



ISH 2011

INTERNATIONAL SURGICAL HEALTH INITIATIVE
ANNUAL REPORT 2011





Contents

About ISHI	2
Officers, Board and Volunteers	4
February 2011, Mission to Philippines	5
October 2011 Mission to Guatemala	9
December 2011 Mission to Sierra Leone	13
Volunteers Stories	17
Non-Mission Activities	21
Financials	22



Villagers in Escalante, Negros Occidentale, Philippines, sharing a ride (February 2011).

ABOUT | SHI

International Surgical Health Initiative (ISHI) is a humanitarian non-profit volunteer based organization committed to providing free surgical care to underserved communities worldwide regardless of race, religion, politics, geography or financial considerations.

WHAT WE DO:

ISHI is committed to assist underserved communities around the world by:

- 1) Organizing multiple and repeat short-term surgical missions.
- 2) Providing safe and free surgical care to those in need.
- 3) Collaborating with local providers to promote sustainability.

WHY SURGERY:

Surgical diseases have been overlooked in the international effort to improve global health. About 11% of diseases around the world require surgery for cure, yet very few resources are allocated to this end. We know that surgery can be performed safely and at a low cost in underserved communities. Relieving surgical disease has a huge impact on the patients who need it, their families, and the community as a whole. We have experienced this first hand, and aspire to provide more free surgery to underserved communities around the world.

WHY WE DO IT:

- 1) We believe that we are very fortunate and have been given many opportunities in life.
- 2) We feel that we have a moral obligation to give back to others, who are less fortunate.
- 3) We hope that our actions will result in a positive impact on everyone we serve worldwide.

HOW WE WORK:

ISHI is managed and operated by volunteers who are passionate about "giving back". All suggested missions from any underserved areas worldwide are reviewed. Surgical missions meeting ISHI criteria are selected. A Team Leader then recruits volunteers (between 6-22) with various professional qualifications, and ensures that all supplies and materials needed for that mission are collected or purchased. Volunteers use their vacation time, and pay for their own airfare. Volunteers attend pre-mission orientation sessions, and are responsible for being appropriately vaccinated. The ISHI team provides both elective and emergency surgery to 50-100 patients per mission, and generally operates for 1-2 weeks at a time.

Finances for the mission are provided by the generosity of volunteers' friends, families and corporate donors. The mission costs are always kept to a strict minimum. ISHI has low overhead expenses and donations are primarily used to support mission expenses.

Since its creation in 2009, ISHI has completed 8 missions in 4 different countries (Guatemala, Philippines, Haiti and Sierra Leone) and has so far provided 566 free surgeries, thanks to 102 volunteers. More surgical missions to new countries are planned for the foreseeable future.



Foreward by the President

Another year has come to an end. We now get to reflect through the mission reports, testimonies and the gorgeous photos, on the many exciting accomplishments of ISHI, the people who deserve thanks, and the future that lies ahead.



The year 2011 was marked by three very unique missions: Our first mission to the Far East was a big success. ISHI visited 2 small towns identified by nurses Mae Tingson and Socorro Rogers in Negros Occidentale Island in the Philippines. The mission performed 141 surgeries, the most of any ISHI mission so far. Our second mission was the first nurse driven mission and landed ISHI in the jungles of Guatemala. The mission was spear-headed by nurse Jhocelyn Thomas who was inspired by her experience in Haiti following the 2010 earthquake. During that ISHI mission she realized the critical role nurses play, and the chronic shortage of nurses in underserved regions of the world. The 10-day mission treated more than 1,000 patients and screened patients in need of surgery for a possible future mission. Our third mission was ISHI's first to Africa and landed ISHI in Sierra Leone. The mission was proposed by new ISHI volunteer Marina Goldman, whose extensive experience in Sierra Leone was vital to the success of the mission. The experience in the remote town in the northern Sierra Leone, was one of ISHI's most challenging experiences to date. The blogs (available on the website) provide a real taste of the challenges of this mission.

Our ISHI website (www.ishiglobal.org) is now up and running, thanks to the efforts of Charlie Khoury. We are very proud of the website and its content and encourage you to visit the "missions" section, for mission photos and details. Fans on the ISHI Facebook page have doubled since last year and exceeds 500 currently. We are posting photos and articles related to missions and volunteers on a weekly basis.

