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ORIGINAL RESEARCH

Building a Sustainable Global Surgery Nonprofit Organization at an Academic Institution

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Abstract

BACKGROUND Surgical Outreach for the Americas is a 501(c)3 nonprofit organization providing surgical care to those in need in developing countries of the Western Hemisphere. Every year since its inception in 2008, teams of surgeons, nurses, and allied health professionals have traveled to areas of need and performed primarily hernia repair surgeries for those without access to affordable health care.

METHODS Surgical Outreach for the Americas (SOfA) began as a general concept based on World Health Organization statistics claiming that 11% of the global burden of disease can be resolved via surgery. Armed with this information, a group of compassionate and selfless health care professionals planned the first trip, to the Dominican Republic, in January 2009. Building on what was first just an ambition to help others, we now also train surgeons, surgery residents, and nurses in the countries we serve.

FINDINGS To date, SOfA has successfully treated 734 patients, with 899 total surgical procedures performed (693 of these under general anesthesia). These procedures include inguinal hernia, umbilical hernia, testicular masses, orchiectomies, and various general surgical procedures.

CONCLUSIONS Through the efforts of a great many talented individuals and robust fundraising efforts, the SOfA message continues to gain momentum. SOfA not only considers the health and well-being of the disadvantaged through capacity-building efforts but strives to educate and improve the skills of health care professionals in the countries we visit. Our goal is to increase the number of missions each year and begin a 2-fold educational program that (a) provides surgical resident education through participation in mission work and (b) provides local surgeon education in the areas served.

KEY WORDS surgery, hernia, global health, development, low and middle income

INTRODUCTION

Surgical Outreach for the Americas (SOfA) is a 501(c)3 nonprofit organization providing surgical services to those in need in the developing countries of North, Central, and South America. Surgical Outreach for the Americas (SOfA) began as a general concept based on World Health Organization statistics claiming that 11% of the global burden of disease can be resolved via surgery.[1] As a team of surgeons, anesthesiologists, nurses, and support staff, we travel to the Institute for Latin American Concern in Santiago, Dominican Republic, and most recently, to Hospital la Maternidad Divina Providencia in Texacuangos, El Salvador, yearly to provide desperately needed general surgery to the local indigenous population. This paper discusses the origin and development of a nonprofit

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organization focused on providing surgical care in developing countries. We focus on the approach and challenges that we faced in building a successful and sustainable program.

The Origin of SOfA. Surgical Outreach for the Americas (SOfA), a 501(c)3 nonprofit organization, was established by Brent Matthews, MD, and Peggy Frisella, RN in 2013. The conceptualization of SOfA began through casual conversations between Dr. Matthews and Peggy Frisella in early 2008. Because of shared similar experiences serving in developing countries over the years, we felt compelled to formalize our work and create a sustainable, effective mission program.

Our very first steps included determining a site with an identified need for surgical services in a developing country and ensuring that the site had an established outpatient facility with basic infrastructure in place (operating rooms, working anesthesia machines,[2] and a sterilizer). Once a site was identified, the support of an established group of in-country health care workers was required to assist in recruitment of appropriate patients and to follow and manage these patients postoperatively.[3] We sought advice from Virginia "Ginny" Winter McCarthy, MDiv, Director of University Ministry at the Health Sciences Division at Stritch School of Medicine, Loyola University, Chicago, IL. Ginny directed us to the Institute for Latin American Concern (ILAC) in Santiago, Dominican Republic. A site visit to ILAC in November 2008 revealed an established site, boasting newer outpatient operating room facilities, and a dedicated team of *cooperadores* (ie, trained community health care workers). The ongoing successful functioning of this site allowed us to identify it as an ideal location for our surgical missions. In January 2009, we successfully completed our first of what are now 8 missions in Santiago, Dominican Republic. We have, to date, performed more than 800 general surgical procedures and a host of minor procedures in the Dominican Republic.

The model we have developed allows for volunteers to actively participate and become completely immersed not only in the work at ILAC but in the many steps it takes to carry out a surgical mission. Our teams include 2-3 surgeons, 1 physician to triage patients, 2-3 surgical residents from Washington University School of Medicine's general surgery residency program, 2 operating room nurses, 2 recovery room nurses, and several support persons to assist with instrument preparation and translation. The majority of patients receiving surgical care will undergo abdominal wall hernia repair, either inguinal, ventral, or umbilical. Their agrarian lifestyle requires daily physical activity. Abdominal wall hernias result in physical disability and are an immeasurable hindrance to familial and community sustainability.[4] This population of Dominicans does not have access to any organized health care, let alone specialized services such as surgery. Our services fulfill this need for the population served.

