

SURGEONS OVERSEAS (SOS)

Photo by Susan Braun



Society of International Humanitarian Surgeons
Annual Report 2008



Unloading donated equipment and supplies, Connaught Hospital, Sierra Leone

SOS

Surgeons OverSeas

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Student nurses, Connaught Hospital, Sierra Leone

EXECUTIVE SUMMARY

VISION

Death and disability from surgically treatable conditions in developing countries can approach rates seen in developed countries. SIHS will be recognized as a global leader in the improvement of surgical care in developing countries.

MISSION STATEMENT

The Society of International Humanitarian Surgeons (SIHS) saves lives in developing countries by improving surgical care. SIHS achieves this through collaborative training, funding, and research initiatives.

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 3% 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

- Supports hospitals and surgeons 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

- **Surgeons OverSeas (SOS)** is the operational program of SIHS. SOS:
 - * Provides financial assistance to local surgeons working in low income countries.
 - * Collaborates with local surgeons to build and enhance surgical residency programs.
 - * Facilitates emergency surgery training workshops to educate local health care workers.
 - * Funds surgical missions that aim to educate staff and decrease personnel shortfalls.
- 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

SIHS seeks funding from individuals, private foundations, and corporate donors. Our 2009 budget is US\$ 92,000. Due to the generosity of the SIHS Board of Directors in covering administrative costs, 100% of funds will be spent on surgical programs.



Photo by Susan Braun

Connaught Hospital, Freetown, Sierra Leone

LETTER FROM THE DIRECTORS

SIHS began from the modest idea of creating an organization in New York to link surgeons interested in working in developing countries. What started with a small, local group of passionate and dedicated surgeons has rapidly evolved into an international organization with a membership that spans the globe — all with a common goal: improving surgical care in developing countries. Our Surgeons OverSeas (SOS) program has grown rapidly since its inception in 2008.

Our vision and mission statement reflects the direction in which we wish to proceed. We are happy with our achievements so far, but in the next year, as we expand operations, we hope to begin addressing the issues of shortfalls in surgical manpower, the unmet surgical needs of local populations, enhance surgical education and training, and facilitate surgeon involvement in developing countries; all while continuing to establish linkages between interested surgeons.

We have met an unbelievable array of surgeons, physicians, residents, students, and laypeople who share our passion for addressing basic surgical needs throughout the world.

This is an exciting phase for SIHS and we look forward to expanding our membership and supporters as we reach further into the developing world to help care for patients in need.

SIHS Executive Board of Directors



Adam L. Kushner, MD, MPH



T. Peter Kingham, MD

New York, NY

June 2009



Kamuzu Central Hospital, Lilongwe, Malawi

VISION

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WHO WE ARE

Bios



T. Peter Kingham, MD is completing a surgical oncology fellowship at Memorial Sloan-Kettering Cancer Center. He has participated in missions to Malawi, Mexico, Sierra Leone,

South Africa and Tanzania, and was a Yale/Johnson & Johnson international health scholar for surgery. As part of his residency training at New York University Hospital, he did two years of cancer research at the Memorial Sloan-Kettering Cancer Center and started a certificate degree program in international surgery.

Dr. Kingham has an M.D. from SUNY Stony Brook School of Medicine and a B.A. from Yale University.



Adam L. Kushner, MD, MPH is a board certified general surgeon who practices exclusively in developing countries. He has worked as a general surgeon and educator in Ethiopia,

Haiti, India, Liberia, Malawi, Sierra Leone and Sudan, led landmine assessment missions to Azerbaijan and Kosovo, conducted human rights assessments in Iraq, taught trauma care and landmine injury management in Colombia, Ecuador and Nicaragua, and worked as a health specialist following the 2005 tsunami in Indonesia. Since 2003 he has participated in US military training exercises as a subject matter expert for human rights and humanitarian assistance issues and is a member of the planning committee of the World Health Organization's Global Initiative for Emergency and Essential Surgical Care.

Dr. Kushner completed his general surgery residency at the University of Texas Health Science Center — San Antonio, has an M.D. from the Mount Sinai School of Medicine, an M.P.H. from Johns Hopkins, and a B.A. from Cornell University.



Dr. Dumbuya and Dr. Rodgers, senior surgeons at Connaught Hospital, teaching medical officers how to sew intestines together.

MAGNITUDE OF THE PROBLEM

WHAT IS THE SURGICAL BURDEN OF DISEASE?

Globally, but mainly in developing countries, 500,000 women needlessly die every year from complications of childbirth mainly due to lack of cesarean sections; 6 million people die from injuries; and countless others die from basic conditions such as appendicitis or incarcerated hernias. These statistics are the result of several major issues:

- A limited number of trained and qualified surgeons
- Limited training and educational opportunities for surgical healthcare workers
- Insufficient and neglected infrastructure
- Limited quantities of medical supplies and equipment necessary to perform safe and adequate surgery

Burden of Surgical Disease Left Untreated

For many of the 2.4 billion people living in the world's poorest countries basic surgical care is unreachable. Only 3.5% of the annual 234 million operations performed worldwide occur in the more than 60 countries which spend annually less than US\$ 100 per capita on health care. In the United States and Europe nearly 10,000 operations are performed annually for every 100,000 population, in Tanzania, Pakistan and Malawi, the number is roughly 300 per 100,000.

