

Face to Face Program

The First 17 Years

BY ANY MEASURE, THE FACE TO FACE PROGRAM, the pro bono arm of the Educational and Research Foundation of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation), has been a resounding success since its inception in 1992. How does such a program, one of the largest voluntary programs by any medical society in history, begin and grow? Tracing the history of dynamic growth (**Table**) may allow greater clarity for the future direction of the program. Accurately reporting the role of the program's early founders and today's largest contributors unveils a story of great passion about the worldwide progress of facial plastic surgery.

EARLY HUMANITARIAN EFFORTS

Before the Face to Face program began, there were voluntary efforts by facial plastic surgeons independent of any nationally organized effort. Many of these were trips that an individual surgeon would organize on his or her own, while others involved groups of surgeons. One example of a group trip occurred in the late 1970s to Morelia, Michoacán de Ocampo, Mexico. Participants on this trip included Richard Goode, MD, Eugene Tardy, MD, Ted Cook, MD, Norman Pastorek, MD, H. George Brennan, MD, J. Regan Thomas, MD, Wayne Larrabee Jr, MD, and others. Efrain Davolos, MD, an otolaryngologist and former mayor of Morelia, hosted the team, which would screen more than 100 patients and operate on as many as it could during the 3 or 4 days it was there. The hospital costs were covered by performing surgery on several notables of the area, and then those funds helped to pay for hospital and anesthesia time for the numerous patients who could not afford to pay. The trip lasted until the 1 airline (with 2 small planes) that could fly the team from Mexico City to Morelia went out of business. Ground transportation was too dangerous to risk after that, so future trips were canceled (oral communication, Drs Pastorek and Larrabee, July 2008).

In March 1982, China had recently opened its borders to international visitors after the Cultural Revolution.¹ G. Jan Beekhuis, MD, saw an opportunity to begin a cultural exchange with China and organized a trip that included AAFPRS members Thomas Alt, MD, David Briant, MD, Charles Clark, MD, Lawrence Field, MD, Charles Giffin, MD, Ronald Hamaker, MD, Marc Karlan, MD, Henry Karlan, MD, John Stone, MD, Bluford Stough, MD, Howard Tobin, MD, Garth Wagner, MD, and Richard Webster, MD. The group was hosted by Ruyao Song, MD,

and traveled for 14 days in China, visiting Peking's Ba-Da-Chu Hospital and Center of Plastic Surgery, which was operated by Dr Song. They also visited the Ninth People's Hospital in Shanghai and the Military Plastic Surgery Hospital in Xian. At each center they gave lectures and ward rounds, but no surgery was performed² (oral communication, Dr Beekhuis, July 2008).

FORMATION OF FACE TO FACE AND ITS INAUGURAL TRIP

In 1991, John Hoffman, MD, suggested the name "Face to Face" during a committee roundtable discussion of possible names for an AAFPRS international humanitarian program (oral communication, Dr Larrabee, July 2008). The official entry of the AAFPRS into humanitarian international missions occurred on September 8, 1992.³ On that day (with groundwork laid by immediate past president Norman Pastorek, MD), president Fred Stucker, MD, requested and the board of directors approved \$20,000 of academy funds for an international surgical and educational mission to Ekaterinburg, Russia, from September 26 to October 10, 1992. Participating AAFPRS members on that first trip included Dr Stucker along with Ted Cook, MD, Steven Gray, MD, Jeffrey Israel, MD, Craig Senders, MD, Jonathan Sykes, MD, and Tom Wang, MD.

The team arrived in Moscow and met privately with Naina Yeltsin (the wife of Boris Yeltsin), State Secretary Gennady Burbulis, and Mr Yeltsin's chief health advisor, Madame Ekaterina Lahova. The next day, the team flew to Ekaterinburg, 900 miles east of Moscow in the Ural Mountains. Ekaterinburg is known as the site where the last Russian czar and his family lived prior to his assassination. In preparation for this trip, the Russian Health and Education Ministries, with partial funding from Child Assistance International, brought more than 100 children from orphanages throughout Russia to the Republican Scientific and Practical Center of Restorative and Aesthetic Surgery, part of the Bonum Center. The Bonum Center is a unique program that includes a hospital, school, and camp where children with deformities can live and undergo restorative surgery (**Figure 1**). Although surgical procedures began with American and Russian surgeons working independently, the trip ended with surgeons from each country operating together on all cases. This collaboration was aided with the support of Vladimir Vissarionov, MD, the chief surgeon of the Bonum Center.⁴

