next Tuesday, we must have everything memorized. We do not yet have information about costumes and stage action, but I am looking forward to a memorable Syracuse Opera debut, even if I'm assigned to stand in one place for the entire performance. It is a very exciting piece! So, for those of you who like amazing singing, but

You can get your tickets for “Carmina Burana” online at: http://www.oncenter.org/event/syracuse-opera-presents-carmina-burana

Well Deserved Kudos
Sarah Irish
With the holidays behind us, please remember to thank your Child Life Specialists for their extra hard work and efforts to distribute toys not only to the inpatient children within the hospital and the Pediatric ED, but to most all of our pediatric clinics as well. Donation calls begin to overflow Margaret Nellis’ inbox right around Thanksgiving and continue through the New Year. All of these donation requests must be organized as either a drop-off or a pick-up coordinated by one of the Child Life Specialists. When the holiday toy shop was brimming with toys, Child Life then faced the task of sorting toys into age appropriate categories and wrapping everything for distribution by Christmas day. This work is done seamlessly in addition to regular patient care and other daily needs. Thank you to all of the Child Life staff for making spirits bright for all of our pediatric patients!

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Pediatric Star-of-the-Month
By Lisa Blystone
The Pediatric All-Stars of the month are Saleh Bhar and Marium Gill, for the extra efforts that they have put forth to help out in a pinch, and make life easier for their colleagues. They are true stars! Marium and Saleh, please check in with Patty Mondore (4-5800) or Lisa Blystone (4-7600) to pick out your prizes from the Stars treasure chest.

FEBRUARY BIRTHDAYS
2/1 Lindsay Dudeck
2/3 Kevin Ragosta
2/7 Tristan Lindberg
2/14 Winter Berry, Steve Blatt, Greg Liptak,
2/17 Trisha Tavares
2/18 Leonard Weiner
2/22 Tri Nguyen
2/23 Raya Safa
2/24 Manny Karjoo, Richie Cantor
2/28 Nellie Sadaghiani

Congratulations Siraj!
Congratulations to former resident Siraj Amanullah and his wife Mariam with the arrival of beautiful baby girl Hanaa Siraj Amanullah on January 17th 2012. She weighed 6 pound 13 oz at birth.