



Syrian American Medical Society Foundation

SAMS ANNUAL REPORT

2013/2014

Save Syrian Lives



Table of Contents

Message from SAMS President	4
Message from SAMS Foundation President	6
The Syrian Humanitarian Crisis	8
The International Response	11
SAMS Milestones	18
Jordan & Southern Syria Programs	21
Turkey & Northern Syria Programs	26
Lebanon & Homs/ Qalamoun Programs.....	28
Statements of Activities 2012-2013.....	32
Impact of your Donations	35
Responding to Syrian Crisis.....	38
Save Syrian Lives Campaign	40
Humanitarian Advocacy.....	67
Strategic Partnerships.....	76
Offices, Staffing & Committees	78



MESSAGE FROM SAMS PRESIDENT

AFTER each medical mission to Syria, I come back with renewed determination to support the brave Syrian doctors and nurses in their mission to alleviate suffering and save lives. The humanitarian and medical situation has reached a catastrophic level, in what is recognized as the worst humanitarian disaster in our time. The infrastructure of the healthcare system has been systematically destroyed, and many Syrian doctors have been forced to leave their clinics and hospitals to join the exodus of Syrian refugees. Despite the insurmountable challenges, the Syrian American Medical Society (SAMS) has been making a positive impact on the lives of tens of thousands of civilians through its *"Save Syrian Lives"* Campaign.

After three years of targeting and destruction, the majority of hospitals in Syria have been left with very limited resources. Enduring complicated medical disasters on a daily basis, doctors, nurses, and administrators were unprepared to manage the unprecedented influx of trauma cases, shrapnel injuries, burns, and chemical weapons attacks. In addition, they were unable to manage emerging or resurgent diseases like polio, leishmaniasis, hepatitis, and typhoid. Every day, hundreds of civilians are injured and killed by conventional weapons, and additional thousands sustain life-long disability and deep psychological scarring. Many succumb to chronic diseases like cancer, heart disease, and renal failure. Civilians in Syria remain dependent on organizations like SAMS to provide basic medical care, as well as emergency, intensive, and surgical care.

During my last mission, I visited two hospitals in Aleppo and northern Latakia, built and equipped by the generous support of donors like you. The two hospitals, in addition to other similar facilities, perform more than 400 life-saving surgeries every month. I met Syrian trauma surgeons trained by our professionals using supplies provided by SAMS. They performed daily life-saving surgeries on the helpless victims of indiscriminate bombing. They used operating tables, surgical sets, X-ray machines, and medications collected in US-based warehouses and transported by SAMS regional networks, which required them to overcome countless logistical and administrative challenges. I met a courageous Emergency Room specialist from our SAMS Michigan chapter, Dr. Maher A., volunteering in the emergency room in one of the most dangerous hospitals in Aleppo; it is near what is known locally as "The Corridor of Death". Almost all of the doctors, nurses, and medics I met were trained by Dr. Jaber H. and his team through the training courses that SAMS has organized in Turkey and Jordan. I witnessed Dr. Anas M., a Minnesota-based critical care specialist, as he managed critically ill patients in the ICU through electronic monitoring via satellite Internet.

Our mission at SAMS is to save lives, support doctors and nurses, and rebuild healthcare. Our volunteer doctors have risen to the challenge in



response to the crisis affecting our homeland. In just over three years, thanks to you, SAMS has grown from a small, ethnic, professional organization to a globally recognized relief organization, responding effectively to the worst humanitarian crisis in the last quarter century.

Your generous donations have provided us with the means to impact the health and lives of millions of Syrians, support more than 84 field hospitals, clinics, and surgical centers, perform at least 69,100 trauma surgeries, and advocate effectively on behalf of our Syrian colleagues and patients.

With your help, we can save more lives and impact the health of many more.

Sincerely,

Mohammed Zaher Sahloul, M.D.

President, Syrian American Medical Society



Message from SAMS Foundation President

As the Syrian crises cuts into the body of our beloved Syria, the physicians at SAMS stepped up in sympathy to treat and heal whatever wounds they can with whatever resources available in hand. SAMS with its strong commitment to its humanitarian mission has chosen to be a non-political, non-religious, professional medical relief organization that embraces the diversity of Syrians and strives to provide its services to everyone in need, everywhere in Syria.

SAMS initial response to the crises was simple and spontaneous. As the Syrian crises continues and the demand grows larger, SAMS foundation had to grow to face these upcoming demands. The resources are increasingly more scarce and the challenges are increasingly more complex.

The Foundation grew from a budget of \$300,000 to \$15 million over three years. From one employee to 50 (with the majority engaging in direct patient care in Syria), and from one office to an international NGO (non-governmental organization) operating in multiple countries. SAMS now has three offices in the United States, three regional offices in Turkey, Jordan and Lebanon and hundreds of projects throughout Syria. The Foundation has maintained an operation overhead of less than 3%.

SAMS members now exceed 600, working diligently through 15 chapters to attract millions of dollars worth of in-kind donations and medications to ship on average of two containers per month through our Container Committee. Our members volunteer in medical missions and they serve on different committees. We have three medical relief committees that oversee the regional offices operation, with continuous oversight of the current projects and ongoing evaluations of new projects. Specialty sub-committees like critical care, primary care, nephrology and ophthalmology provide technical oversight for our specialty projects and directly manage these projects. The Foundation board works diligently to oversee the committees and the overall operations, balance the budget, and improve our procedures and policies to ensure it remains as an open platform for members to participate and contribute.

In response to the specific needs and demands from the wounded villages and cities at home, SAMS has initiated innovative programs such as mobile clinics, tele-ICU, tele-operating room, and the psycho-social programs. We expanded our operations to cover many remote areas where other NGOs are unable to reach. Countless hours are spent by our members in researching and reviewing proposals and coordinating services.

SAMS is leading a coalition of US based NGOs within the ARCS, and coordinates with other Syrian and international NGOs to ensure a robust and a more coordinated impact. The NGOs network of SAMS now include the most experienced international and regional organizations working within Syria.



The polio campaign is an example of successful collaborative work among NGOs.

SAMS has invested in a comprehensive advocacy campaign in the US and internationally. This campaign through the great work of our volunteer members and leadership has translated into millions of dollars in grants to support life saving projects like hospitals, clinics, dialysis, consumables, medications and medical equipment.

SAMS Foundation now is a frontier NGO leading the medical relief work in Syria. Hundreds of thousands of patients have been treated by our staff and volunteers through our different projects. All this would have not been possible without the uninterrupted commitment and financial support of our donors.

Thank you for supporting SAMS.

Abdulrahman Zanabli, MD

President, SAMS Foundation



The Syrian Humanitarian Crisis: A Catastrophe of Unimaginable Magnitude

According to the UN, the Syrian crisis is the worst humanitarian catastrophe witnessed by humanity in the past 25 years, and the worst crisis in our times. The number of people affected by the Syrian crisis exceeds those affected by the Pacific Ocean Tsunami, Hurricane Katrina, and the Rwandan Genocide combined.

What started as peaceful demonstrations in March 2011 was transformed into an ugly armed conflict and civil war. The results have been mayhem, and the destruction of cities, villages, neighborhoods, hospitals, infrastructure, and landmarks. The conflict has resulted in the killing of tens of thousands of people, an untold number of disabled civilians, detention and torture of tens of thousands of people, and the displacement of at least 9.5 million civilians, 75% of whom are women and children.

Human rights organizations and the UN have documented unprecedented crimes against humanity and war crimes, including the use of rape as a weapon, use of prohibited chemical weapons, use of siege to starve populations, and the targeting of healthcare professionals, patients, hospitals, and ambulances.



Emergency Room, M-10 Hospital, Aleppo: A child following barrel bombing in a civilian neighborhood.

The ongoing armed conflict in Syria has entered its 4th year, unabated. It is estimated that more than 150,000 people have been killed, among them 12,000 children. More than 11,000 prisoners have died from torture, and at least 1,400 people have suffocated to death due to exposure to sarin and other internationally prohibited chemical agents.

According to the United Nations Office of Coordination of Humanitarian Affairs (UNOCHA), more than 9.5 million Syrians, or close to half of the population, are in need of assistance, and that number is increasing daily. According to UNICEF, 5.5 million children have been affected by the crisis, among whom 1.5 million have become refugees, and another 4 million have been internally displaced. About 5 million children are growing up without consistent education, creating Syria's lost generation. As of the writing of this report, according to UNHCR, more than 2.8 million Syrians are registered as refugees in neighboring countries. At least 6.5 million have been internally displaced at a startling rate of 9,500 displaced persons every month. Among refugees, 65% have psychological trauma. In Lebanon, 1 out of 4 people is a Syrian refugee, while Al-Zaatari Camp is now the fifth largest city in Jordan, and the second largest refugee camp in the world. This year, Syria will replace Afghanistan as the nation with the highest refugee population in the world.

The Impact of the Syrian Crisis on the Public Healthcare System



Completely destroyed: Al-Kindi Medical Campus, north of Aleppo.

The impact on healthcare is even worse. The Geneva Convention prohibits fighting parties from attacking doctors, ambulances, hospitals, or field hospitals (FHs) displaying a Red Cross or Red Crescent emblem; such targeting is considered a war crime. In Syria, no such norms or conventions are respected. There has been a systematic targeting of healthcare professionals, hospitals, and ambulances from the beginning of the crisis, which has led to the destruction of the healthcare infrastructure and has forced thousands of physicians to flee.

According to the World Health Organization (WHO), only 50% of hospitals appear to be fully functioning, due to destruction of buildings, and lack of staff, equipment, and medicine. More than 460 healthcare workers have been killed. More than 50% of all physicians have been forced to flee to other countries. In Aleppo, a city of more than 3 million people, only 300 physicians have remained, including only 16 surgeons and 3 orthopedic surgeons. Aid workers have also been targeted. The Syrian Red Crescent has lost at least 33 volunteers, killed on duty, while transporting patients, or delivering food parcels or medications.