This inaugural trip of Face to Face established the model for future trips: the goals were to develop ties with

Table. Face to Face Timeline

Date	Event
1991	Name "Face to Face" suggested by John Hoffman, MD, and accepted; John Standefer, MD, Pro Bono Committee chairman at the time
September 18, 1992	Face to Face program formed with \$20 000 of funds for first Russia trip: Fred Stucker, MD, and Norman Pastorek, MD
September 1992	First Russia trip; trip leader: Dr Stucker
May 1993	First Croatia trip; trip leaders: Lawrence Marentette, MD, and Joram Raveh, MD
November 1993	Ann Holton, BA, hired as first director of development for AAFPRS Foundation
December 1993	Second Russia trip; trip leader: Ted Cook, MD
May 1994	National Domestic Violence Project approved by foundation board
September 1994	Craig Senders, MD, appointed chairman of Face to Face committee
October 1994	Third Russia trip; trip leaders: Dr Cook and Michael Sullivan, MD
October 1994	Second Croatia trip; trip leader: Wayne Larrabee Jr, MD
1994	Storz donates \$600 000 of plating products for Face to Face
1995	National Domestic Violence Project receives Summit Award and International Program receives Award of Excellence, both from American Society of Association Executives
April 1996	Fourth Russia trip; trip leaders: Dr Senders and Peter Adamson, MD
April 1996	Third Croatia trip; trip leader: Peter Hilger, MD
September 1996	AAFPRS Foundation included under combined federal campaign, allowing charitable donations to foundation through this federal funnel
September 1996	First meeting of new Friends of Face to Face committee formed of nonphysicians to support Face to Face; first chair: Diane Romo
February 1997	Friends of Face to Face Seattle regional event: "An Evening of Poetry and Jazz"
September 1997	Dr Senders receives Jerome C. Goldstein Public Service Award for his efforts as chair of Face to Face committee
September 1997	John "Mac" Hodges, MD, appointed chair of Face to Face committee
September 1997	Fifth Russia trip; trip leaders: Drs Cook and Adamson
November 1997	"Paint the Town NYC," Windows on the World, World Trade Center, raises \$36 000 for foundation and Face to Face: Thomas Romo, MD, and Diane Romo, chairs
April 1998	Fourth Croatia trip: Drs Hilger and Larrabee
April 1998	First China trip; trip leader: Dr Hodges
April 1998	First Ho Chi Minh City, Vietnam, trip; trip leader: Dr Hodges
August 1998	Sixth Russia trip; trip leader: Dr Adamson
1998	Atlanta Women's Fund established to work with domestic violence victims from Face to Face: William Silver, MD
October 1999	Seventh Russia trip; trip leader: Dr Adamson
April 2000	Second China trip; trip leaders: Scott Tatum, MD, and Dr Hodges
April 2000	Eighth Russia trip; trip leader: Marcelo Hochman, MD Complete endoscopic surgical system including monitor, light source, video printer, and electrical power tools donated by Stryker and Roper-Care Alliance Hospitals and left in Russia
October 2000	Ninth Russia trip; trip leader: Dr Adamson
2000	Lifecell donates free Alloderm for all Face to Face trips
November 2000	Second "Paint the Town NYC," Le Cirque 2000: Dr and Diane Romo, chairs
May 2001	Second Ho Chi Minh City trip; trip leaders: Minas Constantinides, MD, and Dr Hodges
July 2001	10th Russia trip; trip leader: Dr Adamson
September 2001	Mary Lynn Moran, MD, appointed chair of Face to Face Committee
April 2002	Third China trip; trip leaders: Drs Tatum and Hodges
May 2002	Third "Paint the Town NYC," at the boathouse in Central Park: Dr and Diane Romo, chairs
October 2002	11th Russia trip; trip leader: Dr Adamson
October 2003	Third Ho Chi Minh City trip; trip leader: Dr Hodges
February 2004	Face to Face Web site launched: http://www.facetofacesurgery.org [no longer active]
April 2004	Fourth China trip; trip leader: Dr Hodges
May 2004	12th Russia trip; trip leader: Dr Adamson
September 2004	Dr Constantinides appointed chair of Face to Face committee
October 2004	Fourth Ho Chi Minh City trip; trip leader: Dr Hodges
October 2004	First Hanoi, Vietnam, trip; trip leader: Dr Tatum
October 2005	13th Russia trip; trip leader: Dr Adamson
October 2005	Fifth Ho Chi Minh City trip; trip leader: Dr Hodges
October 2005	Second Hanoi trip; trip leader: Dr Tatum
December 2005	President's Citation for Service to the Public awarded by AMA to AAFPRS for Face to Face program; Dr Larrabee accepts award on behalf of Face to Face
April 2006	Fifth China trip; trip leader: Dr Hodges
October 2006	Third Hanoi trip; trip leader: Dr Constantinides
October 2006	Sixth Ho Chi Minh City trip; trip leader: Dr Hodges
October 2006	14th Russia trip; trip leader: Dr Adamson
May 2007	15th Russia trip; trip leader: Dr Adamson
September 2007	AAFPRS Foundation Board approves ancillary fund, allowing directed donations for specific programs within Face to Face
September 2007	Andrew Jacono, MD, appointed chair of Face to Face committee
October 2007	Seventh Ho Chi Minh City trip; trip leader: Dr Hodges
November 2007	Fourth Hanoi trip; trip leader: Dr Constantinides

