

“ ...WHEN A GROUP OF PEOPLE COME TOGETHER WITH THE RIGHT INTENTIONS, LOVE IN THEIR HEARTS AND A STRONG DESIRE TO GIVE BACK, THEY CAN OVERCOME ALL OBSTACLES, BEAT THE ODDS, AND ACCOMPLISH EXTRAORDINARY THINGS. THEY CAN ACHIEVE MORE TOGETHER THAN EACH ONE ALONE. THEY CAN PUSH THEMSELVES TO LEVELS THEY DID NOT THINK WOULD BE ATTAINABLE... ”

ABOUT ISHI / 04

OFFICERS, BOARD AND VOLUNTEERS / 05

PRESIDENT'S MESSAGE / 08

PATIENT SPOTLIGHT / 12

JANUARY, MISSION TO THE PHILIPPINES / 17

SEPTEMBER, MISSION TO GHANA / 22

NOVEMBER, MISSION TO SIERRA LEONE / 27

NON-MISSION ACTIVITIES / 34

FINANCIALS / 36

STAYING POWER: WHY I HATE ISHI / 38

STAYING POWER

ABOUT ISHI

The International Surgical Health Initiative (ISHI) is a humanitarian organization dedicated to improving the health of underserved communities around the world by providing needed surgical care, empowering local medical professionals to be self-sustained through education and training, building lasting relationships with patients, families, and communities, and remaining highly efficient with the funds it raises.

OFFICERS, BOARD AND VOLUNTEERS

BOARD OF TRUSTEES

Ziad Sifri MD

Asha Bale MD

Kevin Clarke MD

Charlie Khoury

Ibrahim G. Sabbagh

ISHI EXECUTIVE COMMITTEE

Ziad Sifri MD- President
Co-founder

Asha Bale MD- Vice President
Co-founder/ Treasurer

ISHI CANADA EXECUTIVE TEAM

Charlie Khoury
President / Co-founder ISHI Canada

Ziad Sifri MD- Vice President
Co-founder ISHI Canada

Ibrahim G. Sabbagh
Treasurer ISHI Canada / Co-founder ISHI Canada



ISHI 2013 MISSION VOLUNTEERS

JOYCE ALEXANDER-BONITZ
 JOB AMOATENG
 FELICITY AMPONSAH
 MARIAH LOURDES ALONSO
 DEVASHISH ANJARIA
 HANNAH ASARE-BOATENG
 KAMALAKAR AYYAGARI
 ASHA BALE
 FELIX BARTE
 LETICIA BIBLE
 CATHY BLASKEWICZ
 ESTUCIA BRATHWAITE
 STEPHANIE BURROUGHS
 VICKY CATIG
 MAR CATIG
 KEVIN CLARKE
 RAVI CHOKSHI
 JOHN DELLAMANNA
 DORENE DOUGAN
 KEESHA DUNCAN
 CYNTHIA ENRIQUEZ
 EILEEN ENRIQUEZ
 CHARITO GALANO

OPHELIA GALANO-BARTE
 RENE GALANO
 KAMAL GANDHI
 SHAMA GANDHI
 PUSHPA GOEL
 MARINA DIANNE GOLDMAN
 JOSEPH GRACIOSA
 DENNIS GRECH
 JOY GRIMES
 MARIA HAM
 MALIK JALLOH
 LUZ JALOWSKI
 CARLY JENNINGS
 CHAND KHANNA
 RENU KHANNA
 CHARLIE KHOURY
 BERNARD LEBOSKY
 JENSINE LOGRONO
 LUZ LOGRONO
 JENNIFER MARRERO
 SONNY MARRERO
 GENMAR MONTOYA

PALMIRA MOYET
 GLADYS NARVADES
 MARLENE NGO
 JEAN-PHILIPPE NOEL
 LESLIE OSEI-TUTU
 MARCELINO POTIAN
 BOGDAN PROTNYIAK
 NIRAV RANA
 RITA REAL
 JOSEPHNE REDFERN
 SOCORRO ROGERS
 AUDREY ROSENBERG
 ZINA SEMENOVSKAYA
 ASHA SHAH
 ZIAD SIFRI
 JULIE SON
 MAE TINGSON
 ALAN TOUSSAINT
 EMMA TOUSSAINT
 MARLONE VILLADAR
 CHIACHI WANG
 EMILIA WAWSZCZYK

THE MAGIC

The magic of an ISHI mission truly begins when the surgical mission leader convenes the selected team of volunteers to discuss the surgical care plan for the mission. Each volunteer brings their own skillset, personality and expectations to the mission, but it is the team dynamic that brings the mission to life. The team leader conducts a pre-mission planning meeting, and the team learns the documentation and health requirements needed to participate in the mission. Cultural nuances are shared, along with travel and communications information. The volunteers essentially take this information and make it blossom. Ideas for assembling donations for community outreach and teaching is fostered by those volunteers who have been on missions in the past. The role of the ISHI volunteer is nothing less than an ambassador to the host country, where the level of commitment is great: donate or fundraise for ISHI prior to the mission; give 100% professional, experienced care during the surgical care of patients; support the team and adapt to the changing circumstances of the mission; present and/or publish their experience to a forum interested in the accomplishments and outcomes of the mission.



