

# A Life Well Live

**For Vincent Waite, MD '77, meaning in medicine—and life—comes from service to the poor.**

**2022**  
**Award Winner**

Vincent Waite, MD '77, first met his patient, Kadija, while working as medical superintendent in a remote district hospital in North-eastern Ghana. The 12-year-old had developed chronic osteomyelitis from a farming injury and two thirds of her leg was necrotic, engorged with pus. She was septic and hypotensive and needed an amputation. But her family, subsistence farmers in the deep bush, was resistant due to cultural taboos regarding disfiguration.

Able to communicate in the local language, Dr. Waite pleaded with Kadija's family to consent to the surgery in an attempt to save Kadija's life. "They finally agreed to the amputation, and remarkably, she survived," Waite recalls.

But now, Kadija was a one-legged outcast, felt to be possessed by an evil spirit and unable to work or to marry. Waite knew his work was not done. He rallied his contacts and raised funds to procure a prosthesis, something that was financially and logistically impossible for her parents to have done. "With her prosthesis, Kadija became a whole person again and was able to reintegrate into society," says Waite.

The experience not only changed the trajectory of Kadija's life, but profoundly impacted Waite. "It brought together all of my training in surgery, family medicine, and public health, along with my language and cultural learning, to reinforce that I was responsible for creating my own meaning in life," he says.

Waite went on to form Friends of West Africa ([friendsofwestafricaint.org](http://friendsofwestafricaint.org)), an NGO created to finance the procurement of prosthetics and prosthetic training for amputees in Northern Ghana. Founded in the early 1990s, the organization continues to provide these services today. "We all have this common theme within our lives of suffering," says Waite. "This is what I have come to relieve. This is the goal of my work."

For Waite, being a doctor is synonymous with caring for the most vulnerable, whether it be the resource poor in Africa, HIV patients in the rural South, or his current work caring for the homeless in Massachusetts. Through his life experiences and his own spiritual and philosophical journey, Waite says he began to view the common experience of suffering as a point of solidarity for us as humans, an understanding that provides a scaffold for meaning in his own life.

"This common experience of pain makes us sensitive to each other," says Waite. "Henri Nouwen says that meditation on our wounded self is a necessary precondition that allows us to become more open to the painful wounds of others. Healing occurs not because the wound is taken away, but because it is shared. This mutual healing is what brings us together. I cannot say that I am the doctor and therefore the healer. I am here for healing also."

In the beginning, Waite says he did not have a big picture for his life other than to care for the poor in Africa. "But as the great poet Rumi advised, 'I set out on the way and the way appeared,'" he says.



Waite performing a sequestrectomy for chronic osteomyelitis with family medicine resident Dorothy Guzman, MD



Waite assisting pediatrician Sheila Morehouse, MD, with the placement of a chest tube in a child with empyema

Born and raised Roman Catholic on Staten Island, Waite attended the University of Pennsylvania, where he ran track and became involved with evangelical Christian groups on campus. Through those activities, he became interested in mission work, and set a goal to become a doctor and work in a mission hospital in Africa.

He recalls sharing his wish to serve overseas during his interview at Upstate Medical University. “This was a state school with a purpose to produce care providers who will remain in New York, and I was presenting as someone who never intended to be there,” Waite says. “I felt very fortunate that they took a chance on me.”

As a medical student, he became active with the Christian Medical Society and shadowed his advisor, Robert Hall, MD, who worked in resource poor areas of Syracuse. He spent the final six weeks of medical school doing a clinical elective in Central Africa, where he worked with a surgeon who was the only doctor in a mission hospital in a remote town called Ippy.

“I was testing out my intentions,” says Waite, who missed his medical school graduation because of the elective. “I was thrilled by the experience,

and it solidified my long-term goal to pursue this for myself.”

With his aspirations confirmed, Waite began a family medicine residency at the University at Buffalo, attracted by the broad foundation it would provide, including training in obstetrics and pediatrics. At the same time, he became affiliated with a Southern Baptist organization, and after residency, completed training at Golden Gate Baptist Seminary in San Francisco, a requirement for missionary placement. After two additional years of general surgery residency at the Medical Center of Central Georgia, he was ready for his mission assignment in rural West Africa.

Waite spent 15 years practicing medicine in Nalerigu, Ghana, from 1983 to 1998, working 120-hour weeks and performing more than 100 surgical procedures a month, from skin grafts and prostatectomies to hernia repairs, treating patients who came from hundreds of miles around, many with tropical diseases.

Despite his placement as a “missionary,” Waite says his motive was never to convert souls, but to provide care for those without resources. “My mission was to heal. That was my need, and that was where my gifts were,” he says.

A bit of a loner by nature, Waite felt embraced by the community. He learned the language and the culture and found great purpose in his work. “I was a workaholic,” he concedes.

The hospital’s four doctors worked in four-year stints, with a year off in between back in the United States to refresh and update medical training. It was during those periods that Waite earned a master’s in public health and tropical medicine and completed a fellowship in osteopathic manual manipulation.

Waite says his time in Ghana was simultaneously the best and worst years of his life. During his final year, there was a meningitis outbreak. “We were seeing 60 meningitis patients a day on top of the regular patients and were way beyond



Waite attending a Ghanaian funeral and playfully being teased by the deceased's grandchildren to drink from a bowl of contaminated water or pay them a small fee to desist

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capacity,” he says. “Doctors Without Borders had to come to assist the beleaguered medical staff and the Ghana government set up tents to absorb the overflow because of the intensity.”