No comprehensive measurements exist for the global burden of surgical disease (the unmet need) — what is clear, however, is that without treatment, surgical diseases increase the acute and chronic burden of disease to the extreme detriment of the economic growth and social wellbeing in these regions. A simple example is with a fractured tibia — a broken leg; if fixed correctly the patient is able to walk and continue with a normal, productive life. Without proper treatment — the surgical resetting of the bone — complications often occur, sometimes even leading to amputation. Disability and limited productive capacity is the result.

For the most part, surgery has been the “ignored stepchild” of public health systems in developing countries, with resources largely focused on problems associated with infectious diseases or other public health concerns. Fortunately, this view has recently begun to change.

The World Health Organization (WHO) and the World Bank have developed a health measurement called the disability adjusted life-year, or DALY, to help quantify the burden of various diseases and measure the effectiveness of interventions. One DALY equals one year lost of healthy life. Approximately 11% of the world DALY's result from conditions that would require surgery including: injuries, cancers, congenital problems, obstetrical complications, and cataracts.

In the World Bank document Disease Control Priorities in Developing Countries published in 2006, the cost per DALY for surgical diseases was similar to well accepted practices such as measles vaccinations. Data from a hospital in Sierra Leone showed that surgical care averaged US\$ 33/DALY which compares very favorable to treatment of HIV which can cost hundreds or even thousands of dollars per DALY averted. Access to adequate surgical services reduces the burden of disease by reducing preventable deaths and disabilities, returns patients to productivity, and does not leave them as a burden for their families.

The Need for Surgeons & Supplies

Developing countries face a lack of support and resources for the few existing surgeons, a lack of training, and have few essential supplies and equipment to effectively perform surgeries.

Without trained health care personnel capable of performing safe surgery, and lacking younger surgeons trained to continue surgeries as older surgeons retire, the establishment of surgical training programs is essential. Short-term solutions with basic surgical skill workshops help a bit, but for long-term solutions, the establishment of post-graduate surgical education is essential.

Most developing countries provide little support for the few surgeons that practice locally. There are few opportunities for professional advancement and both surgeons and hospital staff receive low salaries. In turn, often low morale and a feeling of professional isolation exist. In order to maintain their ability to provide adequate and appropriate surgical care, health providers must continually learn the newest techniques and aim to improve their therapies. Continuing medical education is a cornerstone of quality medical care in developed countries. Additionally, bringing in a fresher perspective often allows surgeons to view long-standing problems in a new light. Local surgeons can benefit from having visiting surgeons work with them, attend professional conferences or take further training in other countries.

In addition to a lack of trained surgeons, many resource-poor countries face a severe shortage of equipment and supplies preventing them from conducting surgery and often placing the burden of finding and purchasing supplies on the patients themselves. All too often patients in need of emergency surgery, either an appendectomy or caesarean sections are turned away because they do not have the funds to purchase supplies such as sutures, gauze and scalpels. If monies can be raised, it is often too late to save the patient or results in a longer recovery. In Sierra Leone, operations had ceased do to a lack of adequate lighting in the operating rooms of many hospitals. SOS was able to provide specialty light bulbs (at a cost of \$0.30 each) that allowed operations to be performed.

WHAT IS THE ROLE OF SURGEONS FROM DEVELOPED COUNTRIES?

There have been many attempts to assist developing countries with the management of surgical diseases. Ron Lett, a Canadian surgeon, described much of the 20th century as the colonial era where there was an inappropriate use of technology and no sustainability. He also describes the “Dark Ages” of international surgery where from 1978 to the turn of the century funding for international surgical initiatives was extremely limited due to a lack of appreciation of the role of surgical diseases in the global burden of disease. Since 1993 the World Bank has continuously shown the importance of investing in international health and specifically surgical care; lately cost-effectiveness has begun to be studied.

Surgical assistance helps increase the cases that can be performed and helps ease the great backlog of patients who need surgery. In addition, it allows for local surgeons to take a much needed rest or even attend a conference.

Visiting surgeons can also assist in training surgical personnel. Training surgeons in developing countries can be very challenging due to the lack of resources: both financial and logistic. With the migration of trained surgeons (brain drain) to countries with greater resources, some low income countries are training clinical officers to perform basic surgeries. Experience has shown that adequately equipping available facilities and providing essential basic training to local personnel is both feasible and successful.

Problems with surgical training include poor resources, low salaries, low morale, few opportunities for professional advancement, and professional isolation. Sustainable long-term surgical training can be achieved by twinning with medical schools and western surgeons. This cooperation can improve funding for local training by convincing governments to increase spending on surgical services, and by assisting with travelling fellowships.