ISHI's ability to carry out surgical missions to the most underserved regions of the world would not be possible without the passion and generosity of our volunteers. It remains our strongest assets. ISHI is very grateful for the financial support it received this year to support all of its missions. These donations continue to slowly increase and have exceeded all past years. We are thrilled with the trust donors have placed in ISHI and sincerely thank our loyal donors for their continuous support.

The year 2012 is also looking to be a very exciting year for ISHI, with repeat missions planned to the Philippines, Sierra Leone and Haiti. With your support and donations and the help of our special volunteers we hope to move ahead with a very productive and inspiring year.

Dr. Ziad Sifri

President of ISHI



ISHI volunteers Dr. Mason and Dr. Anjaria inserting a tube thoracostomy to treat a right sided pneumothorax (“collapsed lung”). The patient, a local fisherman, came into the ER complaining of shortness of breath. The treatment was to place a thin tube in the chest and suction the air which has collected in the chest cavity. The procedure took about 20 minutes and was life-saving. (Philippines, February 2011)

BOARD OF TRUSTEES

Ziad Sifri MD
 Asha Bale MD
 Kevin Clarke MD
 Charlie Khoury

EXECUTIVE COMMITTEE

Ziad Sifri MD, President
 Asha Bale MD, Vice President, Treasurer

ISHI 2011 MISSION VOLUNTEERS

Alison Baker	Leah Holt-Grange
Anastasia Kunac	Leonard Mason
Asha Bale	Mae Tingson
Ben Chandler	Marcelino Potian
Caitlin Blaskewicz	Margaret Rathbun
Cathy Blaskewicz	Marina Goldman
Charlie Khoury	Michelle Egarian
David Livingston	Natalia McTighe
Debbie Livingston	Nura Qureshi
Devashish Anjaria	Socorro Rogers
Emilia Wawarczyk	Stephanie Burroughs
Emma Mensah	Tamara Uhler
Irene Banares	Vely Louis
Janet Clausen	Vishnu Hoff
Jhoselyn Thomas	Zeina Wakim
Kevin Clarke	Ziad Sifri



ISHI nurse team in Rio Dulce, Guatemala October 2011, saw over 1,000 patients during its stay.

ISHI SURGICAL MISSION TO:

Escalante Hospital, Negros Occidental, Philippines, February 2011



THE TEAM MEMBERS AND RESPONSIBILITIES:

SURGICAL TEAM: Asha Bale, Ziad Sifri, Devashish Anjaria, Kevin Clarke, David Livingston, Leonard Mason.

RECOVERY ROOM NURSES: Alison Baker, Cathy Blaskewicz, Emilia Wawczynsck

OR NURSES: Socorro Rogers, Mae Tingson, Irene Banares

Anesthesia Team: Margaret Rathbun, Marcelino Potian

NON-MEDICAL TEAM: Vishnu Hoff, Debbie Livingston



Fishing village near Cadiz in the northern part of Negros Occidental province where ISHI operated during its mission.

MISSION BACKGROUND:

The mission was proposed by Mae Tingson and Socorro Rogers. Contact made with Yvonne Gustilo from Governor Maranon's office in Bacolod City, and mission planned with their cooperation.

MISSION OBJECTIVE:

- Work in two hospitals in Negros Island, to accomplish 100 operations in 2 weeks.
- Evaluate if the Philippines would be a country for repeat missions.
- Develop contacts in Negros for possible repeat missions.

MEDICAL SUPPLIES AND EQUIPMENT FOR THE MISSION:

ISHI volunteers brought all necessary medical supplies and medications for use in the operating rooms and recovery areas. Anesthetics, IV fluids and narcotic pain medications were purchased locally with the aid of the hospital officials. Three cardiac monitors were brought for use during the mission and brought back to the US afterwards. All unused medica-

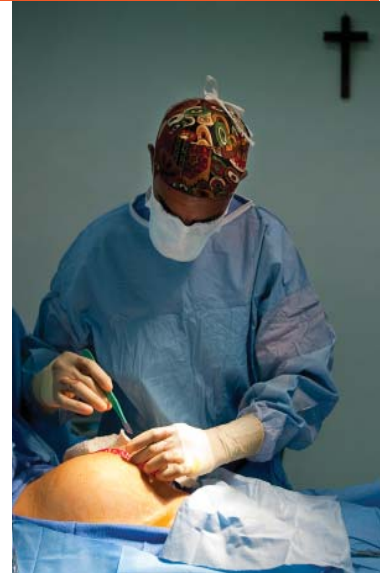
tions and supplies were donated to the hospitals for their use. ATLS manuals which were donated by the American College of Surgeons were also distributed to the hospitals. Two lectures were given, one at each hospital, on "Assessment of the Trauma patient". The lectures were very well attended both by hospital staff and nursing students.