The healthcare system in Syria has been decimated by the targeting of healthcare personnel, and the destruction of healthcare facilities, pharmaceutical factories, and the public health infrastructure. In addition, large-scale displacement of the population and contamination of water resources have further compromised healthcare. Benchmarks for access to safe and affordable healthcare, vaccination rates, neonatal care, maternal health, and women's healthcare have all plummeted. The World Health Organization (WHO) has confirmed the resurgence of once-extinct infectious diseases like polio and leishmaniasis, as well as the emergence of measles, typhoid, hepatitis, H1N1, and tuberculosis epidemics. SAMS has estimated that AT LEAST 200,000 citizens have died due to non-communicable chronic diseases (NCD). Many more have died due to untreated cancer, poor access to treatment, and renal failure due to non-existent access to dialysis centers. At least 600,000 Syrians have sustained



lifelong disabilities, including amputation, spinal cord paralysis, burns, brain damage, and loss of eyesight. Many injuries have been caused by shrapnel, sniper bullets, and indiscriminate bombing with a variety of prohibited weapons. Millions of people, especially children, have sustained deep psychological scarring and post-traumatic stress disorder (PTSD).

SAMS and other Syrian Diaspora non-government organizations (NGOs) are struggling to provide lifesaving medical and humanitarian relief based on needs assessment. We target populations that are inaccessible to UN agencies and other official means of aid. SAMS has put a priority on addressing the needs of patients and healthcare workers inside Syria and in neighboring countries. We strive to abide by the humanitarian principles of medical neutrality, impartiality, and independence, and we follow the best practices of humanitarian and nonprofit operations.

Emergency Room in M-10 Hospital, partially destroyed by a guided missile: bracing for the next barrel bomb with IV fluid, Ambo bags, defibrillator, and sand bags!



The International Response to the Syrian Humanitarian Crisis: Reactive, Disconnected, and Inadequate

According to the director of the United Nation Office of Coordination of Humanitarian Affairs, UNOCHA, the Syrian crisis is the worst humanitarian crisis in terms of the disconnection between the international response and realities on the ground. At one point in the crisis, all directors of major UN agencies publically declared that the UN had failed the Syrian people.



Local doctors at a SAMS hospital in Aleppo, inserting a chest tube for a child victimized by barrel bombing



Throughout the crisis, there has been a clear disconnect between the suffering of civilian populations on one hand, and the response of the international community on the other. The UN and many other international NGOs have resorted to issuing periodic reports detailing the multiple aspects of the crisis. However, they have neglected to provide practical, proactive, and sustainable solutions to resolve the problems which they have described. The UN Security Council has exerted no real effort to address the needs of trapped populations, estimated at about 250,000 people, or to provide access to civilians in areas not controlled by the Syrian government. Most aid provided through the UN response plan was supplied through official channels in areas controlled by the Syrian government. However, an estimated one third to one half of the population, outside of government-controlled areas, has remained in urgent need of medical and humanitarian assistance.



International relief organizations and NGOs like the International Committee for the Red Cross and Red Crescent, OXFAM, Save the Children, and all other UN agencies are usually the main providers of medical and humanitarian relief in areas of conflict or disaster. But in the case of Syria, many of these powerful and well-funded organizations have been practically absent from areas of urgent need. There are real or perceived challenges related to security, safety, and access. Sometimes Syrian authorities or warring parties interfere. There are bureaucratic hurdles, inflexible policies, insistence upon cross-lines relief, inaccurate needs assessment, and an absence of a United Nations Security Council (UNSC) mandate for cross-border relief. As a result, tens of thousands of Syrian civilians have died unnecessarily, not from direct injuries from violence, but as the result of malnutrition, starvation, and a shortage of food, medical supplies, clean water, blood products, and medical care. The magnitude of needless death



resulting from the lack of an orchestrated effort on behalf of the international community has yet to be calculated.

Millions of Syrians have been left without consistent or adequate basic humanitarian or medical relief. Only recently, and after the United Nations Security Council (UNSC) Resolution 2139, UNOCHA has stepped up its efforts to play a more active role in relief coordination among diaspora organizations and INGOs.

To their credit, Syria's neighboring countries have done a great service to the displaced Syrian population by keeping the borders open (with few exceptions), and by providing shelter, basic needs, and healthcare to millions of distressed Syrians. The Turkish Government has spent more than 2.5 billion dollars on Syrian refugees, providing free shelter, food, medical care, education and other services to more than one million refugees. The Turkish people have opened their homes and hearts to their Syrian neighbors, and they have treated them as "guests," not as refugees. Jordan has also provided shelter, built new refugee camps, and shared its limited resources with more than 1 million Syrian refugees. Syrian children have had full access to Jordanian schools, and Syrian patients have received reasonable medical care. Lebanese NGOs and civic organizations have mobilized to provide much needed services to more than 2 million Syrian refugees, in spite of the delicate demographic and political balance in their small country. Due to the large number of refugees in Lebanon and its limited capacity, more help is needed to address the basic needs of the refugees, especially in the areas of shelter, medical care, psycho-social services, and education. Iraq became a refuge for a large number of Kurdish Syrian refugees fleeing from the northeastern Syrian governorates.

In spite of their limited capacity, local NGOs, especially the Syrian Red Crescent, and many others, stepped up their efforts to provide life-saving humanitarian and medical help to local populations and internally displaced people.

Syrian Diaspora NGOs, including SAMS, were able to reach most areas in Syria, coordinating effectively with local NGOs and local civic councils. They built an infrastructure of medical and humanitarian assistance, successfully addressing many obstacles relating to capacity, lack of experience, access, security, safety, administrative challenges in host countries, and lack of support from the more established international NGOs and the UN.

So far, the United States has provided more than 1.7 billion dollars in humanitarian assistance to Syrian civilians inside Syria and host countries, as well as to Syrian refugees. Most of the humanitarian aid has gone through UN agencies, although an increasing percentage has been dispersed through international and regional NGOs.





About the Syrian American Medical Society, SAMS

SAMS SOCIETY BOARD (2013-2015)

President: **Dr. M. Zaher Sahloul**

Vice President: **Dr. Tarek Ktela**

Treasurer: **Dr. Randa Loutfi**

Secretary: **Dr. Fuad Azrak**

At Large: **Dr. Ammar Ghanem**

At Large: **Dr. Abdel Majid Katranji**

At Large: **Dr. George Netto Jabbour**

SAMS SOCIETY BOARD (2011- 2013)

President: **Dr. M. Zaher Sahloul**

Vice President: **Dr. Abdel Ghani Sankri**

Treasurer: **Dr. Randa Loutfi**

Secretary: **Dr. Bassel Atassi**

At Large: **Dr. Tarek Ktela**

At Large: **Dr. George Netto Jabbour**

At Large: **Dr. Aref Alkali**

The Syrian American Medical Society (SAMS) is a nonprofit organization that represents the Syrian American Diaspora community. It was established in 1998 to provide networking, educational, cultural, and professional services to its members. SAMS also provided a way to keep members connected to their homeland through medical missions, conferences, and charitable activities. SAMS conducts national and international conferences annually to provide a platform for networking, exchange of ideas, information regarding best practices, recognition of leaders in humanitarian and medical work, as well as presentation of scientific research and updates regarding medical relief.

SAMS organizes its members into 14 regional chapters: The Midwest (Illinois, Wisconsin, Iowa, and Indiana), Ohio, Michigan, West Virginia, New England, Oklahoma, the Tri-State Area (New York, New Jersey, and Connecticut), Texas, California, Arizona, Philadelphia, Greater Pennsylvania, Washington DC, and Atlanta. Six more chapters are in the process of formation. SAMS is governed by an elected board of directors, and its affairs are overseen by several volunteer committees and dedicated staff.

About the SAMS Foundation

SAMS FOUNDATION BOARD (2013-2015)

President: **Dr. Abdul Rahman Zanabli**

Vice President: **Dr. Opada Alzohaili**

Secretary: **Dr. Jaber Monla Hassan**

Treasurer: **Dr. Randa Loutfi**

Dr. Najib Barakat

Dr. Ammar Ghanem

Dr. Tarek Kteleh

Dr. Ihsan Mamoun

Dr. M. Zaher Sahloul



The Syrian American Medical Society (SAMS) Foundation is the charitable and medical relief arm of SAMS. The SAMS Foundation is a 501(c)(3) charitable, nonprofit organization, established in 2007. It is governed by an appointed board of directors, and its operations are implemented by dedicated staff and volunteer medical professionals in five countries. The mission of the SAMS Foundation is to save lives, alleviate suffering, and ensure a healthier future for those in need.

Undeterred by the worst global crisis in the last 25 years, near impossible access to many areas, nightmarish security situations, and a multitude of administrative, political, and logistical hurdles, SAMS volunteer physicians and professional staff provide emergency medical relief and humanitarian assistance to tens of thousands of patients inside Syria, and to Syrian refugees.



Vision Statement

Our vision is to be a leading humanitarian organization, harnessing the talents of Syrian-American healthcare professionals, and channeling them toward medical relief for the people of Syria and the United States.

Mission Statement

Our mission is to save lives and work to ensure a healthier future for all through medical relief and healthcare development on behalf of Syrian American healthcare professionals.