ISHI TEAM VISITING THE INFAMOUS, SINISTER SLAVE CASTLE TRADE POST OF BUNCE ISLAND, UP THE SIERRA LEONE RIVER ESTUARY.

Mission volunteers transport supplies, anesthesia and other essential medications, including ISHI-owned surgical instruments, in order to carry out the missions. In addition, ISHI volunteers donate their vacation time and forego family obligations. They humbly pay their own travel expenses including costs associated with attaining proper international VISAs, and must also undergo a physical, immunizations and medications to assure their health and safety from endemic diseases in the respective mission location. Year after year, volunteers outpace all other donors to provide the necessary funding to conduct safe surgery in high need areas to a gracious patient population.

PRESIDENT'S MESSAGE



Dear Friends of ISHI, Volunteers, Supporters and Fans,

Looking back on our accomplishments of 2013, ISHI is gaining momentum. Everywhere we go people have no access to basic surgery and suffer needlessly. We know very well because of our field experience. ISHI volunteers strive to help these patients get their lives back together through a coordinated team effort to provide safe curative surgery. This experience gives all of us hope: Hope to provide surgical care in even the most resource-constrained settings. Hope that ISHI will continue its humanitarian surgical efforts; hope that the effort will provide our patients a better life and brighter future for their families. Hope is what is fueling our effort and driving our ultimate goal of sustainable surgical care to those around the world who still have no access to it. Yet we know our efforts remain far too small...

The adversity people have to endure when they have to survive with limited resources is hard to explain. To put things in perspective, around the world today 2 billion people have no access to surgical care. Please see the graphs on page 9. The World Health Organization is mainly focused on delivering medically based, pharmaceutically delivered treatments. There is a pervasive, false belief that surgery is too expensive and time consuming, a short-term solution that helps only a few. Tell that to the people who will lose their lives because they have no access to basic safe surgery. That is just not acceptable to us. This disparity in resource allocation is hard to accept for most of us, and that is why ISHI mobilizes skilled volunteers and reaches out personally to the poorest of the world.

This year ISHI decided to voice our experiences to the American College of Surgeons to advocate for international agencies to fund surgery as a global health issue. Please see the ISHI Position Statement on page 11. We envision access to essential surgical care as a basic human right by the global public health community. However, prioritizing global surgery on a world platform remains to be achieved.

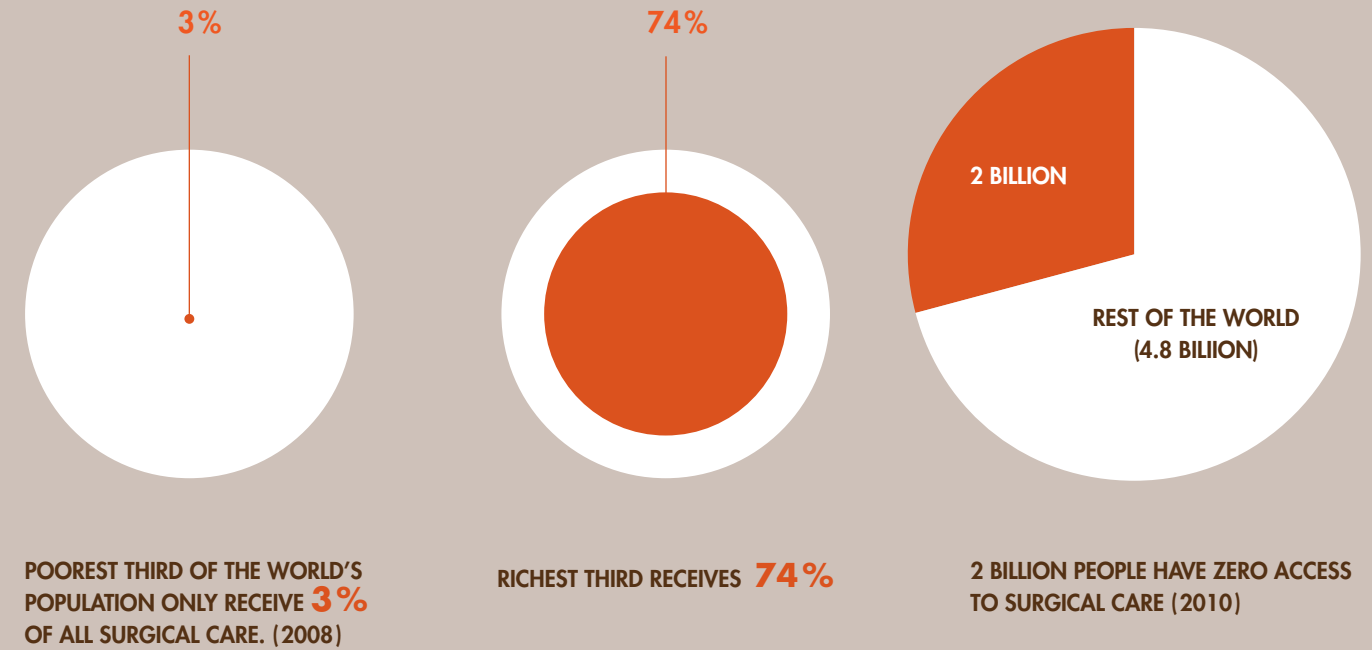
ISHI volunteers, donors and sponsors understand this need, and deserve special recognition. It is through their vision to help our fellow human beings by generously providing surgical care, local training and support to reduce the suffering of people afflicted with diseases otherwise easily managed in rich countries. Over 95% of the donations this year went directly to the delivery of patient care. This is possible by strictly adhering to our mission statement and being stewards of our donors' trust and philanthropic goals.