In an effort to establish a global standard of surgical care, the WHO in 2005 launched the Global Initiative for Emergency and Essential Surgical Care (GIEESC). GIEESC aims to coordinate efforts to improve emergency and essential surgical care, standardize curriculums, promote training workshops and develop research protocols.

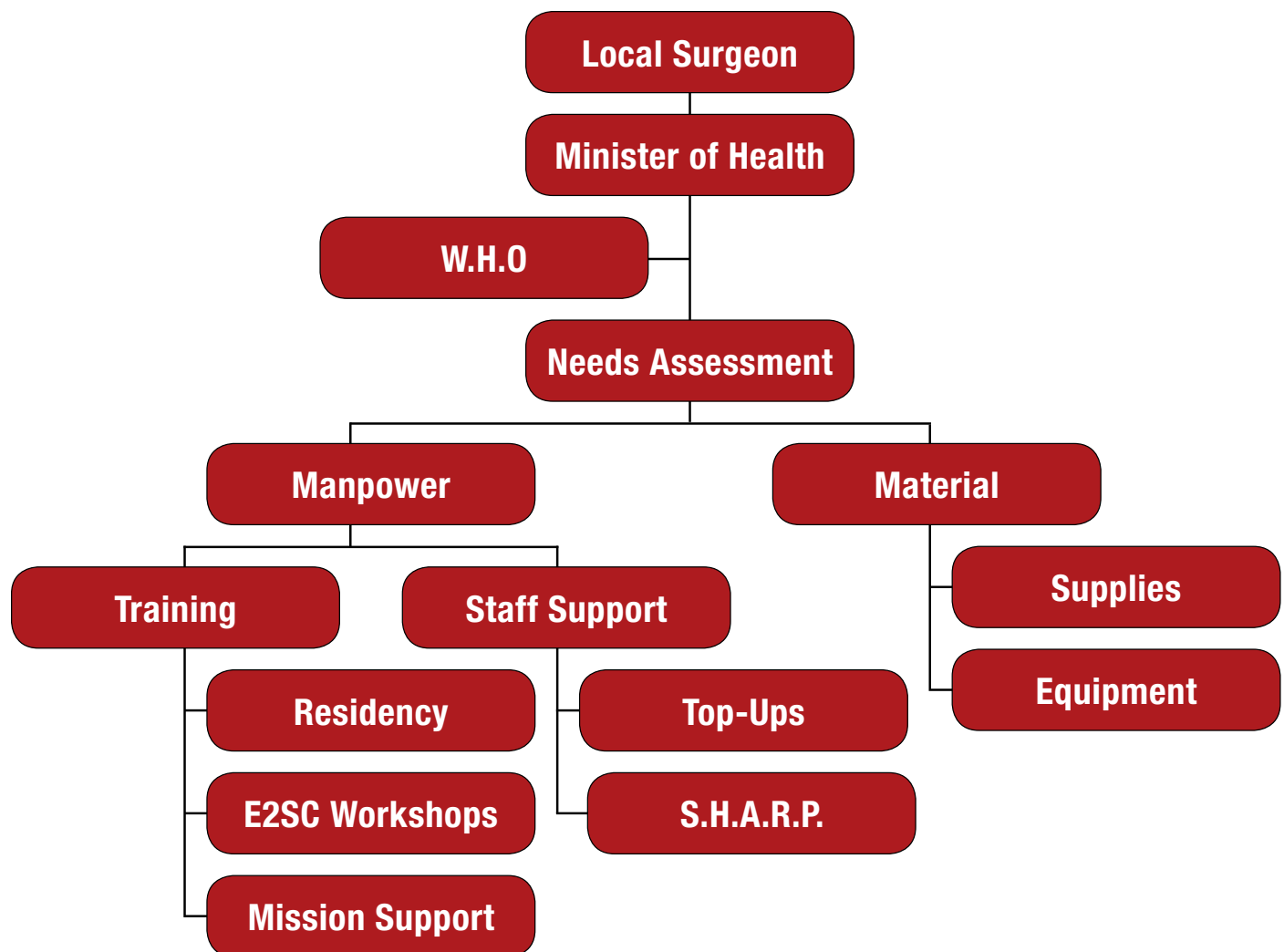
It is hoped that this effort by WHO will also help to coordinate some of the humanitarian organizations and volunteer agencies that are providing varying and uncoordinated relief efforts to facilities throughout the developing world.