Syrian American Medical Society Foundation



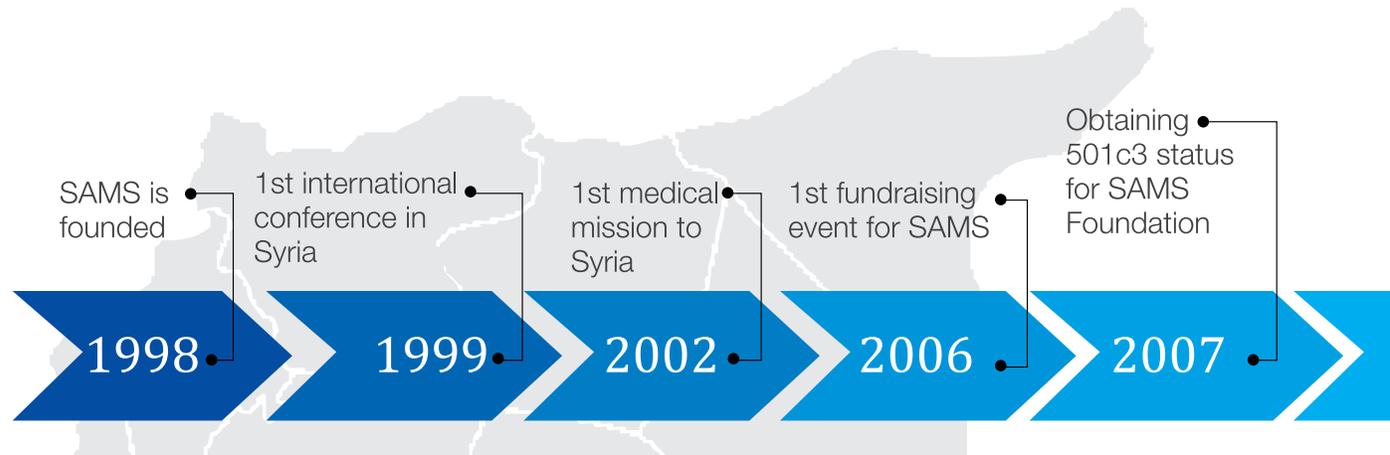


SAMS

Syrian American Medical Society Foundation



MILESTONES





Initiated scholarship program

Started Avicenna Medical Journal

Started Telemedicine Program

1st medical mission to Syrian refugees in Turkey

1st national SAMS conference in Florida

Started 'Save Syrian Lives' campaign

SAMS Foundation receives first grant

1st international SAMS Conference in Turkey

2008

2010

2011

2012

2013

Report on chemical weapons attack in Aleppo and CNN coverage of SAMS

2013: Largest grant received (\$2.2 million dollars)

1st training course for Syrian physicians

Participated in 1st UN-ESCWA for healthcare post-crisis recovery for Syria

1st leadership retreat

Membership of SAMS reached 650

Met with U.N. delegations and U.N. agencies

Strategic planning retreat for 5-year plan 2014 through 2018



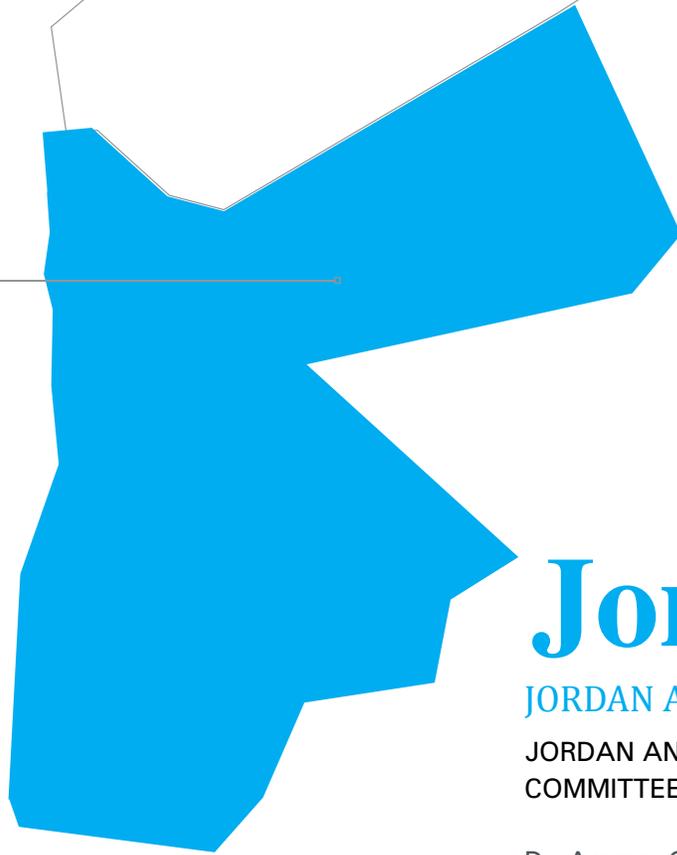


REGIONAL OFFICES AND PROGRAMS

The Syrian American Medical Society (SAMS) is headquartered in Washington DC, with additional administrative offices in Ohio, and four warehouses in California, Florida, Michigan, and Illinois. SAMS staff has managed millions of dollars in donor-funded activities. Utilizing a vast network inside Syria, SAMS is able to reach out to many partners in order to design and implement new medical-relief programs.

In order to assure proximity to crisis areas, and to oversee effective medical relief operations for populations inside Syria and for Syrian refugees, SAMS has established regional offices in Syria, Jordan, Turkey, and Lebanon.

Through its regional offices, SAMS healthcare providers and administrative staff provide direct healthcare services to Syrian refugees, in addition to supervising, monitoring, designing, and implementing medical relief programs throughout Syria.



Jordan

JORDAN AND SOUTHERN SYRIA PROGRAMS

JORDAN AND SOUTHERN SYRIA REGIONAL MEDICAL RELIEF COMMITTEE

Dr. Ammar Ghanem, Chair

Dr. Naser Hamoud, Director

Lucine Saleh, MBA; Director of Operations

Dr. Yasar Kanawati, Psycho-Social Program

Dr. Randa Loutfi

Dr. Zaher Sahloul

Dr. Adeeb Shahrou

Dr. Hussam Abo Zarad

Dr. Bassel Atassi

Dr. Aref Alkali

Dr. Othman Shibly

Refugees Services

1. Psychotherapy and Psychiatric Program

Through its qualified psychotherapy and psychiatric team, SAMS provides psychological and psychiatric care services for Syrian refugees outside the camps, for students in schools, and for patients with PTSD, depression, anxiety, and other mental disorders in a specialized psychiatric clinic. Group therapy focuses on children, women, and victims of torture and domestic violence.





2. Educational and Adaptation Programs

The SAMS skilled psychotherapy team also runs educational programs for school children to promote positive values like respect for peace, forgiveness, team work, and love of homeland.



3. Social Services Programs

The SAMS energetic social service team provides assessment of the needs of refugees, and then connects individuals to community-based social services, in partnership with local charities. SAMS also provides food packages, winterization items, toys for children, non-food items, and baby formula to refugee families.

4. Surgical Program for the Wounded

In collaboration with local Syrian and Jordanian surgeons, SAMS has supported the surgical treatment and post-operative care of hundreds of wounded Syrians for more than 18 months.





5. Multi-Specialty Clinic at Al-Zaatari Camp

SAMS operates a multi-specialty clinic inside Al-Zaatari Camp, staffed by Syrian physicians, and equipped with a dental clinic, laboratory, and pharmacy. The clinic provides free primary and specialized care, in addition to surgical consultation, referral services, and dental clinics. It is the largest in Al-Zaatari Camp, and the only medical center operated by Syrian doctors. It serves approximately 9000 patients each month.



*SAMS Pharmacy,
Al-Zaatari Camp
Multi-Specialty
Clinic*

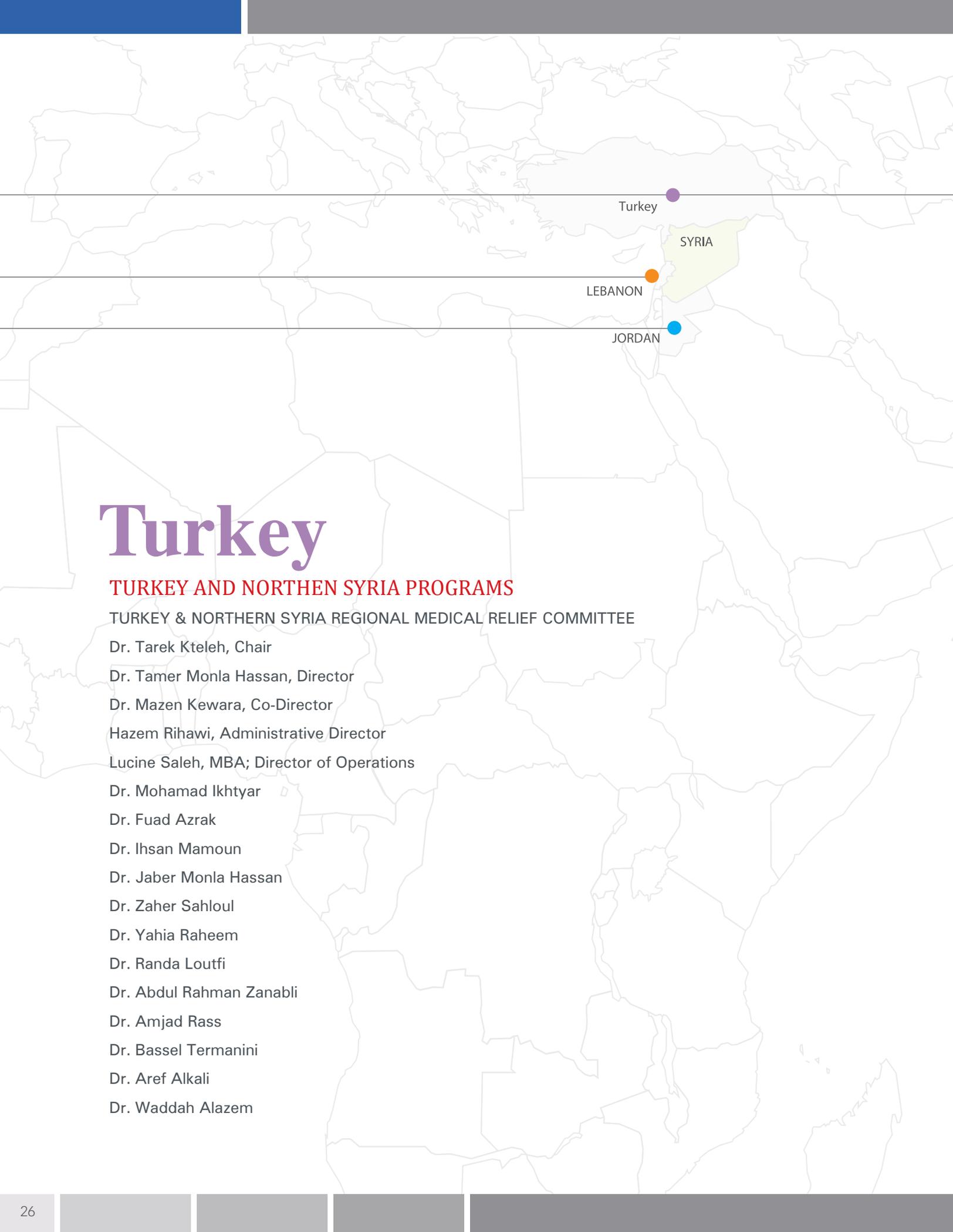
6. Medical Missions

SAMS doctors and volunteers have been providing their services in frequent medical and surgical missions organized by the SAMS staff. US-based doctors spend from a few days to a few weeks in Jordan. They see patients, perform surgeries, and provide free medical, psychiatric, and specialized care. They also provide financial support, and they donate medications and medical supplies through the SAMS Medical Mission Programs, in collaboration with other organizations like Al-Salam Cultural Center. SAMS also offers volunteer opportunities to college students who are interested in obtaining college credits, or who would like to provide refugee services.