In the year ahead we continue to forge beyond political infrastructure and economic shortfalls to perform basic life-saving or life-changing surgeries to underserved communities through new and repeat ISHI missions. To make a difference in one life carries forward the wealth of new strength and beginnings. Our strength is in our knowledge, our technical skill and our belief in humanity. The strength is present in each of our volunteers who help deliver the surgical care and give hope to those who suffer in silence. Our efforts remain far too small...

Help us strengthen our momentum,

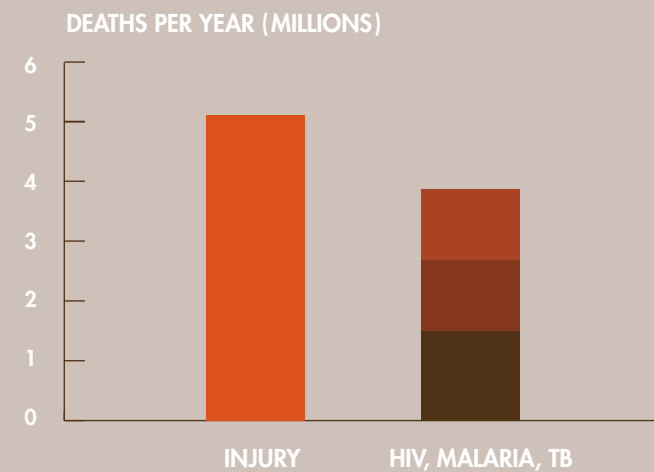
Ziad Sifri, MD
President

SURGERY IS DISTRIBUTED UNEQUALLY



Weiser TG et al. A estimation of the global volume of surgery: a modelling strategy based on available data. Lancet 2010 Sep 25; 376(9746): 1055-61.
Funk LM et al Global Operating theater distribution and pulse oximetry supply: an estimation from reported data. Lancet 2008; 372: 139-44.

INJURIES CAUSE MORE DEATHS THAN MALARIA, TB AND HIV/AIDS COMBINED



DEATHS FROM HIV/AIDS INCREASED FROM 0.30 MILLION IN 1990 TO 1.5 MILLION IN 2010, REACHING A PEAK OF 1.7 MILLION IN 2006. MALARIA MORTALITY ALSO ROSE BY AN ESTIMATED 19.9% SINCE 1990 TO 1.17 MILLION DEATHS IN 2010. TUBERCULOSIS KILLED 1.2 MILLION PEOPLE IN 2010.

THE FRACTION OF GLOBAL DEATHS DUE TO INJURIES (5.1 MILLION DEATHS) WAS MARGINALLY HIGHER IN 2010 (9.6%) COMPARED WITH TWO DECADES EARLIER (8.8%). THIS WAS DRIVEN BY A 46% RISE IN DEATHS WORLDWIDE DUE TO ROAD TRAFFIC ACCIDENTS (1.3 MILLION IN 2010) AND A RISE IN DEATHS FROM FALLS.

WHO Global Burden of Disease Report, 2004 [Update 2008].



YOUNG WOMAN VISITING A RELATIVE WHO WAS SUCCESSFULLY OPERATED ON BY ISHI AT THE KABALA HOSPITAL, SIERRA LEONE.

SURGERY IS THE “NEGLECTED STEPCHILD” OF GLOBAL HEALTH

BY 2030 MOST OF GLOBAL DISEASE BURDEN WILL BE FROM CHRONIC AND NON COMMUNICABLE DISEASE, WHICH INCLUDES GOITERS, HERNIAS, SURGICAL INFECTIONS AND CANCERS, FOR WHICH SURGERY IS USUALLY REQUIRED

NEED FOR SURGERY WILL INCREASE:

INCREASING NUMBER OF INJURIES (VEHICLE TRAFFIC) IN DEVELOPING COUNTRIES AND UNSAFE ROADS



FISHING COASTAL VILLAGE SOUTH OF FREETOWN. SIERRA LEONE’S PUBLIC HEALTH SECTOR HAS LESS THAN 10 REGISTERED SURGEONS FOR A POPULATION OF 5 MILLION

ISHI POSITION STATEMENT AMERICAN COLLEGE OF SURGEONS

1. The surgical burden is real, it is pervasive. The need is far in excess of the supply, and sub-specialty help is needed everywhere we’ve conducted missions.
2. International surgery is safe and can be done cost-effectively. Positive outcomes are result of careful use of US standards of practice, common sense, facility selection and identifying appropriate candidates for surgery performed on short-term missions.
3. Organizations conducting global surgical missions must collaborate to develop a collective data set to share with the World Health Organization. Many organizations are seeing similar outcomes—it’s time to put the results together as advocates of global surgery.
4. Residents and medical students are the spokespersons for the future. Even medical students not interested in pursuing a career in surgery can benefit from going on missions. It is important that they interact with patients, families and the global community to see first-hand what is the impact on health in communities without a surgeon.



