



INTERNATIONAL HUMANITARIAN SURGERY

New York Society of
International
Humanitarian Surgeons

Volume 2, Issue 1
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Hello from Headquarters

We are proud to announce that in the short time since we have been incorporated we now have over 40 registered members from all over the globe and our initial fundraising efforts have been quite successful. As a 501(c)(3) non-profit organization we are able to receive tax deductible donations. We thank those of you who have generously contributed.

As a result of our fundraising efforts, we have decided to expand our work. In addition to New York meetings, the surgeons and facility databases, and the newsletter, we are beginning additional programs.

Support-a-surgeon will provide financial assistance to local surgeons working in low-income countries. Additionally we will be assisting with support for surgical missions, collaborating on surgical research endeavors, and



undertaking ad hoc programs: the first will be to provide training and stents to improve the management of esophageal cancer in Malawi.

Other highlights in this issue include the executive summary and a link to our 2007 Annual Report.

Thanks to all the members who have contributed to this issue of International Humanitarian Surgery. We look forward to publishing

additional mission reports and articles in the future.

Feel free to contact us anytime with information or questions you might have. Our goal is to continually improve this organization to maximize its utility to its membership.

Adam L. Kushner, MD, MPH
T. Peter Kingham, MD
Alex Guerrero, MD

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New NYSIHS Members

Jason Altman (USA)

Oheneta Boachie (USA)

Joseph Burns (USA)

Josh Frank (USA)

Jacques Goosen (RSA)

Jonathan Kaplan (UK)

Steven Katz (USA)

Gerard Pascal (France)

Anathea Powell (USA)

George Record (USA)

Lori Romanzi (USA)

Louie Reyes (USA)

Nigel Tai (UK)

Oren Tepper (USA)

Dave Spiegel (USA)

John Wachira (Kenya)

Sherry Wren (USA)

For information on becoming a member or recommending a facility please refer to our website :

www.nysihs.org

Or email:

peter@nysihs.org



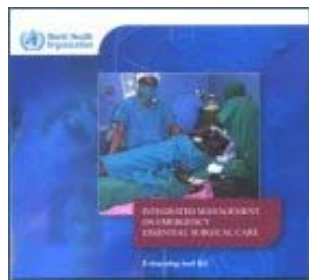
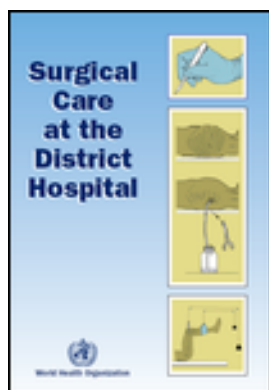
Surgical Opportunities

Facilities interested in surgical assistance include:

- China: Laparoscopic
- Italy: Neurosurgeon
- Kenya: VVF, Pediatric, GU, Ortho
- Malawi: General
- Malawi: General, GU, GYN, Ortho, Neurosurgeon
- Malawi: General, GU, GYN, Burns
- India: General Surgeon
- Nigeria: Endoscopic, Laparoscopic, GU
- Tanzania: General Surgeon, Ortho
- Tanzania: General Surgeon
- East Africa (120 hospitals): Plastics, GU, Ortho
- Ghana: General, trauma, ortho
- Nepal: Laparoscopic



WHO Global Initiative on Emergency and Essential Surgical Care (GIEESC) Update



GIEESC Resources: Surgical Care at the District Hospital manual, and the Integrated Management of Emergency and Essential Surgical Care e-tool kit. (both available on-line at www.who.int/surgery)

A planning committee meeting of the Global Initiative on Emergency and Essential Surgical Care (GIEESC) was held on November 13, 2007 at WHO headquarters in Geneva, Switzerland.

Participants in this meeting included WHO headquarters and regional staff members, representatives of ministries of health, and NGOs.

Meena Cherian chaired the meeting, which was attended by Luc Noel of the Clinical Procedures Unit, and WHO country representatives from Afghanistan, A. Taqdeer, and Mongolia, S. Govind.

Other participants included NYSIHS members

Adam Kushner (USA), **Sandro Contini** (Italy), and **David Spiegel** (USA), along with J. Amandua (Uganda), S. Bickler (USA), J.P. Sac-Epée (France), and K.M. Shyamprasad (India).