7. Medical Relief to Southern Syria

In partnership with international relief organizations, and through its medical relief program, SAMS has saved tens of thousands of lives by supporting trauma hospitals and primary care centers in southern Syria. The SAMS team sends medical supplies, medications, equipment, and financial assistance to hospitals, primary care centers, field hospitals, medical points, birth and newborn centers, chemical weapon treatment units, and ICU units. It also supports psychosocial programs and aid to Syrian doctors in southern Syria. Two warehouses in the South are operated by SAM's staff. SAMS warehouses store and distribute medical supplies, with managers and coordinators overseeing their distribution to various medical facilities.





Turkey

TURKEY AND NORTHERN SYRIA PROGRAMS

TURKEY & NORTHERN SYRIA REGIONAL MEDICAL RELIEF COMMITTEE

Dr. Tarek Kteleh, Chair

Dr. Tamer Monla Hassan, Director

Dr. Mazen Kewara, Co-Director

Hazem Rihawi, Administrative Director

Lucine Saleh, MBA; Director of Operations

Dr. Mohamad Ikhtyar

Dr. Fuad Azrak

Dr. Ihsan Mamoun

Dr. Jaber Monla Hassan

Dr. Zaher Sahloul

Dr. Yahia Raheem

Dr. Randa Loutfi

Dr. Abdul Rahman Zanabli

Dr. Amjad Rass

Dr. Bassel Termanini

Dr. Aref Alkali

Dr. Waddah Alazem



Refugees Services

The program is supervised and operated by a US-based dental team. Early in the crisis, SAMS sent several medical missions to treat Syrian refugees in refugee camps. Since then, the Turkish Government has been providing free and comprehensive

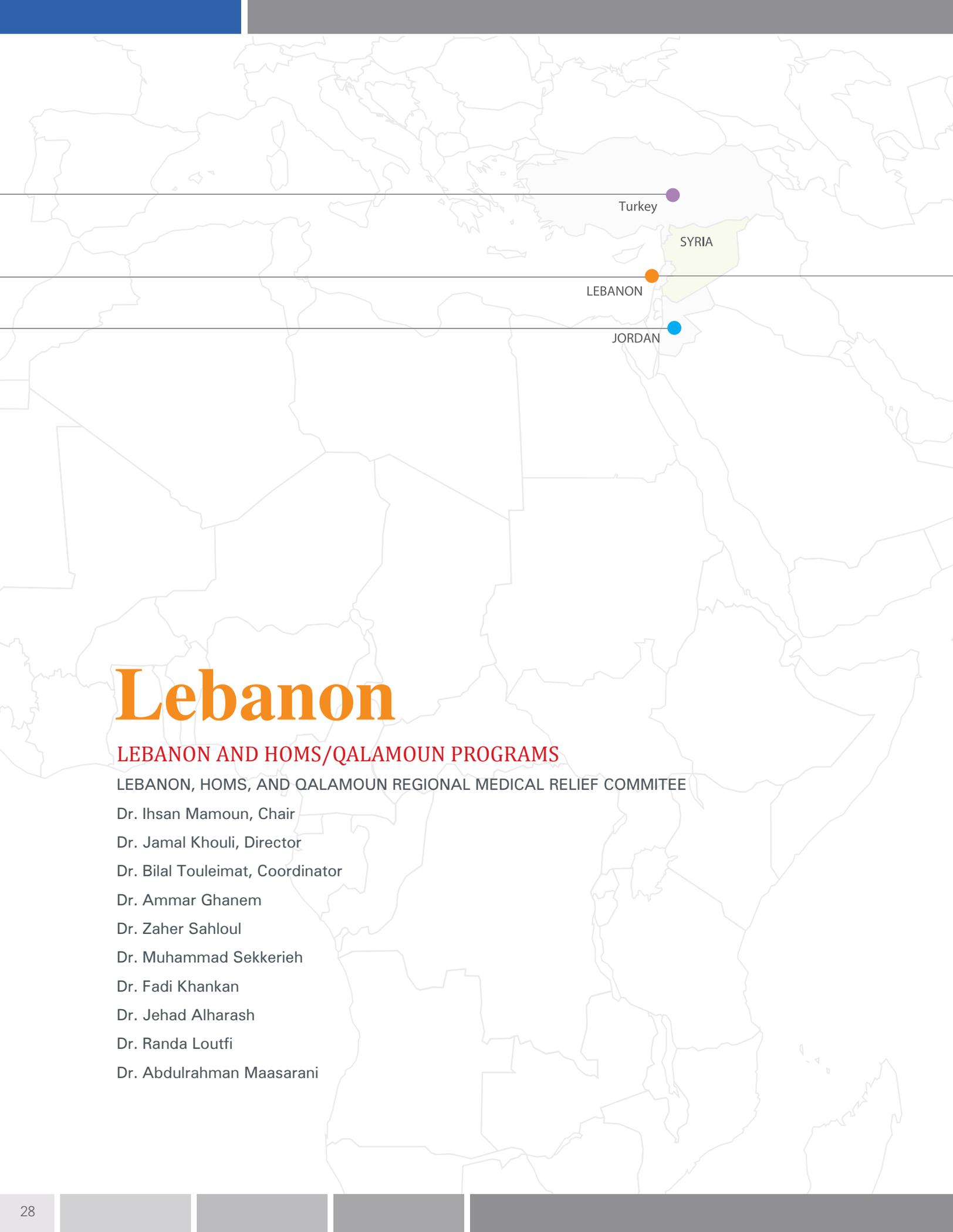
medical and surgical care to more than 900,000 Syrian “guests.” SAMS now operates several successful dental clinics inside or near refugee camps.

Medical Relief Programs

SAMS operates out of two offices in Reyhanli and Gaziantep to oversee medical relief programs in northern, northwestern, and northeastern Syrian territory.

1. Medical Training Program
2. Trauma Hospitals
3. Intensive Care Units & E-ICU
4. Field Hospitals
5. Primary Care Clinics
6. Mobile Clinics
7. Hemodialysis Units
8. Eye Center
9. Leishmaniasis and Other Specialty Clinics
10. Fuel Program
11. Ambulances
12. Winterization Program
13. Warehousing
14. Dental Program
15. Polio Vaccination Through the Polio Taskforce
16. Financial Support to Local Doctors, Nurses, and Medical Personnel
17. Medical Equipment and Consumables
18. Medications for Eye Surgery and Chronic Diseases





Lebanon

LEBANON AND HOMS/QALAMOUN PROGRAMS

LEBANON, HOMS, AND QALAMOUN REGIONAL MEDICAL RELIEF COMMITTEE

Dr. Ihsan Mamoun, Chair

Dr. Jamal Khouli, Director

Dr. Bilal Touleimat, Coordinator

Dr. Ammar Ghanem

Dr. Zaher Sahloul

Dr. Muhammad Sekkerieh

Dr. Fadi Khankan

Dr. Jihad Alharash

Dr. Randa Loutfi

Dr. Abdulrahman Maasarani

Lebanon



Refugees Services

1. Multi-Specialty Clinic in Majdal Anjar, in the Central Bekaa Valley

SAMS operates a multi-specialty clinic inside the Majdal Anjar area in the Central Bekaa Valley. It is staffed by Syrian physicians and equipped with a lab and a pharmacy. The poly-clinic provides free primary and specialized medical care in addition to referral services and dental clinics. The multi-specialty clinic is the largest in the Bekaa area, and it is the only medical center operated by Syrian doctors in that area. It serves around 8000 patients every month.



Patients and families in the SAMS Multi-Specialty Clinic, Bekaa Valley, Lebanon



3. Surgical Center in Tripoli

SAMS partially supports a surgical center in Tripoli that is operated and staffed by Syrian physicians. The center provides free surgical care for wounded Syrians, and it also treats “cold” surgical cases for Syrian refugees. The center has two operating rooms and specialized surgical staff. It is the largest surgical center serving the needs of the Syrian refugees in northern Lebanon.

4. Medical Mission Program

SAMS doctors and volunteers have recently begun to volunteer their services in medical and surgical missions organized by the SAMS staff. US-based doctors spend from a few days to a few weeks in Lebanon, seeing patients, performing surgeries, and providing free medical and specialized care. They also provide financial support, as well as donating medications and medical supplies. They work with the SAMS Medical Mission Program, in collaboration with other organizations like the Syrian Expatriate Medical Association and the Union of Syrian Medical Relief Organizations.

5. Referral Services for Patients with Complex Cases

The SAMS team helps select individual patients, especially children, to be referred for specialized free or discounted medical care in Lebanese hospitals and medical centers.

6. Expansion of Refugee Programs

SAMS is in the process of expanding its refugees programs inside Lebanon to cover a wider geographic area, especially in the northern and southern Bekaa region, in addition to providing psychiatric and psychotherapeutic services.





Medical Relief Programs in Homs and Qalamoun

The SAMS regional office in Lebanon oversees the medical relief programs for areas close to the Lebanese border, especially in the Homs, Qalamoun, and Zabadani areas.

The SAMS team works in collaboration with local and international NGOs to coordinate care for Syrian refugees and internally displaced persons (IDPs) across the borders. The team provides supervision, monitoring, design, documentation, and implementation of medical relief programs for hospitals, field hospitals, primary care centers, and dialysis units in that area.



SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION

The following is SAMS Foundation's Statement of Activities for years then ended December 31, 2012 and 2013.