Farmer P, Kim JY. Surgery and Global Health: A View from Beyond the OR. World J Surg. 2008 April; 32(4): 533-536

PATIENT SPOTLIGHT: MEET FIRAMUSU



FIRAMUSU WITH MOTHER AND BABY SISTER



ISHI VOLUNTEER MALIK JALLOH CRNA, IS A SIERRA LEONE NATIVE AND IS THANKFUL TO SHARE HIS PROFESSIONAL SKILLS AND VALUABLE CULTURAL BACKGROUND DURING THE MISSION

The first thing that we encountered was the sound of agony that doesn't come from a fellow human—In this country we have pain medications...it would have never reached this level...The withdrawn helpless look of the mother, having lost children to typhoid in the past and knowing what the end result was going to be for her daughter was agonizing.

ZIAD SIFRI, MD

Poverty in Sierra Leone is daunting: when a 12 year old girl with perforated typhoid comes to the hospital, and her mother is withdrawn, even the local healthcare workers fail to recognize her blatant peritonitis. She has perforations in her terminal ileum for 3 days prior to surgery. In Sierra Leone, WE were the only people fighting for her. If we were not there, she would have died. And no one would have thought much of it.

DAVID LIVINGSTON, MD

I am reminded of Mr. Peacemaker telling me I will never get anything done in this country if I "do not close my eyes and cool my heart." I have noticed that people in Sierra Leone rarely cry. There is the symbolic wailing when a child dies but no one cries, sobs, whimpers or whines. "Forbear" in Krio is a common expression. Forbearance. A warm heart accomplishes nothing. So many times, I hold back tears, thinking about the unfairness of the mother who had lost 4 of her 10 children.

MARINA GOLDMAN, APN

Ziad and I went back to see the little girl that night. Because her oxygen and heart rate were low, Ziad employed his back up generator contingency plan to run the oxygen concentrator overnight—He is amazing at negotiating all of this. Emelia volunteered to stay and provide nursing care—Go ISHI spirit and commitment!— and was relieved by Cathy at 6am.

ANASTASIA KUNAC, MD

"THIS TRULY UNIQUE EXPERIENCE OF GIVING UNCONDITIONALLY TO ANOTHER FELLOW HUMAN BEING, MATCHED WITH THE ABILITY TO ACCEPT HELP WITH DIGNITY AND SINCERE APPRECIATION, WAS VERY POWERFUL AND SPECIAL."



Our patient smiles brighter each morning and sits up to greet us. Her mother, only a few steps away, continues to thank us for our help. "I can't pay you, but thank God for you." This is priceless and makes the whole trip worth every sacrifice. Thinking about what would have happened had we not been here is terrifying and unthinkable.

STEPHANIE BURROUGHS, RN



The ISHI Club held a fundraiser to purchase school supplies for Firamusu, pictured here with her new backpack. ISHI nurses Stephanie (far left) and Emelia, and Mr. Peacemaker offer friendship, trust and confidence to Firamusu.



MISSIONS

PHILIPPINES, January

GHANA, September

SIERRA LEONE, November



"THE STRENGTH IS PRESENT IN EACH OF OUR VOLUNTEERS WHO HELP DELIVER THE SURGICAL CARE AND HOPE TO THOSE WHO SUFFER IN SILENCE." OR THEATER, KABALA, SIERRA LEONE, NOV. 2013.

This is my first time on a mission trip. It is also the first time I am going to miss my daughter's first day in school. This is weighing heavily upon me but as she said, "Mame, it is time you do something you like for yourself." I have been wanting to do this for a long time but there has not been the right time. Now here I am packing but do not know what to pack. I am anxious... I am very excited to get down to working with my group and helping those who need help.

FELICITY AMPONSAH RN

I've been on a few missions now and each one is special in its own way. This mission helped me raise my own personal bar. I could not accomplish any of this without this ISHI team. I am so very proud to be part of this organization, everyone's dedication and tireless work was so appreciated.

CATHY BLASKEWICZ RN

PHILIPPINES

JANUARY, 2013





MISSION SUPPLIES, MEDICATION AND EQUIPMENT WERE TRANSPORTED TO THE HOSPITAL BY LOCAL VOLUNTEERS. PHILIPPINES. JAN. 2013.