OUR PATIENTS:

Our patients were all from the local areas and had responded positively to the extensive publicity that our team would be arriving to provide free surgeries. Surgeries provided included hernia repairs, soft tissue mass excisions, hysterectomies, colostomy reversal and treatment of conditions such as breast cancer, undescended testicle and many others. Patients stayed free of charge in the hospital perioperatively, and all their medications were provided to them by ISHI.



ISHI surgeons performing a hysterectomy on a patient with a large fibroid uterus, which had caused the patient to develop anemia and pain.



MISSION SPECIAL THANKS TO:

Mae Tingson and Socorro Rogers for their important roles in setting up the mission, introducing ISHI to their contacts, coordinating the logistics of transportation and accommodations of the team, making sure the OR ran smoothly, teaching the local OR staff, while being our enthusiastic local guides.

MISSION AND ACCOMPLISHMENTS:

Negros Occidentale, Philippines, February 2011

Operations: 143 total surgeries: 51 Majors and 92 Minors
46 cases evaluated but deemed not needing surgery.

Lectures: 2 trauma Lectures given by Dr. Anjaria

Donations: 2 ATLS (Advanced Trauma Life Support) books were donated to the Escalante and Sagay Hospitals

Repeat Mission: Contact was made with Yvonne Gustilo, from Governor Maranon's office, to plan future missions



Operating Room nurses Mae Tingson and Socorro Rogers preparing instruments for the day's surgeries. This includes cleaning, counting, making sure the "set" of instruments is complete and sterilizing the instruments. The instruments are selected for each case and packed specific for that case.

ISHI NURSE MISSION TO: Rio Dulce, Izabal, Guatemala October 2011

THE TEAM MEMBERS AND RESPONSIBILITIES:

The ISHI team was made of nine volunteers:

TEAM LEADER: Jhoselyn Thomas RN.

NURSE (RN) VOLUNTEERS: Cathy Blaskewicz, Stephanie Burroughs, Janet Clausen, Michele Egarian, Natalia McTighe, Emma Toussaint.

LOGISTICS: Caitlin Blaskewicz, Nura Qureshi (photographer).

BACKGROUND AND OBJECTIVE OF THE MISSION:

ISHI nurses were eager to organize an all nurse mission to help some of the most underserved in Guatemala. This mission was conceived by Jhoselyn Thomas RN, who collaborated with Jungle Medic in Guatemala. The partnership with Jungle Medic's Bryan Buchanan allowed ISHI to gain safe access required to offer care to the Mayan population of Rio Dulce Izabal area of Guatemala. A nine-member team was assembled for this mission with the goal of providing primary care as well as to identify



Jhoselyn at the make-shift pharmacy table, selecting medications to dispense to patients that were lining up every day to see the team.



Stephanie comforts a young boy while Michelle drains a deep abscess in his leg.

potential surgical candidates and operating site for future ISHI missions to Guatemala.

MEDICAL SUPPLIES AND EQUIPMENT FOR THE MISSION:

The nursing team held three fundraisers to support this mission. Supplies and medications were donated by individual volunteers and the rest purchased by ISHI. Medications and supplies were also provided by Jungle Medic. All supplies were carried by ISHI volunteers during their travel to Guatemala.

