

T's a long way from the noisy, messy port of Lagos, Nigeria to the port of Oakland. The gulf in wealth, culture and distance is vast. Yet one man leapt the gap when he came to work at Children's Hospital & Research Center Oakland as a surgeon in 1991. Ever since he arrived in the United States nearly 30 years ago, Dr. Idowu has looked for a way to take the healthcare skills he's honed in America back to Nigeria.

Olajire Idowu, MD, exudes energy, laughs heartily and at 59, has only a hint of gray in his thick black hair, despite the challenge of 15 years working in Children's Hospital's surgery department. Last year, he was named chair of the department of surgery.

Dr. Idowu's father was a trader and the first person he met who always gave of himself. Later, there were others, Nigerian students, white doctors in missionary hospitals and healthcare professionals in America. But his father was the first.

"When I was growing up (in Lagos) my dad was always helping people," said Dr. Idowu. "If he has one dollar and somebody needs that one dollar, he gives it out, he doesn't think twice about it. I just grew up trying to help people. And I decided being a doctor would mean I can help more people than doing anything else."

A natural student, Dr. Idowu quickly determined in high school what he would need to know in his early college years and began studying those subjects. He completed his undergraduate education

in record time by acing challenge exams.

By 1969, Dr. Idowu had graduated from the Government College in Ibadan and begun his studies at the University of Ibadan School of Medicine. About halfway through he did a training stint at a remote mission hospital in the jungle some 200 miles from Lagos.

There was only one surgeon and one intern at the Eku Baptist Hospital where Dr. Idowu got his first hands-on hospital experience. Watching that doctor moved him to take up surgery himself.

"(All the doctors) do the same thing, because at the mission hospital you have to do everything," said Dr. Idowu, "but then the surgeon has longer hands for helping people than the internist. That's when I decided I was going to do surgery."

Dr. Idowu graduated and began his internship in 1973 at the Baptist Medical Center in Ogbomosho. The caring attitude of their white expatriate American clinicians impressed him, especially Martha Gilliland, MD.

"She was a gynecology doctor, but she can do brain surgery" said Dr. Idowu, "she can do trauma surgery, chest surgery, she was just a well-rounded missionary doc-

tor." The wife of the Baptist Seminary's president, Dr. Gilliland had four children, two of whom went on to careers in medicine. Dr. Idowu considers himself her fifth child.

"She taught me how to hold the knife," said Dr. Idowu. "The first person to do that determines what kind of surgeon you're going to be. She was also a mother to me."

Like any good mother, Dr. Gilliland looked out for Dr. Idowu, connecting him to a California surgery professor looking for promising young talent to join his hospital.

The 30-year-old Dr. Idowu and his wife landed at Los Angeles International Airport in 1976. Their life savings in Nigerian currency had netted them only \$200. They walked to the curb looking for a car belonging to surgery professor Jerrold Longerbeam, MD. They expected to see a Cadillac or Rolls Royce. After all, Dr. Longerbeam was a professor and a surgeon, and this was America.

"So we took my box and I said to my wife, 'Look over there,' and we go to this car and it looks like a beaten down car from the jungles of Africa," recalled Dr. Idowu laughing.

The modest and generous Dr. Longerbeam mentored Dr. Idowu through his five years of residency at Loma Linda University Medical Center. "(Dr. Longerbeam) took me to his house every two weeks and I had dinner with his family," said Dr. Idowu.

In Loma Linda, a distant San Bernardino suburb of Los Angeles, Dr. Idowu decided to specialize in pediatric surgery because pediatric surgeons do a wider variety of procedures than general surgeons. After a fellowship at Detroit's children's hospital and another stint at Loma Linda as an attending surgeon, Dr. Idowu and his wife, Olufunmilayo

Nigeria Ogbomosho

Ogundipe, MSN,
DPH, moved north, to
the Central Valley city
of Lodi.

Here they raised their two children, a daughter, now in her second year of a surgery program at Vanderbilt University in Tennessee, and a son, studying neuropsychology in New York.

Dr. Idowu honed his skills as chief of pediatric surgery at San Joaquin General Hospital in Stockton. Soon he began making long Saturday drives to Oakland to attend Grand Rounds at Children's Hospital. Here he met surgeons and other healthcare professionals who would one day become colleagues.

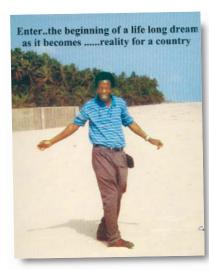
With some of them he would pursue his dream of bringing American-quality healthcare to countries where it is no more than a fantasy. He would finally build a bridge back across the gap he'd jumped in 1976.