THE TEAM MEMBERS AND RESPONSIBILITIES

SURGICAL TEAM

J. Alexander-Bonitz MD*
 A. Bale MD
 C. Blaskewicz RN APN
 E. Brathwaite RN
 R. Chokshi MD
 E. Enriquez RN
 A. Bale, MD, Mission Leader

D. Grech MD
 M. Ham MD*
 L. Jalowski RN
 B. Lebofsky RN
 J. Logrono
 L. Logrono RN
 J. Marrero RN

S. Marrero RN
 G. Montoya RN
 G. Narvades CRNA
 M. Ngo CRNA
 M. Potian MD
 N. Rana MD
 S. Rogers RN APN

A. Shah MD
 M. Villadar RN
 C. Wang MD

MEDICAL TEAM

J. Graciosa MD
 F. Barte MD
 O. Galano-Barte MD
 C. Khanna MD
 J. Redfern RN
 C. Jennings RN

C. Enriquez RN
 R. Real RN
 K. Gandhi MD
 C. Galano RN
 R. Galano RN

R. Khanna
 V. Catig RN
 S. Gandhi
 M. Catig

*Resident physicians

MISSION BACKGROUND AND OBJECTIVES

ISHI conducted its third mission to the Philippines in January, 2013 to Ormoc City in Leyte. This mission was proposed by Mrs. Socorro Rogers, a tenured ISHI volunteer. Mrs. Rogers began the initial conversations with the Ormoc District Hospital officials one year prior to the mission. Through the pre-mission planning process, it was agreed that adding a medical team to the ISHI surgical team would enable the treatment of more patients.

Public announcements were made two months prior to arrival in the rural areas surrounding Ormoc City. Patients were pre-screened by a local physician and identified to be good candidates for operation. ISHI knew they would encounter patients with conditions such as thyroid goiter, chronic cholecystitis, hernia and multi-fibroid uterus. The accompanying medical team was ready to evaluate and treat about 500 patients daily, and would be based in a tent outside of the main hospital building.

SUMMARY OF MISSION ACHIEVEMENTS

57

major operations performed

94

minor operations performed

OVER 1,000

patients evaluated and treated by Medical team



FISHING BOATS TROLL THE NEARBY VILLAGE FOR 10-12 HOURS PER DAY. WORKERS RECEIVE NOMINAL PAY MAKING ANY NEEDED SURGERY PROHIBITIVELY UNATTAINABLE.

MISSION SPECIAL THANKS

SOCORRO ROGERS

who conceived and facilitated the mission, and served as nursing team leader.

HON ERIC C. CODILLA, MAYOR OF OMCOC CITY

for collaborating with ISHI and paying the cost of accommodations and many meals for the volunteers.

DR. DENNIS CAPUYAN,

for assisting ISHI purchase local medications, and for triaging patients on the initial day of our mission.

MARLENE NGO, JOSEPH GRACIOSA, SOCORRO ROGERS AND VICKY CATIG

for hosting dinners for the volunteers.



ISHI TEAM UNPACKING STERILE SUPPLIES BASED ON DETAILED CASE LISTS - DUE TO LIMITED SPACE, ORGANIZING SUPPLIES IS ESSENTIAL FOR THE HECTIC DAILY OR SCHEDULE.

PHILIPPINES BLOG POSTS, 2013

« I grew up in this little city of Ormoc and having lived in the US for almost 25 years, I'm always looking for ideas to help my less fortunate Ormocanons. This mission was my chance to do just that. There's nothing more satisfying than seeing their very grateful faces. The whole ISHI team, from the surgeons to the anesthesia team, nurses and the entire ancillary service, everyone was wonderful, competent and hardworking.

GLADYS NARVADES

« This is my first surgical mission with ISHI. I was very relieved to be able to reactivate my dormant OR nursing skills successfully and participate in the care of the patients at Ormoc Hospital. They come to ISHI for treatment they cannot otherwise get and although I do not understand their language I can see the relief and thankfulness in their eyes that we are here to take care of them. Although the long trip and busy days at the hospital can be very tiring, the experience of being here is extremely rewarding. I thank ISHI for the opportunity. They are doing incredible work.

BERNIE LBOFSKY

« The best part about being a volunteer surgeon here is knowing that even though we may not have all our usual toys and gadgets, we can still use our basic surgical skills to help people and ultimately change lives. Thanks, ISHI, for giving us a chance to be a blessing and share our skills with people around the world!!

MARILYN TAM

GHANA

SEPTEMBER, 2013

KEVIN CLARKE, MD

GHANA VOLUNTEER



Dr. Clarke is a surgical oncologist graduate of Binghamton University and the University of Connecticut School of Medicine in Farmington. He completed general residency in New Jersey and his Surgical Oncology Fellowship at the City of Hope National Cancer Center in California. Dr. Clarke has published several articles in peer-reviewed journals and has given presentations about surgical volunteerism at the N.J. Annual American College of Surgeons Conference.

WHY DID YOU DECIDE TO LEAD AN ISHI MISSION AND SERVE AS A MISSION LEADER? WOULD YOU SERVE AS SURGICAL MISSION DIRECTOR IN THE FUTURE?

It's hard to answer, but universally there is a desire to help and of course we have a love of discovery. Yes I would definitely consider leading another mission and in fact that is in the works for this year.

WHAT WAS UNIQUE AND SPECIAL ABOUT THE GHANA MISSION?

We provided teaching to the local staff about implementing the "time out," which essentially checks that we are performing the correct procedure on the correct patient, focused on the correct body part. While this is the key responsibility of the primary surgeon, especially on missions, the "time out" is an incredibly important formal period of the operative procedure in terms of patient safety and quality.