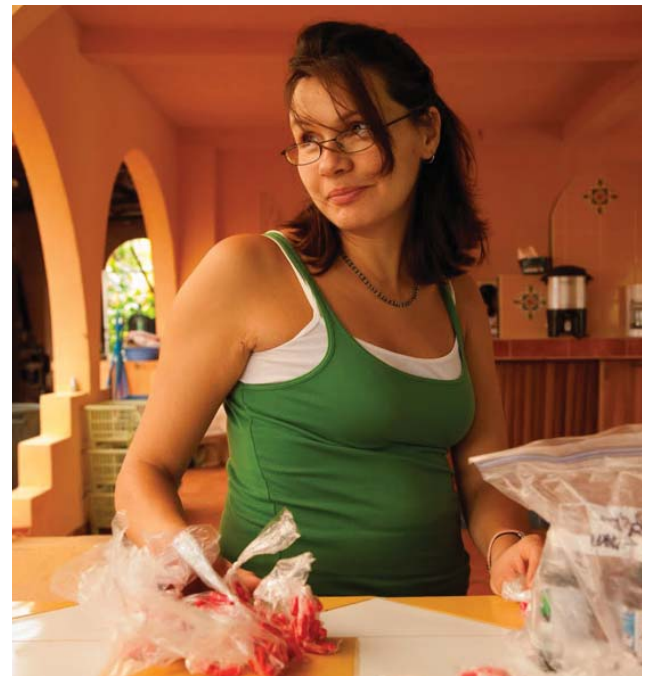
SUMMARY OF MISSION AND ACCOMPLISHMENTS:

The team spent 9 days working out of Jungle Medic's mobile clinic: a bus converted into a fully functioning medical facility. The bus had the unique ability to reach areas deep in the jungles, along the Rio Dulce river, that lacked healthcare facilities. Additionally, schools were used as locations for clinics. Clinic was held daily in different locations along the river. The team examined and treated a total of 1,074 patients.

ISHI's nurse team treated various conditions such as rashes, abdominal pain, worm infestations, urinary infections, respiratory infections, joint pain, gastritis, anemia, body pains and many more conditions. Wound care, placement of splints, drainage of abscesses and tooth extractions were also performed. Most of the patients, were young mothers, their children and older women who had not seen a healthcare worker for over 2 years. Nearly all the patients had to walk to the clinic site. Some walked for hours just to get to our clinic.

Lack of proper handwashing is a ongoing and significant problem within the local population. A poster teaching proper Handwashing, created by Debbie Livingston, was printed and distributed locally. The poster was in a universal language and emphasized proper hygiene by using cartoon illustrations. Excess medications brought by ISHI team were donated to Jungle Medic for distribution during future clinics.







Nurse Michele Egarian, conversing with a mother and her four children who came to seek treatment for abdominal pain and were diagnosed with intestinal worm infection. After dispensing the medication to treat the worms Michelle practiced her Spanish in rural Guatemala to get to know her young patients, who impressed her by their friendliness and their impeccable behavior.

"...I see beautiful children that will only know a life of strife and hardship, but still they laugh. If they are lucky, they will complete a 6th grade education, but the teachers here have been on strike for the past 6 months. I see young girls whose only destiny is to be a young wife with many children. I see women in their 20's and 30's that look 50 and men who work so very hard, but will never be able to meet the needs of their ever growing families. It's so very sad to know that most of these people will only know this life, as have generations before. But still these people are so grateful for what we do."

Cathy Blaskewicz, Registered Nurse
Volunteer, Guatemala, October 2011
Mission blog, October 7 2011

MISSION GOALS

1. Provide medical and basic surgical care to 100-200 patients per day along the Rio Dulce River in Guatemala.
2. Assist in the care of all medical emergencies that range from trauma, accidents to delivering babies.
3. Deliver antibiotics to be used for the care of patients along the Rio Dulce River.
4. Provide basic nursing care and teach patients methods they could use at home.
5. Teach and promote hand hygiene in the communities.
6. Screen patients for surgery for potential future ISHI surgical mission



Jhoselyn Thomas-ER Nurse, team leader of the Guatemala mission, taking a moment with a young patient.

ISHI SURGICAL MISSION TO: Kabala Hospita, Kabala, Sierra Leone, December 2011



THE TEAM MEMBERS AND RESPONSIBILITIES:

The ISHI team was composed of a group of 13 volunteers. The volunteers financed their own airfare and some of the cost of accommodations in Sierra Leone. The team traveled to Kabala in Sierra Leone and operated at the Kabala Governmental Hospital for one week.

SURGEONS: Anastasia Kunac MD, David Livingston MD, Ben Chandler MD, Ziad Sifri MD.

ANESTHESIA: Leah Holt Grange CRNA, Vely A. Louis MD.

RECOVERY ROOM NURSES: Marina Dianne Goldman NP, Stephanie Burroughs RN.

OR NURSES/ASSISTANTS: Tamara Virginia Uhler, RN, Vishnu Hoff (photographer).