Waite was burned out, his marriage was failing, and his two children, then in middle and high school, wanted to be in America. “When we left on our next furlough, it became clear I could not return,” he says.

Waite was heartbroken. He had expected to retire in Africa. The shock of re-entry, combined with the dissolution of his marriage and a crisis of faith, took Waite years to work through. Still dedicated to caring for the disadvantaged, he began practicing in rural Georgia as a primary care provider and later, at a public HIV clinic.

And he made annual visits to his hospital in Ghana to volunteer his services. It was during one of those trips that he met a physician from Lawrence, Massachusetts, who told him about the Lawrence Family Medicine Program, a unique

residency program centered on social justice and experiential learning that focused on underserved populations.

Once again, Waite found a home.

Since 2008, Waite has split his time between the Greater Lawrence Family Health Center, a Federally Qualified Health Center in one of poorest communities in Massachusetts, and the Lawrence Family Medicine Residency, where he passes on his skills to residents.

The community population is 80 percent Hispanic, many from the Dominican Republic. Waite, who has taught himself Spanish, currently works a 27-hour week, primarily on a mobile van that goes to homeless shelters and soup kitchens, a program he helped develop. Many of his patients struggle with the dual diagnosis of drug addiction and significant mental health disease. “These are the most vulnerable people in our population, and we provide them access to care,” he says.

He also models judgement-free care to his residents, many of whom have never had significant exposure to homeless individuals. “It helps them understand that there are no stereotypes,” Waite says. “I’ve seen people in shelters reading Nietzsche. I’ve seen lawyers who ended up homeless because of divorce or mental health issues. I want my residents exposed to this so they can become caregivers who recognize their patients’ humanity and see past the homeless guy who hasn’t been able to get a shower to the person underneath.”



Waite with pediatrician Sheila Morehouse, MD, her daughter Claire, and senior resident John Razor, MD, beneath the banner that is the source of their inspiration



Patients such as Chuck, a late middle-aged man Waite met in a soup kitchen where he runs a weekly clinic. Chuck had been a successful engineer with a good job and a family when his beloved daughter died in a terrible automobile accident. He began drinking heavily to dull the enormous pain of his loss. He was also bipolar and suffered from diabetes and hypertension. When Waite met Chuck, he was estranged from his family and slept under a bridge with a group of other homeless individuals. Over time, they became friends.

Chuck was viewed as the “protector” of those who lived under the bridge, someone who steered others to resources they might benefit from, while not making use of them himself. But one day Chuck needed Waite’s medical assistance. He was jaundiced and had lost weight. Test results revealed advanced pancreatic carcinoma. “There was no magical surgery or cure,” says Waite, who could do little more than hold Chuck’s hand as life slipped away.

Waite’s last visit with Chuck was at his funeral service under the bridge where he had lived for many years. “Chuck had wanted his ashes spread on the waters of the Merrimack River,” says Waite. “Underneath the cathedral-like arches of the bridge, surrounded by muck and trash, we gathered in memory of a good man.”

Waite says bringing medical students and residents on his ventures into the community is what he most enjoys. “It gives them a sense of the desperation in this community, and at the same time, helps them to remove judgment about people that are extremely resource poor, and helps them develop a kinship with them rather than judging them for the loads that they carry.”

Waite also takes residents back to his hospital in Ghana annually for six weeks of elective time, exposing them to a vastly different culture and health disparities at another level. “I speak the local language and I have friends that I’ve maintained through the years, which enables me to provide not just a medical experience for the residents and people that come out with me, but also a cultural experience,” says Waite.

His impact can’t be overstated.

“Working with Dr. Waite really opened my eyes to realizing that being a doctor can allow you to be an agent for social change,” says Ryan Dono, MD, medical director of the Greater Lawrence Family Health Center’s Healthcare for the Homeless program. “He’s like the definition of the family doctor who’s there to serve their community and sets the example for everybody here.”



Waite received the Humanitarian Award at Reunion 2022. From left: Larry Charlamb, MD '88, Dean Lawrence Chin, MD, Waite, and President Mantosh Dewan, MD, HS '79

Waite has been honored for his work with the Outstanding Clinician Award from the Massachusetts League of Community Health Centers, the Family Physician of the Year Award from the Massachusetts Academy of Family Physicians, the Family Medicine Education Consortium Award, and a National Service Award from the Republic of Ghana, West Africa. He received the 2022 Humanitarian Award from the Upstate Medical Alumni Foundation.

Unsurprisingly, it’s not accolades that motivate Waite, unless they can serve as inspiration to others. “Our Hippocratic Oath is not just something we repeat mindlessly on the day of graduation,” he says. “Our great privilege as physicians requires us to take care of our poor. That doesn’t compel one to go to Africa, but it does require all of us to accept Medicare and Medicaid despite lower payments and to address our implicit biases in the patients we include and exclude from our practice,” he says.

“Mother Theresa made the comment that very few of us get to do great things on earth, but we can all do small things with great love. For me, the answer lies in the life that’s lived in service to others, guided by right conduct, right action, and informed by love.” ■

—Renée Gearhart Levy