

Visionary Medic

Humanitarian Award winner, Sam Cady, MD '99, is restoring sight in underserved African countries while helping create sustainable systems to increase care.

2024
Award Winner

In Sub-Saharan Africa, the number of people needing care for glaucoma and cataracts is staggering, partly due to altitude, sun exposure, and nutritional deprivation and partly because of a lack of ophthalmologic care. “There might be one ophthalmologist per million people,” says R. Samuel Cady, MD '99.

For the past 15 years, Dr. Cady has worked to rectify that as an affiliated ophthalmologist with the Cureblindness Project, an organization dedicated to eradicating blindness in under-resourced areas of the world by helping people regain and retain their sight. By making annual trips to Rwanda or Ethiopia, he hopes to donate a year of service in one or two-week increments. He's halfway there.

According to Cady, the vast majority of the more than 40-million blind people in the world have lost their sight to untreated cataracts and live in countries with limited resources. His mission is not just to perform surgeries that restore sight, but also to train local physicians in host countries to increase the number of skilled professionals in under-resourced areas who can deliver eye care independently.

In his regular life, Cady is a partner at Maine Eye Center in Portland, Maine, where the bulk of his surgical load is also glaucoma and cataracts. “In Africa, because patients don't have access to routine eye care, they often come to me completely blind,” he says. “At home, I see patients who complain of trouble seeing the golf ball or driving at night.”

EXPANDING HIS WORLDVIEW

Cady grew up in suburban Syracuse, the oldest of three boys and a stand-out athlete. The son of a pediatric orthopedic surgeon—his father is Robert Cady, MD '71—medicine was on his “short list” of career choices.

But he also loved the outdoors. Recruited to Duke University to play lacrosse, Cady majored in environmental science. He managed to balance the demands of being a Division I athlete with a course load that included all of the pre-med sciences and taking the MCAT. “Playing lacrosse made me regiment my time well,” he says.

As a senior, his team made it to the 1994 NCAA tournament, losing to Syracuse by one point in the quarterfinals. “That was our very last game together,” he says. “I enjoyed the camaraderie of people working together, working hard, towards a common goal, which does transfer over to the team approach of surgery.”

As a junior, Cady tore his ACL, and since he would miss the season, decided to take a semester abroad in Australia.

It was a revelatory experience. “Growing up, we did not travel a lot as a family. Our big trip was to go to Lake Placid,” says Cady. “I had certainly never been anywhere international.”

Cady left that semester with an itch for travel. He and his semester-abroad roommate made a plan to take an around-the-world trip after graduation.

Although Cady was admitted to medical school at Upstate while a senior, he deferred his admission for a year. He spent the summer working construction and then he and his friend

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Cady receives the Humanitarian Award from Upstate President Mantosh Dewan, MD, Norton College of Medicine Dean Lawrence Chin, MD, Thomas A. Bersani, MD '82, and Barbara Anne Morisseau, MD '98, president of the Upstate Medical Foundation board of directors

made good on their plan, spending seven months backpacking through Europe and Southeast Asia, living in tents on \$20 a day. “That year allowed me to experience other places and see how other people lived and got me thinking about how I could help others moving forward,” he says. “I considered joining the Peace Corps.”

Cady’s father was involved with orthopedic mission work treating children with clubfoot in Haiti, so he knew there were other ways to contribute. In medical school, he found another role model in Thomas Bersani, MD '82, an ophthalmologist who did volunteer surgical treatment in Honduras in addition to his practice in Central New York.

Cady knew he wanted to work in a procedural field and began narrowing it down through

his clinical rotations, eventually deciding between orthopedics and ophthalmology. As a fourth-year student, he did a rotation at Wills Eye Hospital in Philadelphia working with Gary Brown, MD '75, and another with Upstate hand surgeon Jon Loftus, MD, HS '92, focusing on microsurgery. His decision came down to culture.