STATEMENT OF ACTIVITIES

UNRESTRICTED NET ASSETS

	2012	2013
SUPPORT AND OTHER CONTRIBUTIONS		
Contributions	1,062,154.03	5,610,887.36
Grants	707,112.76	1,836,800.68
Donation in kind	792,660.00	3,824,866.00
TOTAL SUPPORT AND OTHER CONTRIBUTIONS	2,561,926.79	11,272,554.04

EXPENSES

PROGRAM SERVICES		
Northern and Northeastern Syria- Turkey Regional Office	1,129,651.44	7,991,316.96
Southern Syria, Damascus and Refugees in Jordan - Jordan Regional Office	841,994.00	2,732,500.00
Qalamoun, Homs and refugees in Lebanon - Lebanon Regional Office	-----	281,500.00
United States	35,209.66	160,150.80

SUPPORTING SERVICES

Fundraising & Marketing	0.00	195,020.08
Administrative and general	16,891.75	187,280.62
TOTAL EXPENSES	2,023,746.85	11,547,768.46

INCREASE IN UNRESTRICTED NET ASSETS

Increase in Unrestricted Net Assets	538,179.94	(275,214.42)
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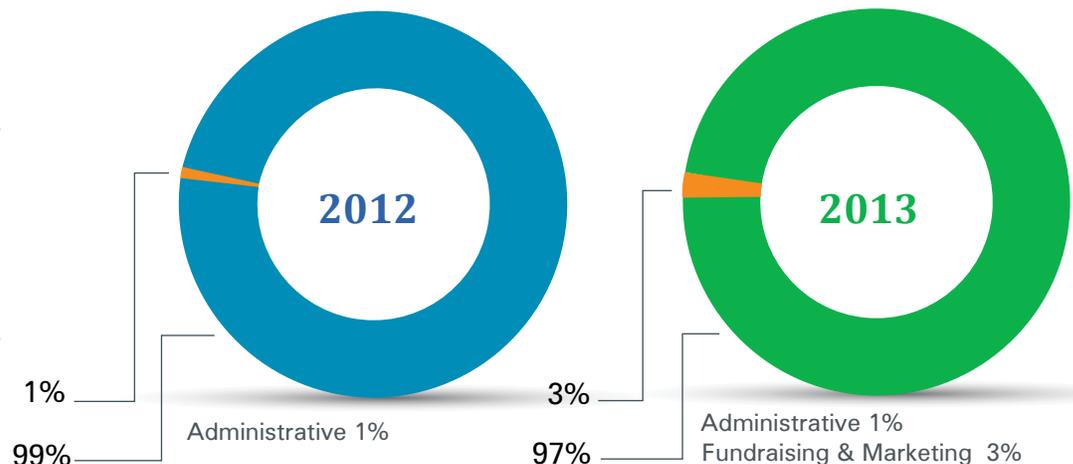
NET ASSETS

Beginning of Year	117,827.43	656,007.37
End of Year	656,007.37	380,792.95

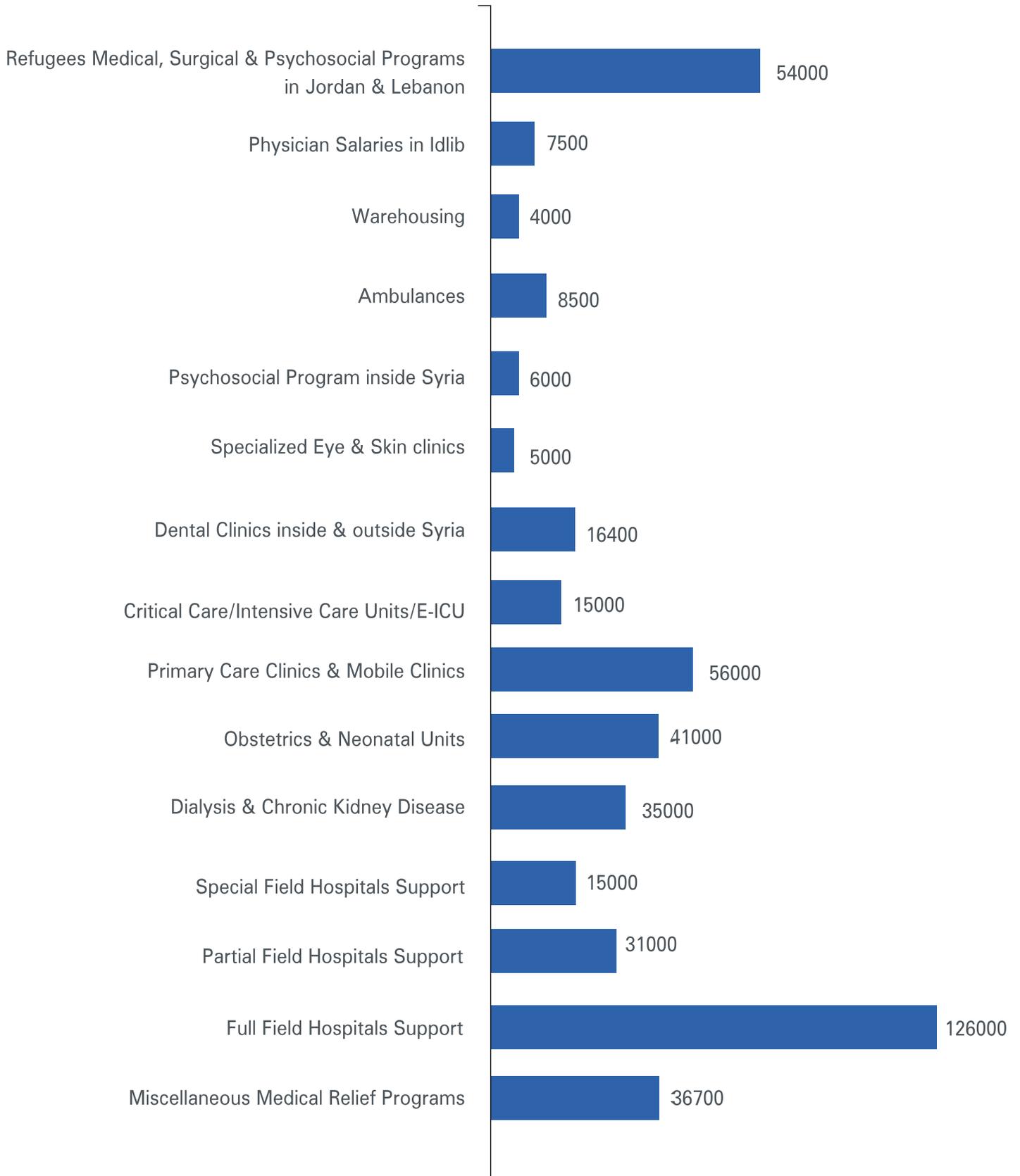
FUNDS ALLOCATION

97 Cents of every dollar donated went directly into our programs in 2012

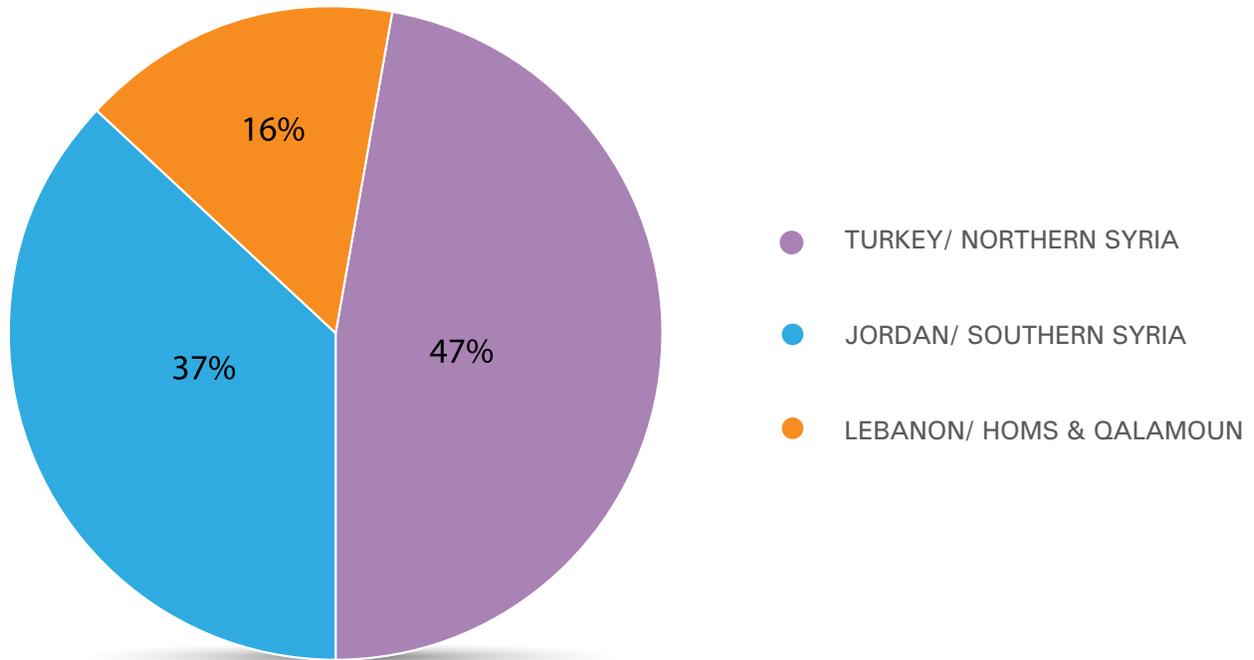
99 Cents of every dollar donated went directly into our programs in 2013