During the day long meeting, participants developed a draft action plan and road map for the future of GIEESC. Working groups dealt with organization, advocacy and research.

A surgical situational analysis tool was also developed for defining baseline emergency and essential surgical care resources in first-level hospitals. The tool is currently being pilot tested.



Journal Club Article:

Access and security of medical staff remain the greatest barriers to bringing treatment to those wounded in wars. Respect for the Geneva conventions is, therefore, the major factor affecting their outcome.

-Robin Coupland

Journal Club

Starting with this issue, a section of the newsletter will be devoted to an international humanitarian surgery journal club.

Journal articles that we believe are of value and interest to international humanitarian surgeons will be presented.

These articles will include the abstract and a link

to the entire article if it is available free of charge.

In the future we look forward to your recommendations for which articles to include.

This month we begin with an article originally published in BMJ in June 1994 and authored by Robin Coupland, well known to many NYSIHS

members for his work with the International Committee of the Red Cross and his contributions to the management of war and landmine injuries.

This article, which both he and we consider to be an extremely important contribution to the surgical literature, is presented below.

Epidemiological approach to surgical management of the casualties of war

R M Coupland, Medical Division, International Committee of the Red Cross, Avenue de la Paix, CH-1202 Geneva, Switzerland. *BMJ* 1994;308:1693-1697 (25 June)

The nature of modern conflicts precludes adequate medical care for most people wounded in wars. The traditional military approach of echeloned care for those wounded on the battlefield has limited relevance. I present an alternative, epidemiological approach whereby some effective care may reach many more. For a surgical facility to have a positive impact by using

surgical and anaesthetic competence there must be access to the wounded; security for staff and patients; and a functioning hospital infrastructure. These all depend on respect for the first Geneva convention. Early hospital admission for urgent surgery is not so important if there is adequate first aid beforehand. The hospitals of the International Committee of

the Red Cross have provided surgical care for thousands of wounded people by fulfilling these conditions. People wounded in modern conflicts would fare better if these priorities were recognized and less emphasis was placed on the more spectacular . . . [[Full text of this article](http://www.bmj.com/cgi/content/full/308/6945/1693)] (<http://www.bmj.com/cgi/content/full/308/6945/1693>)



Kingdom of Tonga (South Pacific)

Véronique Laloë is in Tonga in the South Pacific. She writes, “Coming here straight after Ethiopia, I found a recently renovated hospital with three good operating theatres, laparoscopic and endoscopic facilities, and competent colleagues. Things go slowly but the nurses are fun to

work with. Due to dramatic changes in lifestyle for the local population in this traditionally healthy society, obesity and diabetes are very common. Trauma would be a much greater problem if not for the very strictly enforced speed limits. Reliance on traditional medicine often results in

late presentations and another familiar theme is the brain drain: Tongan specialists train overseas, but few return to work in Tonga.”



Médecins du Monde (MDM) Emergency Surgery Training Program in Axum, Ethiopia

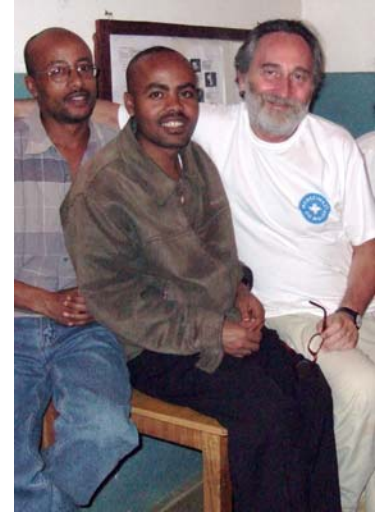
Gerard Pascal is the surgeon responsible for the Médecins du Monde (MDM) emergency surgical training program in Axum, Ethiopia. The program that ran from September 2004 to December 2007 was funded by a grant from UNFPA, and aimed to reduce maternal and child mortality by improving emergency obstetrical and surgical care at local health centers in the Tigray region.

With the help of expatriate volunteers, three 9-

month long training programs instructed teams of local health officers and nurses. Teaching included practical and theoretical lessons on case management, anesthesia and nursing care, and included knowledge assessments. At the end of the training, each team returned to their original local health center with equipment provided by local health authorities.