But first Dr. Idowu needed to establish himself at Children's. In 1991, he joined the hospital's surgery staff. While his wife and children continued their lives in Lodi, Dr. Idowu commuted to Oakland. To pass the long, lonely commute hours he listened to continuing education tapes about surgical techniques.

In 1995, Dr. Idowu began giving his dream more thought. He traveled to Africa many times. He invited Nigerian doctors to visit Children's Hospital. He was on the lookout for kindred spirits at Children's.

"I went around Africa one time with a group of missionaries, it wasn't a pretty sight," said Dr. Idowu. "I've been to Gabon, Nigeria, Cameroon, and it's the

A TRIBUTE TO IDOWU: [Left] Katie Sabato photographed Dr. Idowu at a Nigerian beach, a rare celebratory moment during their first visit.



same thing, 90 percent of the population doesn't have an adequate healthcare system."

That trip in 2000 finally made the spark inside Dr. Idowu burst into flame. He approached Katie Sabato, PRT, a 19-year Children's Hospital veteran and respiratory therapy expert. Sabato had just returned from Belize where she'd been helping a former Children's doctor improve conditions at Karl Heusner Hospital.

"(Dr. Idowu) just has this aura around him," said Sabato, "when you're with him



BEING IDOWU: Dr. Idowu shares a laugh with Elan Douglas, 7, and the boy's mother (not pictured) during a post-op visit at Children's.

you feel safe, nothing's going to happen, we're going to do good work. When you meet someone like that you want to be around him and help him."

The two teamed up to form Medical C.A.R.E. Corporation, a nonprofit dedicated to helping "children of all races everywhere," focusing for the moment on Belize and Nigeria. They found others to join them.

Katie, Dr. Idowu and several others, including Ziad Saba, MD, Children's

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cardiology chief, went on the group's first medical mission to Nigeria in 2002.

That trip proved frustrating when Nigerian customs held four valuable ventilators hostage at the docks. An echocardiogram machine made it through after \$5,000 in shipping costs. But it was damaged before they could use it for surgery. Infrastructure problems at the hospital, including a lack of stable electricity, prevented them from doing the cardiac surgery they'd planned on. Dr. Idowu's decades-long mission seemed on the verge of failure.

They did some training, but no surgery. Some Nigerian clinicians thought they'd come only for photographs, like so many before them. "You see all these diseases and you feel helpless," said Dr. Saba. But they hadn't counted on Dr. Idowu's determination.

Early next year, Katie, Dr. Idowu and a new team will return to Nigeria. Needed equipment has already been shipped, including a powerful generator and a heart/lung machine. A cardio-thoracic surgeon and a perfusionist to operate the heart/lung machine will join them from the University of California, Los Angeles.

Jonah Odim, MD, the surgeon, is of Nigerian and American ancestry and has already been on one similar trip to Nigeria, as well as to many other countries. Aware of the "symphony of infrastructure" needed to do long, complex surgical procedures and the lack of those in Nigeria, he's still ready to return.

But this time Dr. Idowu and his colleagues have tried to think of everything. The generator, donated by Lockheed Martin, will ensure stable electricity. The heart/lung machine,

donated by Children's Hospital, will keep patients alive during long cardio-thoracic surgical procedures. And a new team member will help train people to keep those and other key machines running long after the medical team has returned to California.

A highly skilled mechanic, engineer and all-around fix-it man, Bill Dessel, a bio-medical engineer, will also go to Nigeria. Bill, a six-year Children's veteran with 12 previous years experience at hospitals in San Jose and San Leandro, knows how to keep medical machinery running under extreme conditions.

"We don't want to give them fish," said Bill, "we want to teach them how to fish." He's bringing technical manuals, spare parts, his ability to troubleshoot and resolve machinery problems, and the knowledge that there are always smart resourceful people around, eager to learn.

Bill shares with Dr. Idowu a sense of spiritual mission in his work. "We should all be helping each other with whatever abilities we have," said Bill.

Dr. Idowu, just a few months away from making his decades-long dream of better healthcare for Nigerians more real, echoed Bill.

"I think my spirituality translates into my work, because I give myself to it, you know, as an extension of my caring attitude and my spiritual obligation," said Dr. Idowu. "Because I think that's what we're

here for, to care for each

other." *

To learn more about

Dr. Idowu's nonprofit,

Medical C.A.R.E.,

visit their Web site at

www.medicalcareforchildren.org