Abbreviations: AAFPRS, American Academy of Facial Plastic and Reconstructive Surgery; AMA, American Medical Association.

local surgeons and engage them and local nurses as assistants in surgery. In addition, a series of lectures would be delivered to an audience of surgeons from the local medical community. The result was an effort not only to provide cutting-edge surgery to deserving patients abroad but to educate the local surgical community, raising the standard of health care delivery of the entire area. This model was in contradistinction to Operation Smile, the largest international plastic surgical mission at the time, whose objective was to perform as much surgery as possible without necessarily educating the local surgeons. This difference continues to distinguish the Face to Face trips from other international plastic surgical ventures.

SUBSEQUENT MISSIONS

May 1993 marked the first Face to Face trip to Šalata, Croatia. The trip was conceived during William Beeson's Aging Face Course in Indianapolis, Indiana, which occurred in 1992. There, Dr Larrabee met Sina Glumicic, MD, a young maxillofacial surgery resident from Croatia. Dr Larrabee, intrigued by the possibilities of delivering care to this civil war-torn country, helped to organize the trip. Some funding was obtained from the Soros Foundation by Steve Duffy, BA, and Judy Marden of the AAFPRS office. A joint trip was planned with Swiss facial plastic surgeons for 2 weeks to treat war-related craniofacial injuries (oral communication, Dr Larrabee, July 2008). The Swiss team was led by Joram Raveh, MD, and included Kurt Ladrach, MD, and Thierry Vuillemin, MD. The American contingent was led by Lawrence Marentette, MD, and included John Frodel, MD, Peter Hilger, MD, Dr Larrabee, John Ness, MD, and Edward Szachowicz, MD. The Croatian team included Miso Virag, MD, and Ivan Fattorini, MD. The 2-week trip focused on secondary surgery for severe facial trauma inflicted during the war.⁵

The Croatia trip had a very different focus than the Russia trip. While the Russia trip was focused on developmental anomalies in children, the Croatia trip was focused on complex reconstructions. During the first visit, the Croatian surgeons proved resourceful in having treated complex injuries without having had training in cranial bone grafts or free flaps. According to Dr Larrabee, 63 major surgical procedures were performed on this first trip. Dr Vuillemin performed 7 free flaps in 5 days with only loupes and no microscope. Dr Larrabee recalls:

My most memorable part of that trip was eating at a cafe when we were suddenly very close to artillery fire. I remember in Reika, John Frodel did a major auricular reconstruction on a burn injury. The patient I recall most was a 9-year-old boy who was running from a bombing attack and stepped on a WWII mine—he was severely injured and required amputation in addition to treatment of his facial burns. I reconstructed his eyelid. There must be some moral message when the weapons of one war cause severe injuries in the next. Through all of this, Sina Glumicic managed the organization superbly (oral communication, Dr Larrabee, July 2008).

In December 1993, Face to Face returned to the Bonum Center in Russia. The team was led by Ted Cook, MD, and included John Hoffman, MD, Becky



Figure 1. The surgical team at the Bonum Center in Ekaterinburg, Russia, in 2007. From left to right: an unknown director, Mario Imola, MD, Dana Smith, MD, Peter Adamson, MD, Andrew Waggower, RN, Tatyana Bobrovich (deputy director, Bonum Center), Yasser Khan, MD, Steve Duffy, BA (partially hidden), Alexander Leonov, MD (chief surgeon, Bonum Center), and Prof Svetlana Blokhina (director, Bonum Center).