The results included eight 3-person teams that have already undertaken

154 major operations and 96 caesarean sections at their local health centers, and at the training site of St. Mary's Hospital in Axum: 6000 consultations, 2323 major surgical procedures, and 341 caesarean sections. An evaluation by Columbia University was very positive, and recommended additional training programs and continued follow-up.



Glenn Geelhoed: Multiple Missions in 2007



Glenn Geelhoed was quite active in 2007. His international humanitarian surgery endeavors included missions to the Philippines, Chad, Cambodia, and two to Sudan: the Nuba Mountains and Jonglei Province. Descriptions of these missions are available on the NYSIHS website at www.nysihs.org/pages/missions.htm



“There is nothing we can do for these people” was the continuing refrain by locals.

- Glenn Geelhoed
during a mission in Sudan

Afghanistan:

Sandro Contini is currently in Afghanistan with the Italian NGO Emergency, an organization running hospitals that care for civilian victims of conflict. Currently three hospitals are operational. The facilities in Kabul and Lashkarga in Helmand province provide mainly war surgery and

emergency orthopaedic care due to the continuing conflict. The hospital in the Panshir Valley, near the village of Anabah has 40 surgical, 8 pediatric, and 10 maternity beds. The focus is primarily on emergency and elective surgery, however, pediatric and maternity cases are increasing.

Niger:

Lauri Romanzi returned to Niger for a second time as a VVF surgeon. She documented her experience and one very interesting case. A mission report is available on the NYSIHS website at www.nysihs.org/pages/missions.htm



www.nysihs.org

For additional information
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The New York Society of International Humanitarian Surgeons (NYSIHS) improves surgical care in resource poor environments by linking surgeons to hospitals in developing countries; investigating the burden of surgical disease; and supporting local surgical staffing and training programs..

Download-able Surgery Texts:

- Primary Surgery: Volume One - Non-Trauma
(www.meb.uni-bonn.de/dtc/primsurg/index.html)
- Primary Surgery: Volume Two - Trauma
(www.primary-surgery.org/ps/vol2/html/index.html)
- WHO: Surgical Care at the District Hospital
(www.who.int/surgery/publications/scdh_manual/en/index.html)
- Manual of Surgery
(www.gutenberg.org/files/17921/17921-h/17921-h.htm)
- ICRC: Surgery for Victims of War
(www.icrc.org/web/eng/siteeng0.nsf/html/p0446)

NYSIHS 2007 Annual Report: Executive Summary

Vision

NYSIHS will be recognized as a global leader in the improvement of surgical care in developing countries.

Mission Statement

The New York Society of International Humanitarian Surgeons (NYSIHS) improves surgical care in resource poor environments by linking surgeons to hospitals in developing countries, supporting local surgical staffing and training programs, and investigating the burden of surgical disease.

Magnitude of the problem

The World Health Organization predicts that an escalation in the incidence of injuries and non-communicable disease will increase the need for surgery. For billions of people living in the developing world, basic surgical care is severely limited. Only an estimated 5-10% of necessary operations are performed in many of the world's poorest countries - leading to a disproportionate amount of death and disability. Poorly trained health workers, limited access, and insufficient resources are the hallmark of surgical care in these locations.

What we do

- Support hospitals in the developing world to help educate and retain local surgeons.
- Facilitate member involvement in surgical missions.
- Function as a networking forum for surgeons wishing to assist in resource poor facilities.
- Collaborate on global surgery research initiatives.

How we do it

- Provide financial assistance to local surgeons working in low income countries.
- Fund surgical missions that aim to educate staff and decrease personnel shortfalls.
- Host meetings to facilitate knowledge transfer and networking.
- Maintain health facility and surgeon databases and an interactive website.
- Assist in the development and dissemination of standardized surgical texts.
- Work with the World Health Organization, local ministries of health, and other organizations to document the global surgical burden of disease.

Funding

NYSIHS seeks funding from individuals, private foundations, and corporate donors. Our 2008 budget is US\$117,000. Over 98% of funds will be spent on surgical programs.

[Click here for full report](#)

(<http://www.nysihs.org/pages/PDFs/NYSIHS%20annual%20report%202007.pdf>)