Development of a Nonprofit Nongovernmental Organization. In 2012, to complete the steps required to incorporate our organization, we met with representatives from the Legal Clinic at Washington University in St. Louis, who assisted us in the process of becoming an official entity, a 501(c)3 nonprofit, or nongovernmental (NGO) organization. The advantages of achieving nonprofit status are exemption from taxation, eligibility for public and private grants, and a formal structure. Becoming an NGO places the mission and structure of the organization over any personal interests of its founders and into the hands of a board that possesses broad knowledge and a wealth of experience. There are also disadvantages: cost of maintaining the organization; increased staff to oversee required paperwork; and, finally, public scrutiny. These disadvantages were far outweighed by the benefits afforded by the 501(c)3 status. SOfA received its 501(c)3 nonprofit determination on December 11, 2013. Receipt of this exempt charitable organization status from the Internal Revenue Service allows SOfA to actively engage in fundraising, through grant requests, public events, and other endeavors to raise awareness of our efforts and to support our mission.

Creating an NGO was a significant milestone in SOfA's history, but there was more to making SOfA an efficient, productive organization before establishing an NGO status. Initially we received startup funding largely through a grant, specifically from the Barnes Jewish Hospital Foundation. In addition, we were given facility space on our Washington University School of Medicine (WUSM) campus to house supplies before shipment.

CREATING A SUSTAINABLE PROGRAM

Financial Support. The milestone of becoming a nonprofit, 501(c)3 charitable organization opened the doors for fundraising. In a short period (less than 3 years) we have amassed a network of supporters from both the medical supply community and our own hospital and independent donors to

ensure that our work continues. In an effort to build awareness and funding, we have held auctions, trivia nights, restaurant nights, and so forth, with amazing success.

Resource for Equipment and Supplies. SOfA was given facility space on our WUSM campus to house supplies and equipment before shipment. It should be noted that a group like SOfA requires planning and organization months in advance of a trip to procure and ship the supplies required to successfully complete 100 surgeries during a single mission. We maintain a detailed spreadsheet of essential supplies, items left at ILAC from prior missions, and materials inventoried at our WUSM site. It is a particularly complex process as donations arrive periodically throughout the year from a multitude of sources, thus requiring frequent inventory updates.[5]

Volunteer Staffing. Volunteers are key to both fundraising efforts and procurement of supplies, and we employ high school students, community volunteers, and team members to update and document inventory and participate in fundraising efforts. When selecting team members for our mission work, we generally rely on endorsements of those working in the department of surgery on the Washington University Medical School campus and, when necessary, screen applicants to verify work experience and gauge compatibility with others. We also look for persons with a similar passion and desire to serve others.

Training Local Staff. One critical part of our program involves training Dominican and Haitian surgeons alongside American surgical residents participating in the missions. This is an absolutely required part of the program in order to bring sustainability to our surgical efforts and independence to the local surgeons in the surrounding communities in the Santiago area. Over time we have established connections with local surgeon leaders, who are working with us to provide training to local community surgeons.

The Future of SOfA. Our efforts have borne great rewards. Successful fundraising ventures have resulted in expansion of the SOfA outreach in 2016 to include a second site in San Salvador, El Salvador. In April of 2016 we completed our first mission to Hospital de Maternidad Divina Providencia in Texacuangos, El Salvador. With several adjustments in our schedule and coordination with the hospital director and superb local staff, we were able to complete more than 60 surgical procedures on our inaugural trip to one of the poorest nations in the Western Hemisphere. Addition of a second initiative required more than just doubling our efforts. We began by first selecting team members who were experienced and knowledgeable about global health surgery for the El Salvadoran mission. As our mission unfolded, the patients we served as well as the members of our health care team personally benefitted from this unique humanitarian experience.

CONCLUSIONS

The creation of SOfA demonstrates at least 1 model for the improvement of surgical care in low- and middle-income countries. It is a model that can be developed inside a department of surgery in any medical school and is useful not only in expanding the knowledge and ability of local physicians in the developing world but also in broadening the exposure and training of the university's medical students and surgical residents outside the United States.

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