McGraw-Wall, MD, Thomas Romo, MD, and Craig Senders, MD. Also accompanying the team were Dr Vuillemin and Urs Theur, MD, from Bern, Switzerland. The team also brought an anesthesiologist, Bruce Goetting, MD, and a speech pathologist, Robert Blakely, MD. Forty reconstructive procedures were performed during this 2-week mission, all with mixed teams of American and Russian surgeons.⁶

FACE TO FACE'S DOMESTIC PROGRAM

While the international Face To Face program was gaining momentum, a forward-thinking leadership looked for a cause worth fighting for domestically. In 1994, Randy Waldman, MD, chair of the Public Information committee, devised the idea of offering pro bono surgery to women victimized by domestic violence. He was fortunate to have as vice president of public affairs Louie Patseavouras, MD, who was supportive in presenting this novel idea to the board of directors during their May 1994 spring meeting. The board unanimously approved the funding of a program in which AAFPRS members across the country would agree to volunteer their surgical services and, when possible, the associated facility and anesthesia fees to care for victims of domestic violence. The project was further developed by the Public Information Committee, with the input of William Beeson, MD, Dr Patseavouras, and Dr Brennan (the president of AAFPRS at the time). As Dr Brennan said,

These women have many support services available to them from shelters. They can receive vocational and psychological rehabilitation, but never before was surgery offered. This is the final piece in their rehab, allowing them to erase the memories of abuse physically from their faces.

In July 1994, Drs Brennan and Patseavouras flew to Denver, Colorado, and met with the leadership of the National Coalition Against Domestic Violence. The coalition publicized AAFPRS' program nationally to its local chapters, and a toll-free number was established that victims of domestic violence could call to be referred to a participating surgeon in their area (oral communica-

tion, Drs Brennan, Patseavouras, and Waldman, July 2008).

Face to Face gained tremendous press exposure for the academy. Those were the days when the lead story in the news was O. J. Simpson's slow-speed police chase through Orange County, California, on June 17, 1994, and his subsequent arrest and trial. Although acquitted, the trial focused the American public on the issue of domestic violence and its possible outcomes. Indeed, Face to Face caught the attention of *20/20*, ABC's investigative reporting television show. *20/20* videotaped Dr Brennan and Laurie Hanson, MD, a facial plastic surgeon from Oklahoma City, Oklahoma, who had already been working to repair scars and fractures caused by domestic abuse. Fortuitously, the program was aired on Thanksgiving Day weekend opposite a piece about Diana, Princess of Wales. This allowed for unprecedented national press coverage for Face to Face (oral communication, Dr Brennan, July 2008). Press coverage of Face to Face has always prompted more telephone calls to the toll-free number, with more access to this needed service by deserving victims.

INDIVIDUAL LEADERSHIP IN FACE TO FACE INITIATIVES

Face to Face international trips have always been rooted in personal initiative by 1 AAFPRS member. The nearly annual trip to the Bonum Center in Russia would not have been possible without the persistence of Peter Adamson, MD. Of the 15 trips since 1992, he went on 13 trips and was leader or coleader of 12. Indeed, he helped to establish the Canadian Foundation for Facial Plastic Surgery and Reconstructive Surgery (CFFPRS) when a patient of his who wished to remain anonymous donated a large sum of money to help children with congenital or traumatic deformities. The CFFPRS has helped to fund the annual trips to Russia for more than 10 years, helping hundreds of children at the Bonum Center and elsewhere (oral communication, Dr Adamson, July 2008).

Similarly, Southeast Asia was established and grew as a Face to Face destination almost single-handedly by John "Mac" Hodges, MD. In his letter to the *Facial Plastic Times* of December 1994, Dr Hodges asked how a physician could get involved in the Face to Face program. He attended a Face to Face committee meeting with the hope of getting someone interested in going to Linyi, Shandong Province, China. Inspired by the meeting's discussions about trips to Russia and Croatia, he decided to go to China himself.⁷ This was the first of more than a decade of multiple yearly trips to much of Southeast Asia by Dr Hodges.

In 1996, Craig Senders, MD, wrote in *Facial Plastic Times* that, of the children operated on in Russia until then, 90 were orphans. Twenty-five of these, mostly with cleft lips and palates, were subsequently living with a family: 6 were adopted by someone in their extended family, 4 were adopted by families in Russia, and 15 were adopted by families in the United States.