Thus:

- The magnitude of surgical diseases that need treatment is large
- It is economically beneficial to spend time and money on treating surgical diseases and training surgical personnel
- Research and manpower investments are required to meet the growing need of patients with surgical problems

WHAT WE DO

SIHS is an organization devoted to improving surgical care in resource poor environments. Its mission includes developing novel staffing and training programs, assisting with surgical supplies, functioning as an information and networking resource for surgeons, and supporting surgical research. Surgeons OverSeas (SOS) is the operational program of SIHS. It was formed to implement the following model:



SURGEONS OVERSEAS PROGRAMS

Once an invitation to collaborate is extended from local surgeons and the Ministry of Health, the W.H.O.'s Tool for Situational Analysis to Assess Emergency and Essential Surgical Care is performed with local surgeons. This provides baseline information to begin programs to bolster manpower and material.

MANPOWER

I. Training:

Residency Program Development: SOS assists with beginning and enhancing surgical residency programs. In Sierra Leone there are currently no residency programs of any kind. SOS is collaborating with local surgeons and the Ministry of Health to initiate a residency program. In addition to assistance with the structure of the residency program, SOS will provide stipends to make it feasible for residents to enter the residency, and SIHS members will assist with training.

E2SC workshops: In 2008, emergency and essential surgery training workshops were held in Sierra Leone. A total of 45 health care workers were trained in the management of emergency surgery and obstetrics and basic trauma care. In 2009, training will continue at district hospitals throughout Sierra Leone. Additional training opportunities for local surgeons and surgical providers will be conducted as members identify needs and facilities request assistance for local staff.

Mission support: A major portion of SIHS programs include assisting surgeons in developed countries make contact with their counterparts in the developing world. This program identifies hospitals in need of

assistance and matches them with available surgeons. Many non-governmental organizations supply surgeons to hospitals in active crisis areas, but the majority of large and small hospitals in developing countries are struggling without any external assistance. Funding for these missions will facilitate surgeons to participate in training programs and alleviate shortages in personnel.

II. Staff Support:

One of the biggest problems affecting health facilities in resource poor environments is the lack of highly trained health personnel capable of performing safe surgery. SIHS endeavors to help with this situation both financially and academically.

Financial support: Local health care workers who agree to abide by ethical and international standards of providing safe surgery to local populations will receive financial assistance from SIHS. To properly implement this program, a few basic conditions are necessary: a local contact person must be identified who will take responsibility for disbursing the necessary funds; local salary needs and candidates must be identified; and the proper arrangements made so that monies can be disbursed fairly and equitably.

In 2008 we began supporting surgical health care workers at Connaught Hospital in Sierra Leone; in 2009 we look to expand this program to district hospitals in Sierra Leone. In the future, we will consider expanding to other countries such as Liberia, Malawi and Niger. Ultimately we hope to implement this program in most if not all 53 countries that the World Bank defines as low-income.



From left to right, OR anesthetist, Dr. TB Kamara chairman of the Dept of Surgery, and Betsy Dean head Operating Room nurse

SHARP: The Surgical HIV Awareness and Response Program was initiated in Sierra Leone in 2008. It provides surgical personnel with eye protection, waterproof aprons, and closed toe shoes to protect surgical staff from blood borne disease.

MATERIAL

Supplies and equipment: A 40 foot container of surgical supplies was sent to Connaught Hospital, filled with surgical supplies and basic hospital supplies. Items such as surgical beds, surgical instruments, disposable surgical supplies, IV poles, stretchers, surgical textbooks, and lightbulbs.

SOS RESULTS: 2008

SOS programs in Sierra Leone cost \$35,000 and had a **significant impact:**

- Two 3-day emergency surgery workshops for 45 health workers
- A 40' container of urgently needed medical supplies and equipment
- Monthly salary support for nearly 100 surgical nurses and support staff
- Surgical volunteers to teach and assist with patient care
- Assistance with the initiation of the first ever residency program (accredited by the West African College of Surgeons)
- A documented 51% increase in major operative procedures at Connaught Hospital (the largest referral hospital in Sierra Leone)
- Increased local hospital staff morale and decreased absenteeism

ADDITIONAL SOCIETY OF INTERNATIONAL HUMANITARIAN SURGEONS PROGRAMS

International standards and best practices support

In an effort to promote safe and standardized surgical curricula, SIHS members work along with international and academic organizations. SIHS members are involved with the World Health Organization, Global Initiative for Emergency and Essential Surgical Care (GIEESC), and this cooperation will continue as plans for future dissemination of the Integrated Management of Emergency and Essential Surgical Care (IMEESC) tool kit continues.

Efforts to develop protocols on safe surgery and surgical indicators will also benefit local populations by defining the surgical needs of populations and assuring their safety.

Training material dissemination

In cooperation with other official bodies (WHO, ACS, COSECSA, WACS) proper training and educational material will be used and disseminated.

Outcome Measures

Results of programs will be measured by the number of members who assist in developing countries, the number of patients treated, number and type of surgeries performed, and the number of trainees supported. The long-term result for assisting surgical training will be to demonstrate how many surgeons who receive assistance continue their work in their home country.