The hospital staff was very receptive to the concept and I think they are going to continue the practice after they've seen the benefits while working with ISHI.

As the mission leader, I was honored to represent the volunteers when we were introduced to the paramount tribal Chief and Mrs. Marley of the Konkonuru Clinic (established in memory of her husband, famous musician Bob Marley), who both came out to honor ISHI's work with the community.

WHAT IMPRESSED YOU THE MOST ABOUT THE ISHI TEAM?

Considering our team faced unexpected inconveniences including off-duty shelter without running water, hot water or other basic supplies, they stuck together. The team dynamic kicked-in and it was a positive experience. A key take-away from the mission is to expect the unexpected and adapt.

ARE THERE DIFFERENCES IN POST-OPERATIVE COMPLICATIONS OBSERVED DURING THE MISSION COMPARED TO WHAT YOU GENERALLY SEE IN THE US?

From a clinical outcomes perspective, the primary complications we faced in Ghana were wound infection and hematomas—same as in the US, and ISHI expects and effectively manages these post-operative conditions.

CAN YOU EVALUATE THE SCOPE OF THE SURGICAL BURDEN IN THE COMMUNITY DURING AN ISHI MISSION? DID YOUR MISSION HELP REDUCE SURGICAL CONDITIONS IN THE GHANA COMMUNITY?

The missions are so short that it is unrealistic to think you can quantify the true denominator for any given condition. We need to know how to get beyond the numbers, and instead describe what the importance of the surgical intervention is. We understand that basically for the patient, it is to get on with their life. ISHI serves a particular NEED, not a particular NUMBER."

THE TEAM MEMBERS AND RESPONSIBILITIES

SURGICAL TEAM

K. Clarke MD	J. Alexander-Bonitz MD*	K. Duncan CRNA	P. Goel RN
K. Ayyagari MD	L. Osei-Tutu MD	S. Rogers RN APN	H. Asare-Boateng RN
B. Protyniak MD*	J. Grimes CRNA	M. Tingson RN	

MEDICAL TEAM

E. Toussaint RN	F. Amponsah RN
S. Burroughs RN	D. Dougan RN

LOGISTICS

A. Toussaint	*Resident physicians
J. Amoateng	

MISSION BACKGROUND AND OBJECTIVES

In November, 2008 several of the senior members of ISHI participated on a medical mission to Ghana to the Agona Swedru Government hospital. It was after this life-changing experience that sparked the beginning of ISHI and the desire to return to Ghana to help the people who sorely need it. Ms. Nellie Kemevor provided contacts enabling ISHI to connect with the 2013 Ghana mission host facility: Tetteh Quarshie Memorial Hospital.

Based on our previous experience in Ghana we anticipated providing both clinical care and exchange of technical and intellectual information. We prepared a lecture series focused

on sterile technique, infection control and "time out" universal patient safety protocols. In addition, we hoped to learn more about the local culture and traditions to enhance our humanitarian exchange. Through contact with the hospital's British-based Medical Director, the priority surgical needs included inguinal and ventral hernias as well fibroid disease. Patients were alerted to ISHI's arrival weeks to months ahead of time through public service announcements on the local radio and at the local churches. Our goal was to perform 50 major operations over a 5-day period.

SUMMARY OF MISSION ACHIEVEMENTS

12

Anesthesia Team assisted local physicians with emergency C-Sections

48

Major operations performed

OVER 80

patients evaluated and treated by the Medical Team



MISSION SPECIAL THANKS

EMMA TOUSSAINT RN, ISHI VOLUNTEER
for helping with the preparation and planning of the mission.

MS. NELLIE KEMEVAR
for serving as public affairs liaison to ISHI, providing on-site introductions to the paramount chief, as well as several cultural and political dignitaries in the region.

THE HON OTOOBOUR DJAN KWASI
for allowing us to provide services in the Aburi region.

**THE HON HELEN NTOSO,
THE REGIONAL MINISTER OF THE REGION**
for hosting the team.

DR. MCDAMIEN, REGIONAL MEDICAL DIRECTOR
for supporting the surgery conducted in the region.

**DR. MAWULI, HOSPITAL MEDICAL DIRECTOR AND
DR. ASIEDU, STAFF SURGEON**
for making the volunteers feel welcome and providing an enjoyable experience working at the Tetteh Quarshie Memorial Hospital.

NANA RITA MARLEY
for welcoming the team to the Konkonuru clinic.

GHANA BLOG POSTS

« This campaign, although carefully planned was not met without challenges: faulty lighting, cold water or no water, and at times rations which lacked red meat. The team, guided by our competent leader, Dr. Kevin Clarke and his able assistant, Emma Toussaint RN, we met those obstacles and banded together to complete our mission. I am pleased to report no casualties. Volunteering for missions opens your eyes to life challenges and gives you an appreciation of what you were not only given, but blessed with. I embrace the hardship knowing that it helps in strengthening and giving me courage to withstand anything this life has to offer.