The same article summarized the impact of the National Domestic Violence Project. In its first 2 years, the toll-free number received more than 10 000 telephone calls; 1500 victims had been helped, with more than 400

referred to volunteer surgeons. Two hundred eighty surgeons were enrolled in 41 states. Press coverage included *20/20*, *Geraldo*, *CNN Headline News*, *A Current Affair*, *Inside Edition*, and a Public Broadcasting Service special with Diane Sawyer.

Dr Senders also characterized "three faces of Face to Face." The first 2 were the established international and domestic programs. He subdivided the international programs into level 1 programs, supported administratively by the academy, and level 2 programs, for which individual academy members travel internationally on their own, without formal academy support. A travel grant of \$1500 would be available for any level 1 or 2 program for assistance in travel costs of ancillary personnel or required equipment. Applications would be screened through the Face to Face committee.

Finally, he proposed a third arm called the International Instructors Program. This program would recruit academy fellows who had an interest in teaching to travel on educational missions abroad. The program grew from the need for additional lecturers in Croatia and Russia because the surgical emphasis was diminishing in favor of 1- or 2-day symposia in the host countries.⁸ This proposed program never captured interest and no longer exists today.

In addition to his efforts in China, Dr Hodges began a Vietnam trip in 1998. That first trip to Vietnam included academy members John Hoffmann, MD, Steven Pearlman, MD, Mary Lynn Moran, MD, and me. In total, 184 otolaryngologists from as far away as the north of Vietnam watched live surgery and attended lectures on a variety of facial plastic surgical problems.⁹ Unlike the Croatia and Russia trips, the surgery ranged from congenital to aesthetic. The need for education in aesthetic surgery became very clear when the team examined patients with facelift scars along the lower border of the mandible and deforming upper eyelid scars. The demand for aesthetic surgery was growing in the booming former Saigon, but surgeons did not have the tools to execute it safely. Updating the educational and surgical mission according to the needs of the local community was an important step forward in the ability of Face to Face to deliver needed services. Three years later, the Vietnam trip expanded into the capital, Hanoi.

The Vietnam trips could not have grown as rapidly and successfully as they did without the assistance of an insider, someone who understood the local politics and could provide the needed "grease" that would propel these trips forward. This person was Duc Minh Bui, MD, a Los Angeles otolaryngologist originally from Hue, Vietnam. Dr Bui was tireless in his efforts as translator, facilitator, and tour guide. No team would have had the success it had without his and Dr Hodges' tireless efforts.

Having participated personally in 5 trips to Ho Chi Minh City and Hanoi (**Figure 2** and **Figure 3**), as well as a non-Face to Face trip to India, I find these trips extremely compelling. Like Dr Vuillemin's observation about performing free flaps using only loupes, the trips force me outside of my comfort zone. I operate in strange lands, unable to communicate with my patients except through translators. The patients allow me to treat them without knowing who I am, trusting that this Western doctor can

help them where their local doctors lack expertise. I am assisted by local nurses and physicians, not understanding the local hierarchies or politics within medicine but trusting that my local contacts know how to navigate through these complex waters. I am given the unique opportunity to see how the local people live, seeing local sites and eating local foods with the help of a native. This immersion in a new culture would be impossible to duplicate through any normal organized tour. Finally, what stays with me forever is the sense that I have been able to impact positively a whole region's understanding of facial plastic surgery, often where there has been no progress in the field for decades. Indeed, as a result of all the Face to Face educational missions to Vietnam, divisions of facial plastic and reconstructive surgery were established in 2006 in otolaryngology departments in both Hanoi and Saigon where none had existed before. This provides a fulfilling sense of giving back to my field that would be difficult to match by most other accomplishments.

Many academy members have worked successfully with local women's shelters to further the work of the National Domestic Violence Project at the grassroots level. One of the best organized of these is in Atlanta, Georgia, where William Silver, MD, worked with the Atlanta Women's Fund to help establish its own local Face to Face project, which now is administered by the Partners Against Domestic Violence. This group screens and directs all Face to Face care for victims of domestic violence in and around Atlanta (oral communication, Dr Silver, July 2008).

William Truswell, MD, echoes the experiences of many dedicated volunteer surgeons when describing the National Domestic Violence Project:

One of the remarkable things about the program is how changing even minor scars can have an uplifting and extremely positive effect on these patients. The fact that that minor scar can be improved or hidden takes away a daily reminder of the dark period those victims lived through (oral communication, Dr Truswell, July 2008).