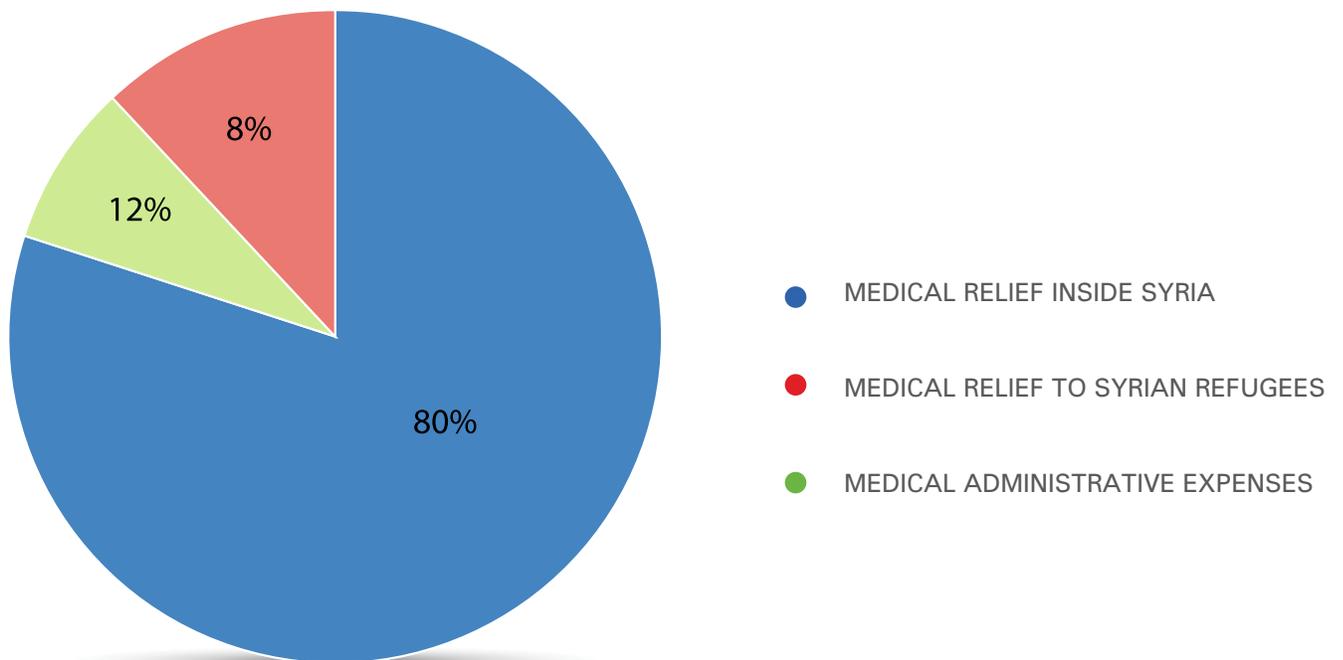
Current Monthly Medical Expenses



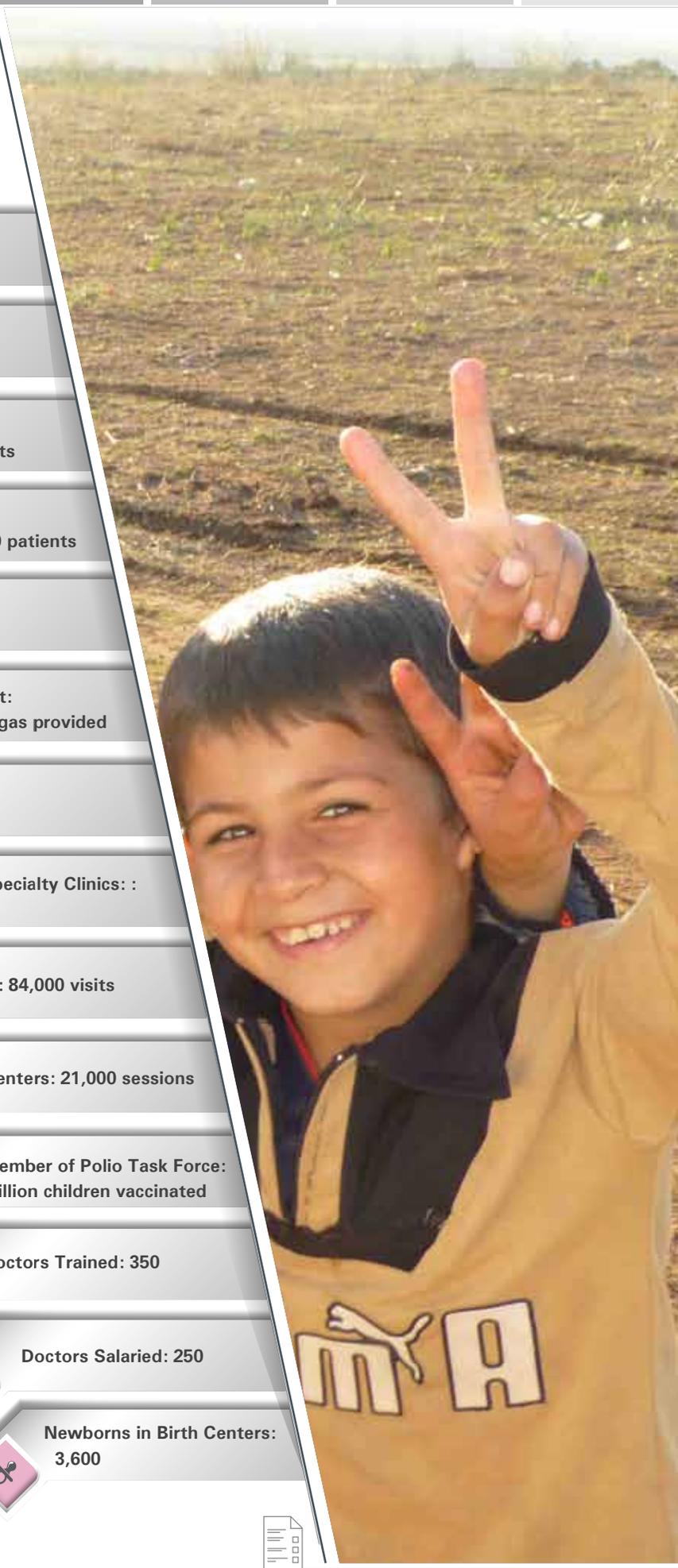
Regional Offices/Cross Border Medical Relief Budget



Medical Relief Expenses



Highlights of the Impact of Your Donations in 2013





“ Syrian children participating in the SAMS’ psychosocial program that uses art to overcome PTSD (post-traumatic stress disorder). ”





MEDICAL RELIEF AND DEVELOPMENT

Syrian Tragedy Index

THE SYRIAN HUMANITARIAN CRISIS:

Three years since the beginning of the conflict in Syria, the situation remains dire:

140,000

Number of people killed (Syrian Observatory for Human Rights, Feb. 2014)

7,000

Number of whom were children (Syrian Observatory for Human Rights, Feb. 2014)

9.3 Million

Number of people in need of humanitarian assistance in Syria (U.N., Jan. 2014)

5.5 Million

Number of children affected by the crisis (USAID, Feb. 2014)

HEALTHCARE COLLAPSE

57% Hospitals Damaged

36% Hospitals Destroyed

78% Ambulances Damaged

50% Physicians Fled

70% Other Medical Staff Fled

90% Loss of Medication Manufacturing



Each figure represents 70,000 Syrians who have been forced to flee their homes, desegregated by the location of refuge.

**HELP END THEIR SUFFERING:
DONATE TO SAMS TODAY!**



Responding to Syrian Crisis



\$4.6 Million
EQUIPMENT & SUPPLIES SHIPPED



65
OTHER TRAUMA CARE FACILITIES SUPPORTED



14
REFERRAL HOSPITALS SUPPORTED



20
FREE DENTAL CLINICS



25
FIELD HOSPITALS ESTABLISHED



11
HOSPITALS FUELED with diesel and generators



28
ADVANCED MEDICAL POINTS ESTABLISHED



498
MEDICS TRAINED for emergency care



\$14.3 Million
MEDICAL PROGRAMS



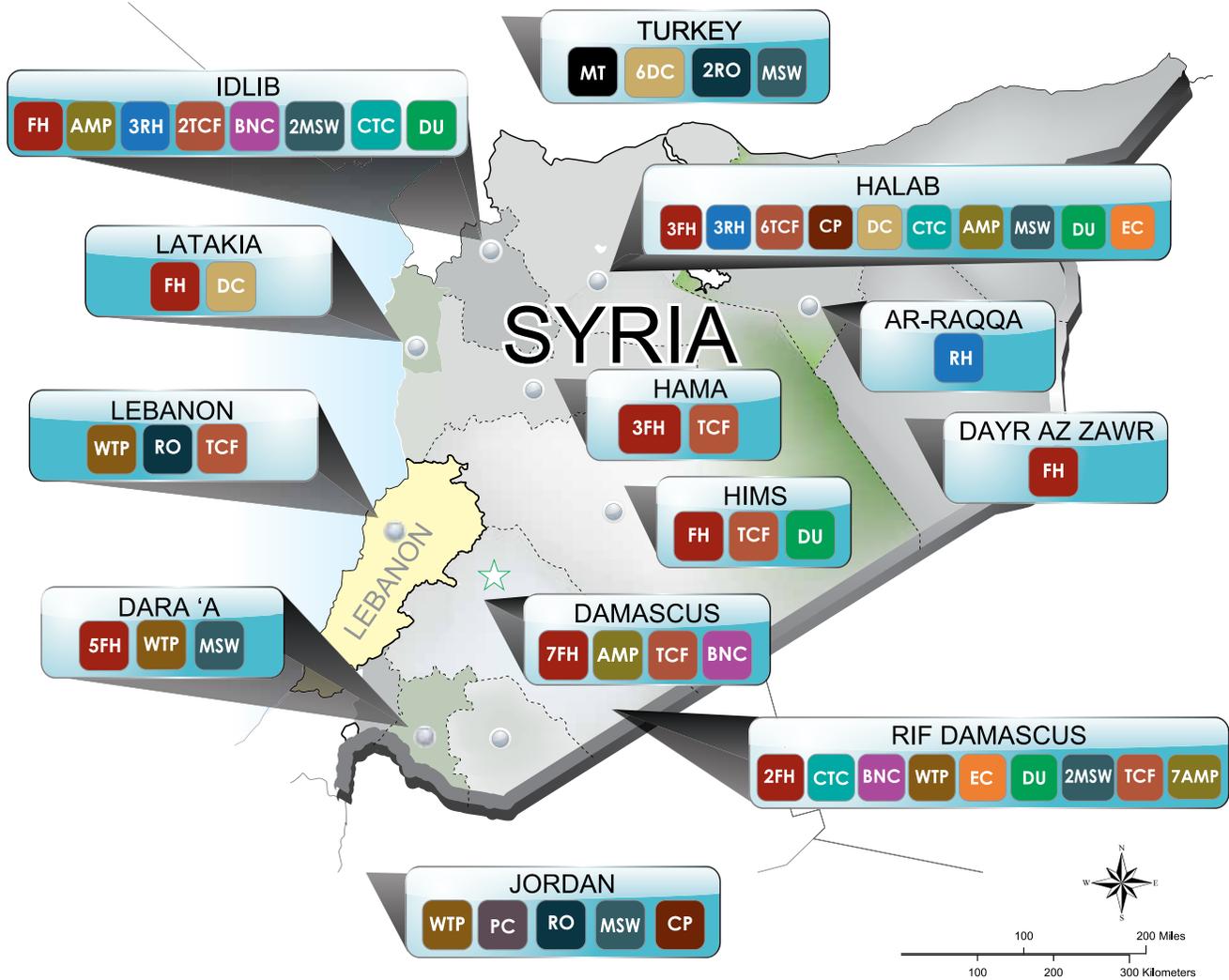
250
PAID MEDICAL WORKERS Staffing hospitals & facilities