STEPHANIE BURROUGHS RN

« There's a feeling that I've come to appreciate at the end of the day when you're exhausted, sitting on the bus home. The best way to describe it is being whole, content. When things like the bus breaking down multiple times or the sporadic water shortages don't phase you in the slightest. Sharing this experience with a group of people that are just as passionate certainly makes the trip easier. We've had many long nights in the OR and countless laughs together. The hard work has unified everyone with a common goal to help those who don't have access to surgical care.

BOGDAN PROTNYIAK MD

« It's our 4th operating day. We are getting tired, but spirits are up. Things are running smoother as a lot of the kinks are being worked out. I have to say that I am so proud of our team. We are really striving to deliver the best care possible and following protocols from home. We put name bands on people, verify the procedure corresponds with the patient and perform "Time Outs" in the OR. Everyone is on board so it works.

DORENE DOUGAN RN

SIERRA LEONE

NOVEMBER, 2013

THE TEAM MEMBERS AND RESPONSIBILITIES

SURGICAL TEAM

Z. Sifri MD, Mission Director
 D. Anjaria MD
 A. Rosenberg MD
 J Son* MD
 L Bible* MD

J. Dellamanna CRNA
 M. Jalloh CRNA
 P. Moyet

MEDICAL TEAM

Z. Semenovskaya MD
 M. Goldman APN
 S. Burroughs RN
 E. Wawsczyk RN

LOGISTICS

C. Khoury
 J. Noel

*Resident physicians

MISSION BACKGROUND AND OBJECTIVES

This is the 3rd ISHI mission and the 2nd “repeat” Mission to Kabala. The first mission was proposed in the summer of 2011 by Marina Dianne Goldman who had worked in Kabala, Sierra Leone as a volunteer with the Peace Corps in the 80’s. A return mission in 2012 was very productive, and thanks to the trusting relationships built between the local leadership and ISHI, a third successive mission was arranged, given the high surgical need the ISHI team witnessed in 2012. Thanks to relationships cultivated through past missions, lodging for volunteers, advanced radio announcements about ISHI’s arrival, and medical preparation at the Kabala hospital, the 2013 ISHI mission was conducted with precision. The local medical staff pre-triaged over 200 patients and made up a typed list for the ISHI team. This collaboration allowed ISHI to effectively select surgical candidates to match our team’s surgical capabilities. This process provided the foundation to deliver safe and effective surgery and post-operative care, which yielded excellent patient outcomes.

ISHI planned to introduce the Kabala medical staff to the benefits of radiological imaging in patient assessment, and carried a portable Ultrasound machine to the mission location. A dedicated emergency physician trained local physicians in Ultrasound capabilities.

ISHI’s community outreach activities included age-appropriate gifts for children of patients, supporting a local charity “Women Against Poverty,” and visiting the School for the Blind.

ISHI prepared certificates of gratitude and hosted a thank-you dinner for the 28 Kabala District Hospital staff, all of whom helped the ISHI team.



SUMMARY OF MISSION ACHIEVEMENTS

70
 Major operations performed

OVER 80
 Consultations performed by the Medical team

88
 Radiological Ultrasound examinations performed

MISSION SPECIAL THANKS

KABALA DISTRICT HOSPITAL

for welcoming ISHI Team and sharing their facilities.

MR. PETER CONTE

for hosting us and inviting us to his native village.

DR. DUMBUYA

for helping with the preparations.

MR. PEACEMAKER

for his continuous support, patient triage and follow-up.

MARINA DIANNE GOLDMAN

the "Heart" of the mission.



SIERRA LEONE 2013 BLOG POSTS

« I loved my experience in Kabala—the work, the passion of the local staff, our warm welcome and the palpable generosity and enthusiasm of the people. But when I close my eyes, the scene that plays over and over in my mind is our nightly walk back from the hospital—clear, moonlit nights interrupted by solar-panel street lights; European soccer matches glaring from tiny televisions set amongst shacks and ditches. What happens as we travel within and between worlds, experiencing and observing each other? Does everyone win or do we all lose a little in the process? I like to think that as the world hurtles towards an ever flatter, increasingly interconnected version of itself, we each, in our small way, try to influence changes for the better. ISHI brought surgery, medications, expertise—we take home passion, a thirst for knowledge, and a quiet, humbling perseverance that is at its most powerful in rural Africa. We'll see you next year, Kabala.

ZINA SEMENOVSKAYA, MD

« Even though my life's work, my entire nursing career was spent caring for the underserved, for people who live in poverty, it is a completely different feeling when you realize that here in Kabala, Sierra Leone, some of these children don't stand a chance—they are forced to work, stripped from their childhood because they need to put food on the table.

EMELIA WAWSZCZYK, RN

« The image of a 30 year old mother of 6 children seen in triage is embedded in my mind. After giving birth a year ago, she developed leg swelling, shortness of breath, and what now seems like Congestive Heart Failure. She sits up in almost a tripod position, struggling to breathe, and every movement for her is a challenge. Her frail body is frightening. Shallow and rapid respirations, increased heart rate, right leg swelling, and chest discomfort is an everyday occurrence for this woman with little treatment that the local doctor can offer her. In the States she surely would be admitted to the hospital and extensively worked up and treated. We hope and pray for the best and move on, but she will not be forgotten.