PAST SUCCESS, FUTURE CHALLENGES

All in all, Face to Face has been a philanthropic success on many levels. During its 16 years, it has raised more than \$500 000 (excluding the CFFPRS). The program's international arm has treated more than 1000 adults and children from around the world and helped elevate the technical expertise of thousands of surgeons. The National Domestic Violence Project has fielded more than 34 500 phone calls and referred more than 2500 patients to volunteer surgeons.

Last year, the Foundation's board of directors approved a proposal to form the Ancillary Fund for Face to Face. This proposal was developed while I was chair of the Face to Face committee with the guidance of Dr Larabee and allows directed donations for a particular trip or patient case. If a surgeon is treating, for example, a victim of domestic violence who needs surgery but requires anesthesia and hospitalization, he or she can now raise charitable funds via Face to Face for the patient's benefit, helping defray these costs for the patient. If a par-



Figure 2. The surgical team in Hanoi, Vietnam, in 2006. From left to right: front row, Canh Pham Tuan, MD (director, Division of Facial Plastic Surgery), Duc M. Bui, MD, Linda Gage-White, MD, Nguyen Ngoc Dinh, MD (director, National Hospital of Otolaryngology), Thai Bui, Susan Silver, and John "Mac" Hodges, MD; second row, Scott Tatum, MD, Sydney Butts, MD, Minas Constantinides, MD, and William Silver, MD.



Figure 3. The surgical team in Ho Chi Minh City, Vietnam, in 2007. From left to right: Frank Kamer, MD, William Silver, MD, William Truswell, MD, John "Mac" Hodges, MD, and a female prospective patient. Standing: Stephen Anderson, MD.

ticular trip needs special equipment or ancillary personnel, funds can be solicited from Face to Face to help pay for them. These efforts should help overcome the greatest impediment Face to Face volunteer surgeons face: obtaining additional funds for their needed work.

Future challenges that Face to Face must overcome to continue growing include the following:

1. **More trips.** Although the current trips are well established, new trips to new countries will further expand the number of patients and surgeons who can benefit from the program. Trips to Cambodia and India are being planned to meet this demand. However, it takes personal initiative and a local tie to a region to make these trips work. More surgeons like Dr Hodges, with local international ties and individual enthusiasm, are needed.
2. **More participants.** More surgeons who want to share their expertise are needed, so that established trips will benefit from a fresh perspective and so that new trips can be planned.
3. **More life for the National Domestic Violence Project.** Every time the press covers this project and publishes or airs our toll-free number ([800] 842-4546), more

American Voices

He hit my head
again and again
against the wall
always in the same place
until my eye turned inward.

I smile when I see my nose
no longer twisted but beautiful
as it was before.

The scars of knife and cigarettes,
the scars in memory—
fade in the mirror,
fade in my mind.

No one but me notices the cheek bone
no longer flat but curved like a wing.
The cries (finally) disappear.

My eye is open now.
I can see the child carried within—
the child of promise,
the child of sorrow,
the child of grace.

Wayne F. Larrabee Jr, MD

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victims of domestic violence get help. We need local surgeons involved in this program to be aggressive in stimulating local interest for their cases, just as Eugene Alford, MD, did for Carolyn Thomas in a much-publicized case in Texas. This benefits not only the surgeon, but a whole community of victims who might otherwise not know about the program.

4. **More fundraising.** The "Paint the Town NYC" fundraiser (see Table) should be expanded to other communities, so philanthropic fundraising for these worthwhile causes is increased. Tom and Diane Romo did an amazing job in New York City with this. Andrew Jacono, MD, has supported the National Domestic Violence Project with his Long Island fundraisers more recently. Revitalizing fundraising and expanding it will help raise the funds required for a more vigorous future for Face to Face. The Russian trip could not have suc-

ceeded over the years without the fundraising and support of the CFFPRS, led by Peter Adamson, MD.

5. **More corporate donations.** Storz, Lifecell, Stryker, PCA (formerly Physician's Choice of Arizona Inc), Trish McEvoy, and Teri Jon have all been strong supporters of the program. Expanded corporate donations will strengthen program expansions into the future.

Most importantly, continued involvement by an engaged and active community of surgeons will help this program grow. Personal initiative gives lifelong rewards. Unfortunately, space does not permit a complete cataloguing of every story sent to me by the many AAFPRS members who responded to my request for information about their experience with Face to Face. However, all of those interviewed for this article remember their experiences either domestically or abroad as among the most profoundly satisfying and moving in their lives. Volunteering, teaching, and learning are lifelong pursuits we all strive for. Face to Face is one great way to reach for these worthy life goals.

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