Ad hoc programs

Members are encouraged to work with SIHS headquarters to identify needs and propose novel projects to help care for patient requiring surgical services in developing countries. The first such ad hoc program will be to assist patients with esophageal cancer. The program will provide training and stents to surgeons and hospitals in Malawi. Such a program can bring significant palliative care to suffering patients and their families. The program will also collect data on stent placement in an effort to encourage the Malawian Ministry of Health to purchase stents in the future.

Information

SIHS acts as a resource to provide background information and standards on how to work and function in resource poor environments. Information is available through the SIHS website and through communication with SIHS members.

INFORMATION AND NETWORKING

As a focal point for surgeons desiring to work in developing countries, SIHS maintains a website, a member and facility database, and publishes a quarterly newsletter.

Website

The SIHS website is divided into four sections: *About Us*, *Opportunities*, *Events*, and *Resources*. On-line donations are solicited through groundspring.org.

Database

As a resource for linking surgeons and health facilities — a goal of SIHS is to develop the most extensive database of surgeons interested in assisting in resource poor environments and to have the largest list of facilities in need of assistance. Through partnerships with academic programs, NGOs, international organizations, and local ministries of health, the SIHS database will be the premier source of information on personnel and opportunities.

Interested persons are requested to submit applications. Health facility information is entered when needs and contact information is provided. With member permission, the surgeon list will be accessible to NGOs, government and UN organizations, hospitals and other surgeons. The hospital list will be a resource for NGOs looking for facilities to assist, surgeons looking to work, and as a source for research projects for students,

residents and others. In the future, additional software will facilitate the database being updated and allow easier access.

Newsletter

A quarterly newsletter is published and distributed by email to members and interested parties. The newsletter serves as a marketing and informational resource. Society updates are published, new members and facilities are listed, and facilities are featured. Member mission reports and case studies are also published. Members are encouraged to submit articles which are then edited for length and appropriateness. A board of reviewers will be developed in the future.

SUPPORT FOR RESEARCH

SIHS looks to support research into the global burden of surgical disease. It is believed that before additional resources will be allocated for surgical diseases there needs to be a better definition of the underlying problem. Two major areas of research are already identified, comparative operation rates for all countries and the global burden of surgical diseases including the unmet need.

Burden of Surgical Disease

A large community based study needs to be undertaken in order to accurately understand what are the surgical needs of developing country populations. Initial studies are planned for refugee populations. Populations need to be identified and then studied.

HOW WE ACCOMPLISH OUR GOALS

ORGANIZATION

SIHS is organized as a not-for-profit corporation under section 501(c)(3) of the Internal Revenue Service tax code. SIHS headquarters is based in New York City. Members are not limited to any geographical location and exist throughout the world.

Membership

Membership is open to all surgeons and medical personnel interested in working in developing countries. There is no membership fee. All expenses are covered by donations from individuals, corporations, or foundations.

Board

The board consists of seven members: three surgeons and four lay people who are interested in promoting international humanitarian surgery.

Advisory Board

A group of advisors has been formed to provide additional advice related to the overall vision of SIHS

IMPLEMENTATION OF PLANS

In order to accomplish our goals a number of conditions must be met. Firstly there is an imperative to develop our membership and facility database and to raise funds. As initial member invitations have been done by personal contacts an increased effort must be undertaken to

explore other options such as mailing lists of surgeons, residents, students and other physicians.

A more robust website is needed for greater interactivity and membership access and the ability to create individualized pages and post information. The website should be seen as interactive and useful to members and non-members alike. This will encourage its use and help to attract other members.

Additional projects are currently being solicited in an effort to support surgeons and care for surgical patients in developing countries.

RESOURCES NEEDED

Staffing

Currently daily operations are managed by Dr. Peter Kingham and Dr. Adam Kushner. Additional logistical assistance is provided on a volunteer basis by Kathleen O'Keefe.

Legal advice

Pro bono legal advice has been obtained from Curtis, Mallet, Prevost, Colt and Mosely.

Volunteers

Volunteers have assisted with editing video, taking photos, and graphic design projects.



Operating room, Kamuzu Central Hospital, Lilongwe, Malawi

IT/website assistance

The website was developed on a pro bono basis and continued pro bono assistance will be sought to continue with a high level of design and utility.

Fundraising

Funds will be solicited from individuals through personal relationships and during fund raising events and lectures. Currently Groundspring.org is providing the website support to allow for secure on-line donations.

In addition to seeking support from individual donors, grants from foundations are actively being sought to

assist with ad hoc projects and for other limited and short-term undertakings.

New member recruitment

New members will need to be recruited through outreach to other surgical and medical societies, medical schools and through social networking means. Social networking sites will also be explored.

New facility identification

New facilities will be identified and added to the database through personal contacts and by partnering with NGOs, International Organizations and local ministries of health.