LOGISTICS TEAM: Charlie Khoury (photographer) & Zeina Wakim-Logistics, Debbie Livingston-Artist.

BACKGROUND AND OBJECTIVE OF THE MISSION:

The mission was proposed by Marina Goldman RN, who has worked as a volunteer with Peace Corps and traveled to Sierra Leone many times over the past 20 years. Following a brief discussion with Marina it was clear that Kabala would be a great spot for an ISHI mission. In June of 2011 Marina and medical student Zak Kaufman traveled to Sierra Leone and met with officials from the Kabala hospital who agreed to host a surgical mission. Surgical patients were triaged by Kabala stationed British Dr Connie Smith and the local health care provider Peacemaker in preparation for the mission. Mr. Peter Conte District chairman of the Koinadugu District also welcomed the mission and was

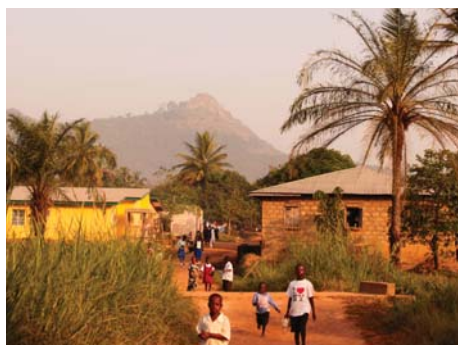


ISHI setup an OR almost from scratch.

instrumental in hosting the team.

MEDICAL SUPPLIES AND EQUIPMENT FOR THE MISSION:

Given the scarcity of medical resources and supplies in Sierra Leone, the ISHI team had to have all contingencies covered prior of arrival to Kabala. Careful packing and estimation of the utilization of surgical supplies was essential. Supplies and medications were donated to ISHI by various organizations, including MAP and Americares. The rest were purchased both in the US and in Sierra Le-

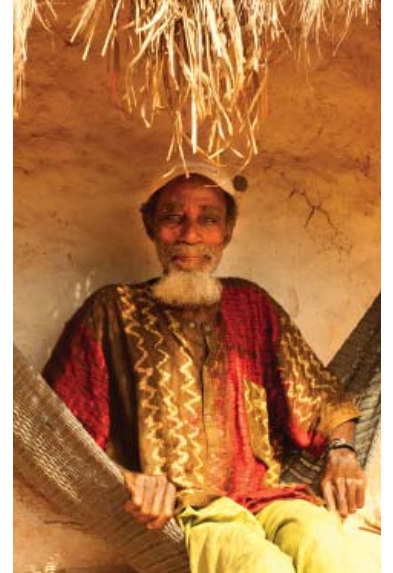


ISHI's destination: the town of Kabala, the capital of the poorest district in Sierra Leone.

one. Very importantly, Mindray North America donated cardiac monitors that were crucial for ISHI in equipping the operation room.

Corporate Support: Americares, MAP International (surgical supplies and medications). Bariatix: Protein shakes and bars. Mindray: cardiac Monitors (thanks to Jim Duran, CRNA at UH).

Individual Contributions: Ordering, collection and packing mission supplies: Asha Bale and Socorro Galano-Rogers. Free excess luggage allowance and upgrades: The Livingstons. Training new ISHI volunteers nurses: Alison Baker, Mae Tingson. Volunteers Vaccinations: Diego Reino. Free Access to the Brussels Airline Business lounge: Andrea D'Haeseler and Mr. C. Sifri. Children toys donated by Rudy Najm and Peter Papamichaelopoulos.





Young woman doing her laundry at one of the wells near the hospital where ISHI was operating. Kabala (Pop.10,000), capital of Koinadugu district (Sierra Leone), has been 28 years off the grid, and without any running water.

MISSION AND ACCOMPLISHMENTS:

Kabala Hospita, Kabala, Sierra Leone, December 2011

Performed 63 operations (57 major- including 5 emergency operations and 6 minor)

One formal classroom lecture (Acute Abdomen) and informal teaching in OR

Donated 2 Trauma ATLS books to the Kabala hospital.

Donated 1 Anesthesia book to the local CRNA.

Delivered medication & equipment in short supply (Cardiac and Anesthesia meds).

Donate medical supplies and Electrocautery.