SAMS

Syrian American Medical Society Foundation



Medical Facilities Established Or Supported By SAMS Foundation

- | | | |
|------------------------------------|--------------------------------------|---|
| RH REFERRAL HOSPITAL | BNC BIRTH-NEONATAL CENTER | PC PSYCHOSOCIAL CLINIC |
| FH FIELD HOSPITALS | CTC CHEMICAL TREATMENT CENTER | TCF OTHER TRAUMA CARE FACILITIES SUPPORTED |
| AMP ADVANCED MEDICAL POINTS | DU DIALYSIS UNIT | RO REGIONAL OFFICE |
| DC DENTAL CLINIC | MSW MEDICAL SUPPLY WAREHOUSE | WTP WOUNDED TREATMENT PROGRAM |
| CP CENTRAL PHARMACY | MT MEDICAL TRAINING | EC EYE CENTER |



SAVE SYRIAN LIVES

CAMPAIGN



In February, 2012, SAMS launched the *“Save Syrian Lives”* campaign, a signature program that encompasses all medical relief activities, whether cross-border or cross-lines. It is designed to help Syrian patients, healthcare workers, administrators, and hospitals deal with the multifaceted ramifications of the Syrian crisis, and to provide life-saving measures based on need to all affected areas in Syria.

What began as a simple medical mission to refugee camps in Turkey, staffed by volunteer physicians, developed into a sophisticated and focused medical relief operation. *“Save Syrian Lives”* operates in five countries, manages millions of dollars, and works with hundreds of employees and volunteers.

The program abides by the humanitarian principles of medical neutrality, impartiality, and independence, and it places a high priority on addressing the direct and indirect consequences of the complicated medical



disaster inside Syria first. The “Save Syrian Lives” Campaign supports the treatment of patients injured or maimed directly by violence, bombing, shelling, sniper attack, or chemical weapon attack, providing safe and accessible healthcare facilities to treat patients injured in conflict areas. The campaign also trains healthcare workers to better deal with the disaster, and it provides hospitals and healthcare workers with medical consumables, equipment, and medications necessary for their life-saving work. In addition, “Save Syrian Lives” advocates on behalf of healthcare workers.

SAMS was required to create an infrastructure of healthcare facilities, field hospitals, warehouses, and offices in five different countries. It was necessary to hire and train more than 50 employees within less than a two-year period.

SAMS procured tens of millions of dollars’ worth of medical consumables and equipment, streamlined enormous administrative and logistical hurdles, and expanded its fundraising and grant-acquisition efforts tremendously in order to support the program financially.

Due to the disintegration of the public health care system in Syria, additional complimentary medical programs were incorporated into the campaign, including primary care services in key areas, vaccination programs, women’s

healthcare, birth centers and neonatal units, intensive care units, dialysis programs, eye centers, dental clinics, fuel programs for hospitals, winterization and communications equipment for healthcare facilities, as well as medical and psychosocial programs for Syrian refugees in Jordan, Turkey, and Lebanon.

The campaign is credited to having saved or impacted the lives of millions of Syrians, as well as supporting thousands of healthcare workers.

There are several programs which are part of the “Save Syrian Lives” Campaign, as follow.

“ Syrian refugee children in Jordan during one of the psychosocial programs ”



Procurement of Medical Supplies, Equipment and Medications

CONTAINER/LOGISTICS COMMITTEE

Dr. Najib Barakat, Chair
Lucine Saleh, MBA; Director of Operations
Dr. Amjad Alrass
Dr. Fared Bitar
Dr. Bassel Termanini
Dr. Wael Khouli
Dr. Abdul Razak Alchakaki

WAREHOUSE COMMITTEE

Dr. Bassel Atassi
Dr. Jehad Alharash
Dr. Amjad Alrass
Dr. Najib Barakat
Maysaa Nabulsi, Coordinator



Dr. Naser Hamoud and Mr. Jamal Iqtish packing medical supplies to send into Syria

Many areas in Syria had severe shortages of life-saving medical supplies and consumables, including blood bags and blood products, surgical sets, sterilization equipment, intubation kits, transport equipment, external and internal fixtures, X-ray machines, operating tables, ventilators, dialysis machines, monitors, ECG machines, defibrillators, chest tubes, gloves and gowns, basic laboratory kits, and even IV fluids.

Due to the destruction of many pharmaceutical producers in Aleppo and Damascus, in addition to limited access and the targeting of healthcare facilities that treated victims of violence, there were shortages of antibiotics, as well as medications for pain, anesthesia, and chronic diseases. Millions of Syrians require medicines and medical supplies just to survive. During the last three years, SAMS has procured, collected, and sent more than 15 million dollars' worth of supplies, equipment, and medications through neighboring countries in order to reach healthcare facilities throughout Syria.

SAMS volunteer Gina Panzeieri recalled her experience from a recent medical mission to distribute surgical kits that could treat up to 50 people each:

“Dr. Mohammad Nasser joined us at the SAMS office, where we reviewed the contents of the donated surgical kit and sutures I brought into Jordan. He needed to determine what he wanted to hand carry into Syria. He was crossing over to the war zone to delivery medical supplies and treat the wounded.

I don’t know many people that would do such a thing. The heroes and heroines of this saga are strikingly amazing,” she said.

Gina and other SAMS volunteers gather and distribute the medical supplies to be shipped into Syria.

Often these supplies are shipped over in crates, but sometimes they are carried inside by volunteers and physicians. Gina and her son participated in a medical mission into Jordan, bringing life-saving medical equipment with them.



“ A warehouse in Michigan where donated supplies are collected ”



“ Volunteers at a SAMS Medical Warehouse ”



“ Volunteers from the SAMS Michigan chapter help pack medical supplies to be sent to Syria. ”



Types of Medical Equipment and Supplies Provided by SAMS

- C-arm X-ray machine
- Anesthesia machine
- Blood bag centrifuge
- ELISA devices
- Platelet incubator
- Operating table
- Electrical coagulator
- Portable suction machine
- Portable multi-system invasive monitor
- Electric defibrillator
- ICU digital ventilator
- Portable ultrasound
- Stat analyzer
- Dialysis machine with water station
- Dental equipment



Medical supplies being transported to areas where they are needed most

Medical consumables include countless types of medical supplies, including abdominal pads, alcohol swabs, blood transfusion bags, endotracheal tubing, sterile surgical gowns, laryngoscope pieces, minor surgery sets, nasal canola, noninvasive blood pressure devices, stethoscopes, syringes, and medications.

SAMS' staff in Turkey and Jordan are responsible for procuring all medical equipment, supplies, and medications delivered into Syria. SAMS operates five warehouses throughout Syria in order to store medical supplies and equipment until they are delivered to the intended facility. Each warehouse has a manager in charge of inventory, logistics, delivering supplies, and keeping track of all essential documentation.

Ambulances

According to the WHO, more than 75% of ambulances in Syria have been destroyed during the crisis. Unfortunately, warring parties have been shooting at, bombing, and stealing ambulances in order to use them for purposes other than transporting patients.

The importance of emergency vehicles cannot be highlighted enough. In the last year, SAMS has donated and sent 40 ambulances inside Syria to provide emergency services. These vehicles provide the only access for many seriously-injured Syrians to reach local field hospitals. Sometimes critically ill patients cannot be helped by small clinics inside Syria, and only an ambulance can safely transport them to the border.

The need for ambulances has increased in some Syrian cities due to the targeting of medical aid workers and their vehicles. With fewer ambulances, emergency response becomes even more difficult.



*The inside of
an ambulance
provided by
SAMS*



The ambulances that SAMS provides to Syria cover large areas, transporting the most urgent medical cases to the closest facility. These vehicles also carry medical supplies between hospitals and warehouses.

SAMS also sponsors the operating expenses of 40 ambulances in the Idlib governorate, including maintenance, fuel, and drivers' salaries.

SPONSORSHIP OF DOCTORS AND NURSES

Yousef is a 7-year-old boy from Homs. He was hospitalized after a bullet wound to the head started to cause neurological deficits. SAMS sponsored his surgery to remove the bullet. The surgery was successful, and Yousef had no further complications. However, without a surgeon to perform this important operation, this young boy could have lost his life.



Yousef at the Hospital

Many other severely-injured Syrians require similar life-saving surgeries. SAMS supports physicians who can provide the kind of procedure that saved Yousef's life. These physicians work in the most desperate areas of Syria, providing surgical, critical, and emergency care.

Sponsoring a physician through SAMS means that these services can be provided for tens of thousands of patients every year. Supporting doctors financially covers their basic expenses, and it allows them to stay inside Syria to continue treating critically ill and wounded patients.

Syria is in desperate need of doctors after losing over half its physicians. You can sponsor a doctor to save dozens of lives and treat countless wounded every month. It costs \$600/month or \$7,200/year to sponsor a physician.

FIELD HOSPITALS AND TRAUMA FACILITIES

TRAUMA/CRITICAL CARE COMMITTEE

Dr. Jaber Monla Hassan, Chair
Dr. Abdul Ghani Sankari
Dr. Bassel Atassi
Dr. Ammar Ghanem
Dr. Abdel Majid Katranji
Dr. Anas Moughrabiye
Dr. Zaher Sahloul
Dr. Anas Alkassam
Dr. Tarek Zaza
Dr. Maher Saqqur

In Aleppo, a 38-week pregnant woman with twins was hurried to the emergency room. She was suffering from umbilical cord prolapsed, an obstetric emergency which requires an immediate C-section. The hospital did not have an obstetrician, neonatologist, or pediatrician. Instead, two volunteer physicians from SAMS performed the surgery. Due to lack of staff, it took 30 minutes to get anesthesia from another hospital. The first baby was born unresponsive, but medical staff provided oxygen, and the baby was successfully revived. Thanks to SAMS doctors, the mother and her twins are happy and healthy.