COOPERATION AND LINKAGES

SIHS will benefit from a close cooperation with the World Health Organization and the Global Initiative on Emergency and Essential Surgical Care (GIEESC). SIHS will actively support the GIEESC initiative and the standardized texts and workshops in an effort to promote safe surgical care. It is hoped that through this cooperation with WHO, in the future SIHS will be considered an implementing partner and a main source of referrals for facilities in need of surgical assistance and staffing support.

SIHS has started to form strong ties with Operation Giving Back (OGB) of the American College of Surgeons. OGB seeks to be a resource for surgeons wishing to volunteer both domestically and abroad. SIHS can be a major partner to assist surgeons in identifying appropriate facilities in the developing world.

SIHS will have a presence at the annual ACS meetings with presentations by members on missions and research. In addition, SIHS has been represented at the two Surgical Burden of Disease Workshops that the ACS has sponsored in 2008 and 2009.

MARKETING

Advertising

Pro bono advertising support will be utilized in order to attract additional members and facilities for the database.

Public relations

As part of our fundraising initiatives it will be useful to have support of public relations organizations to help raise awareness of the issue and possibly locate a celebrity to assist with advocacy.

COSTS

Local surgeon support:

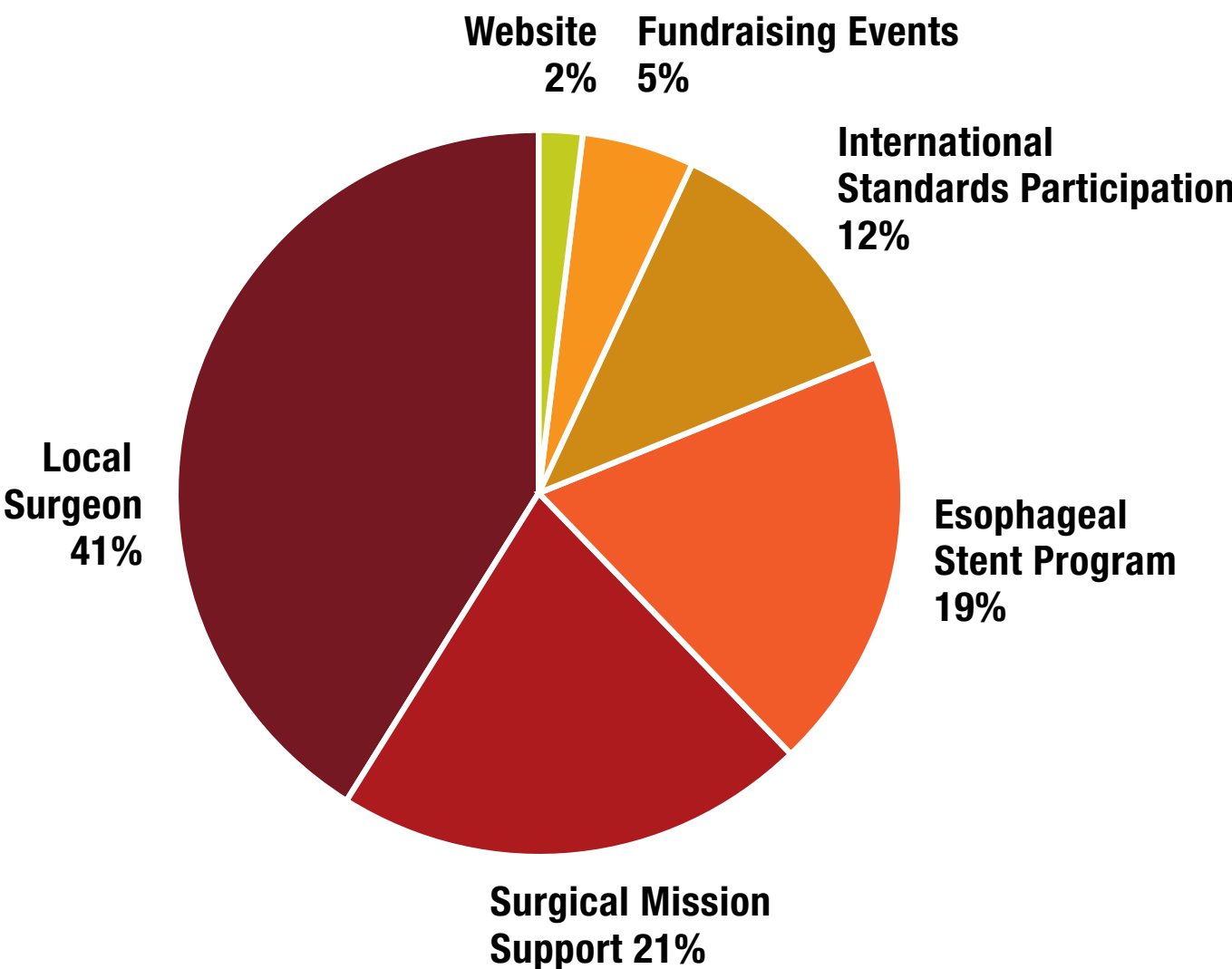
Financial support to local surgeons will be one of the hallmark programs on SIHS. This program started in Sierra Leone in 2008, with \$800/month provided to Connaught Hospital as a small addition to monthly salaries, in order to halt the loss of valuable surgical staff to higher paying public health jobs. In addition, as the surgical residency program starts in Sierra Leone, stipends will be provided to the surgical residents to help with books, housing, and training costs.