Repeat ISHI missions to Kabala hospital were planned with Mr Conte

MISSION SPECIAL THANKS TO:

- District Chairman Mr. Peter Conte for hosting us and helping us with the daily obstacles.
- Dr Connie Smith, Mr Peacemaker, and the Hospital staff for their support.
- HKI Country director Mrs. Mary Hodge for her help with the team logistics.
- Marina Goldman (the "heart" of the mission) without whom this entire mission would not have been possible.

ISHI team's late afternoon trek on the dusty road from Kabala hospital to the guesthouse.

ISHI VOLUNTEERS STORIES



"The hours, intensity and the pace of the work on this mission are no doubt very demanding. You come from very far way and try to do as much as you can for as many people as you can within a very short

time span. The people that come for surgery have clearly been waiting for years in pain or with a disabling condition, unable to support themselves and their families...

"The amount of human suffering and misery you encounter during the mission is often overwhelming at first. ... Hearing their personal stories and all the adjustment they had to make in their lives makes it even more sad. They tolerate so much pain and suffering in their life including the final operation, it's impressive and humbling."

Vishnu Hoff, Logistics, Co-founder
Philippines, February 2011



"I am proud to say we saw about 1000 patients this past week, cleaned and organized both the pharmacy and ER and made a difference in the lives of the many

people we touched. The best part is they made a difference in our lives that will always be appreciated, and I am grateful for that."

Emma Mensah, Nurse,
Guatemala, October 2011



"In my opinion we also found the most gratifying case in Sagayand that was the

boy who presented for an ileostomy reversal after having this ostomy for 14 years, since he was three years old. In the US he would have had the ostomy reversed immediately, but as we saw in the Philippines, the expense of the operation was too much for the family to afford.

When we told the mother that we would reverse her son's ostomy, she literally cried tears of joy. You see, she had tried to find a surgeon to reverse this on two previous medical missions, but there were no general surgeons to do the operation.

It was quite moving and very exciting to be able to provide this care to this young man. He didn't speak much English, but his smile postop said it all."

Asha Bale, Surgeon, Co-founder
Philippines, February 2011



Ruel, the boy with the ostomy as presented by Debbie Livingston in her sketching book (posted on ISHI website).



“Went to a small village today and saw 209 patients...Unbelievable poverty here. Children playing on mud floors partially and at times totally undressed, tattered

clothing flung across fences to dry and women carrying babies with several small ones in tow.

Elderly men, women, and children slowly approach the make-shift clinic, and our group is ready for work...This village, not unlike many, might not see a health care provider for years ...I have enjoyed the hot courtyards filled with kind faces and joyous and grateful people. A smile at the end of the day is so rewarding. Thanks for the experience”

Stephanie V. Burroughs, Nurse
Guatemala, October 2011



“People keep asking “how was your trip?”, and I cannot find the words...incredible, inspiring, gratifying, intense, beautiful...I can barely even begin to describe

it. All I can say is I am so very grateful to have had the opportunity to join ISHI on this mission. It strikes me how much Marina loves the people of Kabala to have orchestrated such a trip—the hours that she, Ziad, and Charlie put in to making this happen are not unnoticed. Thank you for letting me be a part of it...next year, dry season? count me in....

Anastasia Kunac, Surgeon
Sierra Leone, December 2011



“Our day (in Freetown) started with a visit to “Charlie Ann School”... Seeing her 300 little orphans, in their colourful and clean uniforms, singing, dancing, acting small pieces about the con-

dition of women in SL and the importance of providing them with education brought tears to our eyes.” One of these moments that shake you to the core and that we would remember forever”..

After the visit to the school, Ziad, Lea and Vely managed to find a pharmacy in Freetown to buy the very much needed IVs and medical material...We are all getting ready for our big departure tomorrow to Kabala where the plan is to do 55 major surgeries and 75 minor surgeries over 7 days. It is crucial to keep the flow of patients open so that all people scheduled are indeed operated.

In the meantime, Charlie managed to secure a larger bus for the rest of the trip. We were indeed, on the airport-ferry-hotel journey, crammed in a tiny bus, sitting on top of each other and laying in between medical boxes. Things are advancing despite ever changing conditions and circumstances, fingers crossed for tomorrow and our 7 hour drive.”

Zeina Wakim, Logistics
Sierra Leone, December 2011



Inside the bus that picked up the ISHI team at the Lungi airport in Sierra Leone.