STEPHANIE BURROUGHS, RN



GAINING MOMENTUM

THE POWER OF THE REPEAT MISSION CAN BE SEEN IN THE SHEER NUMBER OF PEOPLE INVOLVED WITH THE MISSION, EACH AFFECTED BY THE POSITIVE OUTCOMES OF THE ISHI MISSION.

NON-MISSION ACTIVITIES



ISHI MISSION DEBRIEFING

This year, we have seen a great improvement in our ability to carry out missions through improving our internal organization and logistics. We are finding more success by using checklists, improving our documentation, and providing more opportunities for more post-mission debriefing. We are also sharing ISHI activities with many fans and supporters—by utilizing social media. ISHI’s Facebook page exceeded our goal of 1,000 likes and the ISHI website had more than 20,000 visits.

ISHI CLUB @ RUTGERS NJ MEDICAL SCHOOL DEVELOPING THE NEW HUMANITARIAN

Congratulations to the New Jersey Medical School ISHI Club! Through the efforts of ISHI Club students, a noncredit elective course has been organized for the Spring semester of 2014, which will provide students with an opportunity to learn more about various aspects of international health and surgery. The elective will consist of a lecture series and discussions with faculty and other healthcare professionals engaged in international surgery. Students will have the opportunity to help plan and prepare for upcoming ISHI missions. The course title is “International Surgical Health Initiative” and so far about 25 students are enrolled!

FOURTH ANNUAL ISHI FAMILY PICNIC

Our fourth annual ISHI picnic was an opportunity for food, fun and games at Liberty State Park for more than 30 volunteers and their families. We are looking forward to reuniting our ISHI family at the annual picnic at Liberty State Park in June, and celebrating our ISHI volunteer accomplishments at the year-end party, along with many ISHI Club lectures and activities. Follow us on Facebook—your participation at these events is critical to our growth and success.



TEAM ISHI BIKE TEAM

2013 marked the inauguration of ISHI’s first Bike Team who participated in the TD New York City **5-boro-bike tour**, and secured enough donations to help perform more than 40 free surgeries during future missions. We hope to see more people join this fun event next year!

DONATIONS

MAP/ETHICON:
essential to every surgery: sutures.

AMERICARES:
electrocautery machine, medication and surgical supplies.

KIMBERLY CLARK:
provided needed medical and surgical supplies.

SONO SITE:
Lending of portable Ultrasound machine for the Sierra Leone mission.

FINANCIALS

STATEMENT OF FINANCIAL POSITION	2012	2013
STATEMENT OF ACTIVITIES		
Public Support and Revenues		
Corporate Donations	\$ 6,100	\$ 5,908
Individual Donations	\$ 10,078	\$ 14,197
Volunteers Donations	\$ 40,587	\$ 46,360
TOTAL PUBLIC SUPPORT AND REVENUES	\$ 56,764	\$ 66,465
EXPENSES		
Administrative	\$ 66	\$ 80
Fundraising activities	\$ 500	\$ 500
Mission Expenses	\$ 54,266	\$ 52,321
TOTAL EXPENSES	\$ 54,832	\$ 52,900
Change in Net Assets	\$ 1,932	\$ 13,565
Net assets Beginning of year	\$ 25,549	\$ 27,481
NET ASSETS END OF YEAR	\$ 27,481	\$ 41,046
ASSETS		
Cash & Cash Equivalents	\$ 26,231	\$ 41,046
Undeposited Donations	\$ 1,250	
TOTAL ASSETS	\$ 27,481	\$ 41,046
LIABILITIES		
Liabilities	-	-
Total liabilities	-	-
Total Net Assets	\$ 27,481	\$ 41,046
TOTAL LIABILITIES AND NET ASSETS	\$ 27,481	\$ 41,046



STAYING POWER

WHY I HATE ISHI
CK, 28 NOVEMBER, 2013

I HATE ISHI BECAUSE

it is addictive: the more I volunteer on missions, the more I want to volunteer on missions.

I HATE ISHI BECAUSE

I get to share intense days with a group of fabulous people I barely know, and by the time I get to know them it is time to depart.

I HATE ISHI BECAUSE

it saturates my senses and mind with an array of intense experiences impossible to communicate to folks once I'm back home.

I HATE ISHI BECAUSE

of that deep and stabilizing internal peace that I get after every mission, but which erodes away as my daily routine sets back in.

I HATE ISHI BECAUSE

I'm part of a group that makes me feel we're making a difference, yet every time I checked, the demand for ISHI's services is infinite and the surface has yet to be scratched.

I HATE ISHI BECAUSE

its teams accomplish a lot with very little, yet they often leave with a silent sense of under-achievement.

I HATE ISHI BECAUSE

I understand that I am fortunate for the abundance of my comfort, yet I fail to comprehend what are, for those who have absolutely nothing, thankful for.

I HATE ISHI BECAUSE

it shows me that resilience in the face of permanent adversity is not a choice

ISHI
ishiglobal.org

Edit

Melanie Halpern, Ziad Sifri, Charlie Khoury

Cover photo

One curious boy peering from the outside, at the cheerful gathering of the ISHI team and the local hospital staff in Kabala, Sierra Leone.

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