Surgical mission support

Initially missions are being supported at US\$ 5,000. SIHS encourages member wherever possible to have extended missions with a minimum of one month. All members will be encouraged to purchase their own international medical evacuation insurance.

During 2009 we plan to assist at least 5 surgeons in month long missions for an estimated cost of US\$ 25,000. We hope to increase this to 25 surgeons per year in years 2–5.

2009 PROJECTED EXPENSES



International Standards Participation SIHS is involved in WHO programs and committees to help raise awareness world wide about the need for improving surgical capacity and for providing training for safe essential surgeries. In addition, SIHS is an active member of the Surgical Burden of Disease Working Group in the United States.

Website

We will endeavor to rely on pro bono assistance in developing the website; however, in the future there may be a need to automate some of the procedures and to develop a more robust data-basing ability. In addition developing a more interactive component will require an upgrade of the system.

Database

Currently all database information is entered by hand on Google-documents. With expanding membership and facility lists it will be necessary to upgrade the data basing capability in order to maintain a list of member and to allow quick access and messaging.

Newsletter

Currently voluntary staff assembles and edits the newsletter. When the society grows there will be a need to employ a part-time person to handle such matters. This will allow for more robust copy and greater utility.

Organization

Currently the organization functions solely from voluntary staffing, however, as the work and the organization grow it will be necessary to hire or pay for executive and administrative undertakings. Salaries will be commensurate with industry standards.

It is hoped that an administrative assistant can be located or volunteer students can be recruited to assist with some of the work.

Research

Research into the surgical burden of disease will be crucial if the magnitude of the problem is to be identified and if programs are to be evaluated properly. Such research will be costly to do properly. The results of this study will be disseminated in surgical journals, conferences and other organizations in order to promote interest in international humanitarian surgery.

Ad hoc programs

In 2009, it is projected that an ad hoc project to help treat esophageal cancer patients in Malawi will cost US\$ 5,000. This project will include two training workshops in Lilongwe and Blantyre and provide stents and training to assist in the palliative care for these patients. Data on the use of these stents will be collected with the hope of convincing the Malawian Ministry to Health to purchase additional stents in the future.

2008-2009 FINANCIAL STATEMENT

2008 Profits/Losses

Donations	58,497.00
International Standards Participation	4,874.06
Fundraising (costs reimbursed by board)	2,751.08
Government fees	215.00
Groundspring (on-line donation service)	329.45
Membership communications	378.00
Printing	503.70
Salary top-ups in Sierra Leone	4,200.00
Medical supplies	9,769.49
Training workshops	5,000.00
Website	106.00
Total expenses	\$ 37,826.62
Net income (after expenses)	\$ 20,670.39

2009 PROJECTED BUDGET

Sierra Leone

Support-a-surgeon:

800/month x 12	9,600
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Missions:

January/February	Adam Kushner	5,000
February	Richard Gosselin	5,000
April/May	Mike Sinclair	5,000
June/July	Peter Kingham	5,000
August/September	Adam Kushner	5,000
October/November		5,000
December/January		5,000

Total missions:	35,000
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SHARP:

(goggles, boot, aprons, gloves)	2,500
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E2SC courses

in districts (6 workshops)	12,000
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Container	14,000
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Sierra Leone total:	\$73,100
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Malawi

Esophageal cancer stent program	5,000	5,000
Mission	2,000	2,000

International Standards Participation:

ACS	2,500
GIEESC	2,500
BOSD	1,000

Total:	6,000	6,000
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Network for good	29.95/month	359.40
Constant contact	150	
Anhosting	200	
Fundraising	2,500	2,500
Office supplies, Printing	1,000	1,000

Total:	\$90,309
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FUNDING SOURCES

INDIVIDUALS

In order to reach funding goals, SIHS will solicit private donations from individuals. As a 501(c) (3) these donations are tax deductible. It is estimated that initially individual donations will compose 60% of funding; later as other sources are developed this percentage will decrease to approximately 40%.