ISHI VOLUNTEERS STORIES



"The team has been having long days from our day 1 in Kabala: From establishing the electrical need of the OR, buying the necessary plug converters, connecting the newly donated Mindray monitors we

brought with us, setting up the OR, getting to know who does what at the hospital, understanding the decrepit state of the electrical generators, coordinating the workflow with the local staff, operating with scarce surgical resources, every step came with its difficulties.

Our mission had been announced many days prior to our arrival on Kabala local radio station. And on the night of the 4th, Ziad, Vishnu, Anastasia and Marina were invited with Mr. Peacemaker to talk about the mission on the air to the Koinadugu population. The team mentioned that the surgeries are free and everyone was welcomed, and highlighted that we do not have the capacity to treat everyone and do all type of surgeries. The next day patients coming for screening and triage overwhelmed us. Some had walked 50-60 miles to get to Kabala. It is unfortunate that we will not be able to help them all. Many will be told to come back next year. The stoicism of the people is only surpassed by the scarcity of what modern life is offering them.

ISHI team has an incredible spirit, and is keeping up with its original schedule. The medical team did 25 major surgeries on its first two days, despite the many challenges faced (dubious electrical supply, no ventilators...). Everyone is impressed by our efficiency, pace and dedication. By now we have learned to adapt and circumvent the constant small obstacles our schedule faces."

Charlie Khoury, Logistics, Co-founder (ISHI Canada)
Sierra Leone, December 2011



"Just when you think you can't do more with less... we were really getting into our groove on Tuesday. Vely and Leah, with Emanuel the local CRNA were completing a big

morning schedule when one boy with appendicitis shows up followed by another patient with obvious peritonitis.

Appendectomy under spinal...no problem. Now it's about 5pm, Charlie and Marina are negotiating more generator time. Vely and Leah are measuring how much drugs they have and the patient is saturating 90% on RA. Intubation is smooth, as quick desat. to 64% but the oxygen concentration (approx. 40% FiO2) is working and with fluids, heart rate is at least below 120.

A 5+ day old chronic perforated ulcer with gross peritonitis. Abdomen rinsed with water but in the middle...generator goes out. No power, oxygen, suction by Leah, Ben and myself stepping on pedal. Headlights for Ziad and Anastasia providing light and race gets completed. Marina, myself and Dr. Connie (local VSO, British MD) are doing palliative care and breaking bad news. Family brings generator from home to provide supplemental O2 overnight. Thankfully they have some money. By this afternoon, off oxygen, better, NG tube out!! Lessons learned: Power, oxygen, suction are luxuries that can be dispensed with as needed! Doing more with less is an everyday occurrence in Sierra Leone."

David Livingston, Surgeon
Sierra Leone, December 2011



“My two highest points include a truly amazing surgical feat and a cultural exchange I will not soon forget.

Our first (yes first, there were more than one) emergency lapartomy was terrifying for me on so many levels, in addition to this man being overwhelmingly ill with an acute abdomen, we had limited supplies to care for him in the manne:r with which I have become accustomed. We had no ventilator, no gases, limited post-op pain control and literally no post-op care established. The entire case flashes in an instant and at the same time I see the generator fail, the electricity go out, the oxygen turn off, the suction unavailable, and David Livingston pouring a bucket of well water

into a man’s abdomen. As Vely and I are attempting to-and somehow succeeding-provide anesthetics we manually ventilate with only room air while also pumping a manual suction device with our feet—a workout that that puts Richard Simmons, Billy Blanks and Jane Fonda all to shame. Extubating this critically ill patient and taking a deep breath myself for the first time the whole case—I’ve never taken a breath so deep, and its never felt so exhilarating. I guess my point is that the most invaluable skill set to have on a trip like this, and I plan to adopt it into my every day, is that of flexibility.

Of course this flexibility is more easily achieved with professional partnerships founded on the principles of trust, respect, understanding, patience, confidence, and of course, a very healthy sense of humour. I was lucky enough to experience my first mission with a group of people that to me, are irreplaceable when considering future missions. I can’t fathom a better group of people with whom to share this life changing experience.

It is impossible to convey the depth of my gratitude to the ISHI Sierra Leone team without this blog—that has morphed into more of a tome—turning into somewhat of a love letter.”

