PHYSICIANS FOR PEACE

2016 ANNUAL REPORT
Dear Friend of Physicians for Peace,

First, my heartfelt thanks. Your support in 2016 helped build essential surgical capacity in communities around the world. Our ongoing work depends on contributions from caring people like you, and on behalf of our board and staff: thank you.

In this year’s annual report, we’re providing a glimpse of the important work carried out by our most crucial resource: International Medical Educators, or IMEs. These generous women and men selflessly share their skills and talents with colleagues in the countries where we work; they are the lifeblood of Physicians for Peace.

Our IMEs are well-educated and highly skilled and are true experts in the surgical specialties in which they practice—from general surgery to urology to burn care. What they have in common—and what we seek when recruiting new IMEs—is a solid footing in our principles of collaboration, respect, and commitment. These guiding principles were established by our founder Charles E. Horton, Sr., MD, more than 40 years ago. And they are not mere platitudes, as you’ll see in the vignettes that follow. These volunteers live out these principles day-to-day.

**Collaboration.** The relationships with our in-country partners are truly collaborative. PFP does not “go in” to a country; we accept an invitation from our hosts. And though the surgical training is challenging for both teacher and student, the strong partnerships we establish allow us to overcome these challenges and find success.

**Respect.** There are vast inequities in the resources available to our IMEs in the U.S. and the international communities where they serve. In fact, surgical procedures that are routine here may not even be performed in our host countries. Our IMEs have the utmost respect for the resourcefulness of their in-country colleagues, who continually save lives in seemingly impossible situations.

**Commitment.** The time, energy, and dedication shown by our IMEs cannot be overstated. They have the foresight to recognize the need for surgical training outside U.S. borders and the willingness to give of themselves in training and mentoring their international colleagues. The commitment demonstrated by our IMEs is truly life-changing.

These three principles—set forth by PFP decades ago—are embodied by our dedicated IMEs, and I’m honored to share their stories with you.

I hope you enjoy this report and that it breathes life into our mission of “teach one, heal many.”

Sincerely,

James E. (Jamie) Morgan

Chief Executive Officer
When Dr. Linda Guerrero looks around Hospital Simón Bolívar in Bogotá, Colombia, she sees big changes in how burn care patients are treated and health care providers are organized—shifts she attributes in part to training missions by PFP IMEs.

“The most important change I’ve observed is the integration of the plastic surgeons into the burn care team,” said Guerrero, founder of Fundación del Quemado, an organization in Bogotá that serves low-income burn care outpatients. Instead of operating independently, Guerrero explained, surgeons, therapists, and other specialists are now coordinating with each other, to the benefit of patients.

The training and multidisciplinary team approach has helped boost some providers’ stature and confidence. In fact, physical and occupational therapists have shown some of the greatest improvements, with many of them now taking on leadership roles in the training, and passing their knowledge on to others.

Fundación del Quemado and Hospital Simón Bolívar have been hosting PFP burn care training initiatives since 2012. The partnership produced real results from the beginning. Starting with PFP’s first visit to the site, IMEs encouraged the hospital team to embrace earlier interventions to help improve patient outcomes, a suggestion the surgeons have taken to heart.

“We are performing earlier keloid zetaplasty based on observation of PFP surgery in the first mission,” Guerrero explained. “[The approach] improves scars with better results.”

INTERNATIONAL MEDICAL EDUCATORS ARE KEY TO THE PHYSICIANS FOR PEACE WORLDWIDE MISSION

In this year’s annual report, PFP shares three profiles of International Medical Educators, or IMEs. These dynamic health care professionals are advancing the PFP mission in a variety of settings, with a common thread.

Linda Guerrero, MD
Carmen Baxley, CST

Since 2013, Carmen Baxley, a certified surgical technician, has traveled to the Dominican Republic with PFP seven times for initiatives focused on improving care in the field of urology.

“I quickly realized how much I’d taken for granted back home,” said Baxley. “The health care teams we were training had so few resources, comparatively, and we were teaching them surgeries and techniques that weren’t being done in the Dominican Republic.”

Alongside in-country providers, the PFP team helped treat patients who suffered trauma to their urethra, either through accidents or complications from other surgeries. The PFP team introduced techniques that are common in the U.S. but unheard of in the Dominican Republic—approaches that have helped restore patients’ dignity and mobility so that they can return to their lives and work without the burden and embarrassment of a urinary bag or catheter.

“We had one patient who had a urinary bag for 15 years—and another patient who was a farmer but couldn’t ride a horse,” Baxley said. “After the surgery, he could support his family again. It’s amazing how quickly the patients’ quality of life improved once they had the appropriate care.”

To ensure that work continues, Physicians for Peace recently helped launch a Reconstructive Urology Fellowship that will train the Dominican Republic’s first two reconstructive urologic surgeons. This fellowship speaks to the PFP goal of helping in-country providers find resources and education in their own communities, among the patients and facilities that most need them.

Perspectives from the CMO

I’m Kathleen Casey, Chief Medical Officer (CMO) at PFP. A surgeon by training, I served on the PFP Board from 2009-2016, and collaborated with PFP for years before that. I’m proud to be part of all that this small, but impactful, organization accomplishes.

In 2016, PFP made a strategic decision to refocus its mission on surgical care, currently manifested through three programmatic arms—reconstructive urology in the Dominican Republic, burn surgery in Latin America, and general surgery in Malawi. While looking at any one of these would give important insights into our mission, I’ll focus on Malawi here.