FOUNDATIONS

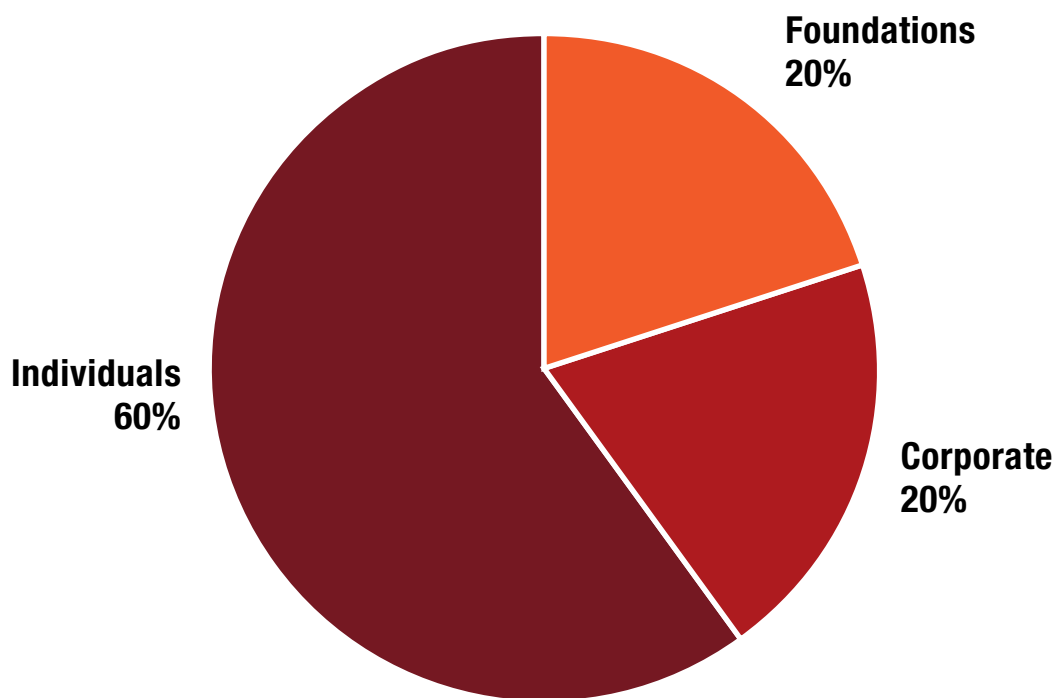
Grants from foundations will be pursued for issues such as research and development of educational and teaching resources. Such funding will be delayed until such time as appropriate personnel are available to manage the grant seeking procedures and accounting processes.

CORPORATIONS

Corporate donations will be solicited for meetings. No corporate moneys will be used toward research projects.

GOVERNMENTS

As the mission of SIHS is accomplished and there is a proven track record of success, we intend to apply for government development assistance from such organizations as USAID and other international donor organizations.



ACHIEVEMENTS

June 2009 Esophageal Stent program and workshops, Malawi
Presentation at WHO GIEESC, Mongolia

May 2009 Burden of Surgical Disease conference,
Chicago, IL
Presentation at 4th Rural Surgery Symposium,
Cooperstown, NY
2nd Annual Larchmont Yacht Club fundraiser
SOS mission to Sierra Leone: Dr. Michael Sinclair

April 2009 James Madison University — Post Conflict
Recovery presentation
Publication of HIV and Surgery in WJS

March 2009 Mount Sinai School of Medicine — Medical
Student presentation
Publication of Surgery and Refugee Population
in Scan J Surg

February 2009 Launch of post-graduate surgical training at
Connaught Hospital, Sierra Leone
SOS orthopaedic assessment mission Sierra Leone
SOS New York fundraiser
Presentation at Association of Academic Surgeons
Publication of Sierra Leone assessment in
Archives of Surgery
SIHS participation at West African College
of Surgeons, Conakry, Guinea

January 2009 SOS general surgery mission to Sierra Leone
MIT Sloan School of Management team in
Sierra Leone

December 2008 Columbia University Surgery Grand Rounds

October 2008 SOS New York Fundraiser
American College of Surgeons presentation
MIT Sloan School of Business project acceptance

September 2008 Container to Sierra Leone
S.H.A.R.P. implemented
GIEESC research at WHO, Geneva

July–August 2008 SIHS Sierra Leone Mission
Support-a-Surgeon implemented
E2SC Workshops (Freetown, Bo)
Bellagio Conference — Kampala, Uganda
SIHS name change
Launch of Surgeons OverSeas
Sierra Leone needs assessment

June 2008 Planning meeting with Liberian Ministry of Health
40' container of supplies shipped to Sierra Leone
Collaborative research article with WHO and
Sierra Leone MOH

April 2008 Larchmont Yacht Club fundraiser
Global Burden of Surgical Disease Working Group,
Seattle, WA
GIEESC workshop in India

March 2008 Member mission to Uganda
Hospital Assessment in Sierra Leone

February 2008 Representation at West African Col. Surg,
Sierra Leone

December 2007 Surgery Grand Rounds, Bassett Health Care,
Cooperstown, NY

November 2007 Representation at WHO GIEESC, Switzerland

October 2007 Member receives Interplast fellowship
Not for profit 501(c) 3 status granted
Representation at International Federation
of Rural Surgeons, Tanzania

September 2007 Representation at WHO GIEESC, Tanzania
ISS presentation in Montreal, Canada

August 2007 Website launch

April 2007 NYSIHS founded
Founders' mission to Malawi