Leah Holt Grange, Nurse Anesthetist, Sierra Leone, December 2011



Stepahnie accompanying one of the lapartomy emergency patients. Sierra Leone, Dec. 2011



Ziad and Kevin discussing a patient’s care with a local Nurse. Philippines, Feb. 2011

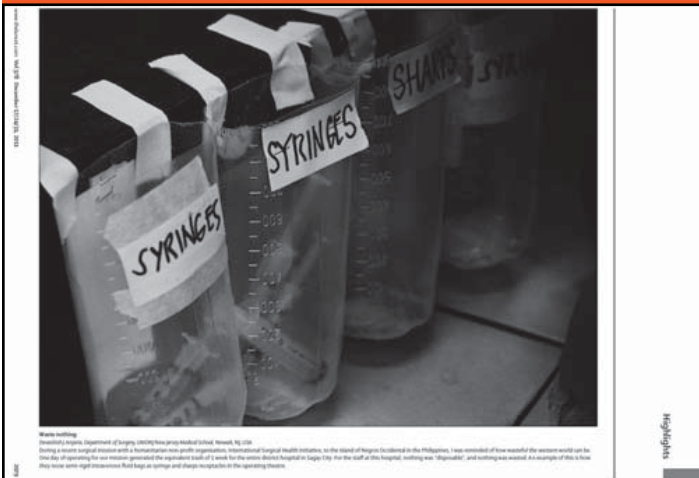


Patients lining up to see ISHI nurse team on their first clinic day. Guatemala, Oct. 2011

ISHI Non-Mission Activities

December 14, 2011

ISHI Photo Wins in the Venerable Medical Journal
ISHI volunteer Dr. Devashish J. Anjaria wins a selection in The Lancet 2011 Highlights photo contest.



June 10, 2011

ISHI Volunteer Appreciation Picnic
Event held at Liberty State Park, NJ. ISHI volunteers and their families attended the event sharing stories, surgical mission experiences.



August 25, 2011

ISHI Fundraiser and Dinner
ISHI nurse mission to Guatemala holds a fundraiser at the Harrison Elks



December 17, 2011

End of the Year Party and Fundraiser
Volunteers and supporters gathered at L'Affaire in Mountainside NJ for a festive celebration of the year's accomplishments.



Special Thanks

Corporate and Foundation Sponsors

- AmeriCares, MAP International (Surgical supplies and material)
- Bariatrix Canada (Protein shake, food supplement, protein bars)
- Mindray: OR and RR Monitors (thanks to Jim Duran, CRNA at UH)

Legal support

- Perkins Coie, LLP for legal advice
- Me Myriam Brahimcha, Nault et Associates, for her generous legal advice

ISHI Financials

Consolidated Statement of Activities Year ended December 31, 2011

Statement of Financial Position	2010	2011
Statement of Activities		
Individual Donations	\$17,116	\$13,679
Volunteer Donations	\$18,573	\$44,689
Corporate Donations	\$5,778	\$11,441
TOTAL PUBLIC SUPPORT & REVENUES	\$41,467	\$69,810
Expenditures		
Administrative Expenses	\$2,013	\$119
Fundraising Expenses	\$4,413	
Mission Expenses	\$24,059	\$58,875
TOTAL EXPENSES	\$30,485	\$58,994
Change in net Assets	\$10,982	\$10,817
Net Assets (starting)	\$3,750	\$14,732
Net Assets (ending)	\$14,732	\$25,549
Assets		
Cash & Cash Equivalents	\$14,687	\$25,349
Undeposited Donations	\$11,040	\$200
TOTAL ASSETS	\$25,727	\$25,549
Liabilities		
Accounts Payable	\$10,995	
TOTAL LIABILITIES	\$10,995	
Equity (Charity Assets)		
Accumulated Assets	\$3,750	\$14,732
Net Unspent Revenues	\$10,982	\$10,817
Total Charity Accumulated Assets	\$14,732	\$25,549
TOTAL LIABILITIES AND NET ASSETS	\$25,727	\$25,549

ISHI

www.ishiglobal.org

Design & layout: Charlie Khoury

Edit: Asha Bale, Charlie Khoury, Ziad Sifri, Audrey Rosinberg

Photographer credits: Nura Qureshi, Vishnu Hoff, Charlie Khoury, Devashish Anjaria



Young boy from the village of Yagala (Sierra Leone) helping with the banner on the mud wall of a traditional house