“At the time, orthopedics was all big, sporty guys and I was a big, sporty guy, but the people in ophthalmology were a more diverse population, and I ended up liking it better,” he says.

Following a medical internship at the Maine Medical Center, Cady completed ophthalmology residency at the University of Washington Medical Center in Seattle. He then served as a clinical glaucoma fellow at the New York Eye and Ear Infirmary in New York City. He returned to



Portland, where he has practiced for 20 years, focusing on providing high quality, compassionate care to patients, while also creating a great environment for employees to work and advance.

Cady is a member of the American Academy of Ophthalmology and the Maine Society of Eye Physicians and Surgeons, where he served as president from 2012 to 2014. He is a former clinical instructor at Harvard Medical School and an assistant clinical professor at the Tufts University School of Medicine.

MAKING AN IMPACT

Although Maine is known as one of the whitest states in the nation, Cady says there is a diverse population of new Americans in Portland that he sees in his practice. Still, he was looking for a way to make an impact internationally. He learned about the Cureblindness Project through a friend from his residency who served on the board of the organization. Cady began joining him on trips to countries in need, eventually zeroing in on Ethiopia and Rwanda.

“These two countries are generally secure and both have residency programs in ophthalmology. The local physicians have the opportunity to have a good quality of life and are motivated to improve and to serve their own people,” he says. In other words, the people he trains are more likely to stay and work in their



Cady working in Rwanda (above) and with daughter Chloe and his wife, Lucia

home country than relocate to somewhere like the United States.

During a week-long medical trip, Cady and his team will perform between 100 and 500 surgeries. “Typically, we have two to four people operating at a time, a mix of experienced surgeons and African residents. I might be at one table with a resident and a Rwandan surgeon will be supervising a resident at the other and then we’ll switch,” he explains. “It’s kind of a balance to make sure that people get the care they need, but also making sure the residents get the training.”

Part of the appeal is the focus on developing sustainable systems. “We work with local doctors, nurses, hospital administrators, and governments to set up programs that are sustainable and not dependent on the people from the

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Cady with daughters Hope and Chloe and wife Lucia

U.S. either coming or funding it,” says Cady.

While eye care is available in the major cities, it is relatively absent elsewhere. “We typically set up somewhere in the middle of nowhere but still has millions of people,” says Cady. “It’s kind of like turning your garage into an operating room with water and electricity that goes out. The microscopes are not that great and most of the lenses and supplies are donated from the U.S. We can do a surgery for \$50 to \$75.”

In a typical day, 50 patients will have surgery. They leave with eye patches and return the following day to be seen post-op and have the patches removed. Then a new batch of patients have surgery, and the process repeats over four or five days. Often, the camp moves to a new location for another week.

“I like the teamwork,” says Cady. “It’s orchestrating controlled chaos.”

But it’s far more than an adrenaline rush. Cady says the work provides the pure sense of helping people that spurred him to attend medical school in the first place. “It’s incredibly satisfying,” he says. “These are people who couldn’t see anything and now they’re back to being independent. They can work and care for their families.”

Absent is the “grind” of medical practice in the United States, the frustration of wrangling with insurance reimbursement, and the highs and lows of patient care. “You can have a thousand super happy patients and one unhappy patient and that’s the one that sticks with you,” he says. “In Africa, I don’t ride high or low with my patients. I know we’re doing good work in places where people have no access to care. In the process, I kind of feel I’m an ambassador for the United States.”

In recent years, Cady has shared his travels with his wife, Lucia, an optometrist who is able to participate in the work. On their last trip to Rwanda, they were also joined by the youngest

of Cady’s two daughters. “To watch her experience something so completely different, I could tell the trip made a big impression,” he says.

That’s not incidental. Cady says each trip provides a valuable reset. “I find that the perspective I get from going there, when I come back, my usual reaction is, ‘We don’t have anything to complain about,’” he says. “Everyone in the United States should spend four days in Ethiopia.”

—Renée Gearhart Levy



Post-operative surgery patients return to have their bandages removed and eyes checked.