Our partnership with the Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi, and the inimitable Professor Eric Borgstein dates back to 2011. PFP was originally approached to augment QECH’s teaching faculty with surgeons who could embed for at least three months. This initial arrangement has evolved into a nuanced, layered relationship that sees PFP woven into the fabric of QECH in multiple ways that enhance surgical capacity building.

Global health expert Paul Farmer often discusses the 4 S’s of global health: staff, stuff, space, and systems. PFP’s mission of “teach one, heal many” makes the first S easy to understand. Our International Medical Educators (IMEs) train both surgical registrars (equivalent to residents in the U.S.) and surgical clinical officers—non-physicians who complete a three-year Bachelors degree in Surgery to be placed as the first referral point for surgical patients in rural hospitals. But if these trainees don’t have the necessary equipment or a clean and safe
When a patient with an aortic aneurysm arrived last year at Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi, Dr. Mark Asplund coordinated a team to care for the patient. In the U.S., aortic aneurysms are dangerous but highly treatable, and so, after the surgery, Asplund was surprised to see the looks of disbelief on the faces of the local surgical team.

“They were shocked that we could save her,” he said.

Shocked—but also hungry for more education and support from Asplund, a surgeon from Wisconsin with 30 years’ experience and a PFP IME who volunteered in 2016 for a three-month rotation at QECH, providing theoretical and practical training to residents and clinical officers.

Access to medical care in Malawi ranks among the most challenging in the world, with only 43 surgeons for the population of 17 million. This represents only 10% of the targeted goal of 2 surgeons per 100,000.

Since 2011, PFP has been working alongside partners to help address that staggering need, focusing training efforts not only on surgeons but clinical officers, who require less training but can provide life-saving care in some of Malawi’s most remote regions.

“They’re no different from surgeons or medical students here in the U.S. No less talented. No less bright,” Asplund said of the health care providers he helped train. “But they’re facing incredible odds.”

environment—along with ongoing professional support—then our training is less than effective. And that’s where our efforts to improve stuff, space, and systems come in.

At QECH, PFP supports a dedicated operating theatre, including partial salary support for the nurses and anesthetists who round out the surgical team. Thus, we ensure an adequate space for surgical care, with the staff and stuff needed to function. As one component of strengthening systems, PFP is supporting the first cadre of newly trained surgical clinical officers as they undertake their critical roles in the rural districts of Malawi.

In addition to our in-country, on-the-ground activities, PFP is contributing to enacting change on a broader scale through our involvement in organizations such as the Global Alliance for Surgery, Obstetrics, Trauma and Anesthesiology (G4 Alliance), which advocates at the World Health Organization, with individual governments, and with the private sector to prioritize the needs of surgical patients within global health policies and funding platforms. As a small non-profit, we evaluate every opportunity to leverage our impact—whether through technology or partnerships—and our involvement in the G4 Alliance has provided many opportunities to brainstorm, collaborate, and partner with some of the other 85 organizations that share our values.

It’s been exciting to witness the ongoing evolution of surgical care in Malawi, the Dominican Republic, and Latin America. This holistic, innovative, and responsive approach continues to enrich PFP with gratifying partnerships, while improving our impact and effectiveness. We are so grateful to the extended PFP family of supporters and partners who make this important work possible.
Condensed Statement of Financial Position

**ASSETS**

- Cash and Investments: $3,336,721
- Other assets: 22,714
- **Total Assets**: $3,359,435

**Total Liabilities**: $28,500

**NET ASSETS**

- Unrestricted: $3,238,084
- Temporarily Restricted: 52,851
- Permanently Restricted: 40,000
- **Total Net Assets**: $3,330,935

**Total Liabilities and Net Assets**: $3,359,435

Condensed Statement of Activity

**PUBLIC SUPPORT AND REVENUE**

- In-kind contributions: $445,870
- Contributions and grants: 296,882
- Other revenue: 691
- **Total Public Support and Revenue**: $743,443

**EXPENSES**

- Program services: $1,347,681
- Fundraising: 645,309
- Management & general: 274,286
- **Total Expenses**: $2,267,276

Change in Net Assets from operations: $(1,523,833)
Non-operating revenue & expenses, net: 166,721
Change in Net Assets: $(1,357,112)
Net assets at beginning of year: 4,688,047
**Net Assets at end of year**: $3,330,935

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**Expenditures**

- **Program Services**: 59%
- **Fundraising**: 29%
- **Management & General**: 12%

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As I walked the streets of Blantyre, Malawi, last spring, I happened to look down and was astounded to see a near-perfect outline of Africa among the cracks in the pavement. Surgery has been called the “neglected step child” of global health, with Africa noted as one of the most problematic places to receive treatment. Malawi is in southeastern Africa, a beautiful country of about 17 million people. A recent estimate claims only 43 surgeons, three anesthesiologists and one pathologist for the entire population. Physicians for Peace supports local doctors and clinics in and around Blantyre through our affiliation with the Queen Elizabeth Central Hospital and its staff. The depth and scope of need, along with the complexities we encounter in Malawi and other developing countries where we serve, cannot be overstated. Yet, we have seen positive results and beneficial outcomes from the nearly three decades of our activities. Our goal is to improve health care in a meaningful way, thereby ensuring a sustainable model of care. As the quality of care delivery continues to improve, we have made an impact on filling the cracks in health care. Our mission inspires me each and every day; our approach is simple, we “teach one, heal many.”

Allan I. Goldberg, MD
Chair, Board of Directors