SAMS supports several trauma and regular hospitals in Aleppo City by providing medical supplies, equipment, selected medications, training, advocacy, and salaries to medical staff. These facilities need anesthesia devices and technicians, warmers and incubators, trained nurses, specialists, and equipment. This obstetrics hospital is just one of many now supported by SAMS. The hospital performs multiple C-sections every day. Physicians work around the clock to bring new lives safely into the world. Without this support, such facilities cannot continue to provide emergency care to Syrian families, especially for fragile new lives like these twins.



Operating Room, M-10 Hospital in Aleppo: Fully operated and supported by SAMS

Early in the crisis, due to lack of access to public hospitals and the fear that Syrian doctor and wounded patients would be arrested; there was a need to develop a network of underground field hospitals in areas of conflict. Field hospitals provide basic trauma care and damage-control surgery in order to save lives. Field hospitals were established in hidden places like basements, farm houses, deserted buildings, mosques, churches, and factories. Initially, they were poorly equipped, but gradually they became sophisticated after three years of experience. They have provided much needed surgical care to tens of thousands of wounded civilians and combatants. Occasionally they have served as emergency rooms, multi-specialty clinics, and even birth centers to the local population. The local people have been deprived from access to healthcare due to the destruction of local hospitals and outpatient clinics, and also due to unsafe transportation because of siege and military operations. Many field hospitals have been targeted and destroyed by aerial bombing and shelling.

Since its first field hospitals in June, 2011, in Irbin (Rief Damascus), Homs, and Jabal Alzaway (Idlib), about 200 level-2 field hospitals and thousands of level-1 emergency points have been established throughout Syria. They were established through the efforts of medical relief organizations like Doctors without Borders (MSF), SAMS, and other NGOs. Local doctors have provided location and space, staffing, leadership, coordination, reporting, and medical and surgical care. The supporting relief organizations have provided funding, medical equipment, the training of doctors, and occasionally a volunteer physician. Medical supplies have been purchased locally or obtained secretly from across borders.





A field hospital, operated by SAMS, in northern Latakia: A surgical team operates on a patient.

In spite of the constant threat of shelling and open fire, physicians have performed many surgeries in very simple surroundings. Without electricity, lights, blood transfusions, basic labs, diesel fuel for generators, or heat, it is estimated that Syrian field hospital healthcare personnel have saved more than 270,000 lives since the beginning of the conflict. Nurses have used body heat to warm intravenous fluid before transfusion to patients, during and post-surgery. Anesthesiologists have used intravenous sedation for major surgeries, as well as old-style Ambo bag ventilation during and after surgeries. Thousands of patients have lost their lives because they had no access to simple, life-saving measures, while others have bled to death.

Trauma care facilities, including field hospitals, are critical to saving Syrian lives. SAMS has established 25 field hospitals and 28 advanced medical points in 11 of Syria's 14 governates. SAMS has also supported a total of 85 additional field hospitals with consumables, equipment, or training. You can directly sponsor these surgical and treatments centers, or help to establish new facilities.

Advanced Life and Trauma Support, and Disaster Management Courses

TRAINING COURSES COMMITTEE

Dr. Jaber Monla Hassan, Chair

Dr. Waddah Alazem

Dr. Abdel Majid Katranji

Dr. Abdel Ghani Sankari

An 8-year-old boy was brought to an ER in Aleppo by his family. Random bombing by artillery or tank shells hit his home. He suffered from multiple traumatic wounds and came to the hospital in critical condition. During the shelling, the boy lost all of his siblings. His father suffered no physical injuries, but he came to the ER speechless and in a state of shock, leaving the child's uncle to communicate with the SAMS-supported medical team.



More training underway

The injured boy had multiple injuries to his chest and abdomen, and he needed mechanical ventilation. Despite the availability of only outdated ventilators in the ICU, local staff was able to stabilize his condition in order to successfully transfer him to Turkey for further treatment.

SAMS surgeons, radiologists, and critical care specialists play an essential role. They train local Syrian doctors to manage trauma, provide surgical care of trauma patients in war and disaster situations, use technology properly, and implement new advances in diagnosis, treatment, and ICU care. SAMS doctors have trained ICU staff to operate ventilators and perform appropriate ICU management for complex cases. SAMS physicians have also trained staff to use portable ultrasound imaging devices, an essential diagnostic tool in trauma cases. Without SAMS-provided training, this young boy could have lost his life. It costs \$2,000 per physician, for training and needed equipment.



Syrian family pulled from the rubble after their home was attacked



Reuniting a Family: A Story from Inside Syria

One night after an airstrike, strangers found an unresponsive boy on the street near the hospital and brought him to us. He had no pulse, and he had a hole the size of a tennis ball in his thigh. His leg was essentially trying to disconnect itself from the rest of his body. He was brought into the emergency room, and immediately everyone played a role with precision and efficiency. One medic was doing CPR, others were putting in IVs. Another medic used his fingers to pinch the femoral artery and stop the bleeding. After CPR and intravenous fluids, we got a pulse and took him down to the operating room, clamped his femoral artery, and placed an external fixator across his femur to stabilize his fracture. A vascular surgeon was then able to harvest a superficial vein from the boy's other leg. He survived, and he got to keep his leg. That night he woke up and told us his name. The next day his dad found him alive at the hospital.

It's the everyday actions of a remarkable group of medics working together, and it's the small things like a father reuniting with his son, that help keep the despair and the horror at bay in Syria.

The hospital I volunteered at was predominantly funded and supported by SAMS, and everyone who worked there knew that. Hospitals like this one are havens that can save lives and limbs, literally hanging on by a thread; and they are staffed full-time by local Syrian doctors and nurses who have the means to leave Syria but choose to stay and risk their lives to save others. ----

Dr. Samer Attar, a Syrian-American Physician



A SAMS doctor using a portable Vscan on a patient

SAMS has organized bimonthly courses to train local Syrian doctors in advanced trauma life support, advanced cardiac life support, critical care medicine, ventilator management, neonatal life support, selected medical and pediatric topics, orthopedic and trauma surgery, war medicine, disaster management, ultrasound, and chemical weapons training. The courses are held in Turkey or Jordan, and they include lectures, mannequin training, simulations, and hands-on treatment on animals. In every course, a group of SAMS specialists travel from the US to train a group of 25-50 local Syrian doctors.

There has also been a program for medics and ambulance drivers.

More than 400 physicians and 300 first responders have successfully completed these training courses. Certificates of completion are provided at the end of the courses.



SAMS doctors participate in instructing their local Syrian colleagues during a training course.

They have introduced for the first time the use of portable ultrasound, intra-osseous needles, sign internal fixtures, QuickClot, I-stat in ICUs, tranexamic acid transfusion, and damage control surgery.

Doctors who have completed the courses have been provided, free of charge, with life-saving medical devices to use in their hospitals inside Syria. Supplies have included portable ultrasound devices, external and internal fixtures, chest tubes, intubation kits, artificial airways, splints, intra-osseous needles, Quick Clot dressing, emergency bags, pulse oximeters, and other much needed supplies.



The successful training program has been instrumental in saving the lives of tens of thousands of patients throughout Syria, in addition to changing the culture of practicing medicine during disaster and urban warfare.

Online training is also provided by US-based physicians with the use of Skype and webinars.



SAMS Medical Missions Program

During natural and man-made disasters, many medical relief organizations like MSF, ICRC, and IMC send medical doctors to help their local counterparts, and to supply much needed skills. SAMS has a long history of sending medical missions to Syria and other countries. SAMS surgeons and specialists have volunteered their skills in several medical missions to Bosnia, Yemen, Central and South America, Haiti, Morocco, and pre-crisis Syria. The Syrian Crisis is one of the most challenging crises in the world due to its complexity and changing environment. From the beginning of the crisis, many SAMS members have been eager to help their Syrian colleagues. They have offered their services to Syrian patients and refugees, often at great sacrifice. Not only have they had to leave their families and comfortable jobs to travel across the Atlantic, but they have often faced immense administrative, logistical, and security challenges. Many have risked their own lives in order to help saving others.

The SAMS Medical Mission Program began to provide services to Syrian refugees in Turkey in late 2011. It has expanded since then to include medical missions to Syria, Jordan, and Lebanon.



As part of their missions, SAMS members provide training, mentoring, and psychological support to their local colleagues. They also deliver medical supplies and equipment to the hospitals and clinics in which they volunteer. The SAMS team on the ground provides logistical and administrative support, while the US team provides legal assistance and coordination with governmental agencies.

The most needed specialties are orthopedics, general medicine, trauma, vascular and neurosurgery, primary care, ER, critical care, pediatrics, ob/gyn, and psychiatry. SAMS also has very active eye, kidney, and dental missions.

Thousands of patients have benefited directly from the services provided by SAMS volunteers. Medical missions are life-changing experiences for volunteers who come back home with stories, memories, and photos. They often inspire their colleagues to donate or volunteer. Some volunteers use their first-hand experience to provide advocacy, give presentations in their hospitals or communities, write editorials in newspapers, give radio or television interviews, or spread the word through traditional and social media.

Some of the destinations of the SAMS Medical Mission Program

- Aleppo M-10, M-1, and M-2 Hospitals, Aleppo, Syria
- Rabeea Field Hospital, Latakia, Syria
- Otmeh Surgical Hospital, Idlib, Syria
- Bab Alhawa Surgical Hospital, Idlib, Syria
- Idlib Rural Mobile Clinic, Idlib, Syria
- Tripoli Multi-Specialty Clinic, Lebanon
- Tripoli Surgical Center, Lebanon
- Al-Salam Hospital, Amman, Jordan
- Spinal Cord Injury Clinic, Amman, Jordan
- SAMS Psychosocial Program, Amman, Jordan
- The Malki/SCM Children's Center, Amman, Jordan
- Al-Zaatari Camp Multi-Specialty Clinic, Jordan
- Refugee Camps, Turkey

In addition to their stethoscopes, medical volunteers usually bring medications, medical supplies, and portable medical devices with them. They network with, train, and learn from their local Syrian colleagues, and they often build lifelong friendships. Syrian doctors and nurses have appreciated that SAMS doctors have been standing with them during the darkest hours of the crisis.

I MISS THE SYRIA I USED TO VISIT

I am an Arabic-speaking American nurse/midwife. Through the generosity of the Syrian American Medical Society, I recently went to Jordan on a two-week medical mission with a midwife friend and colleague.



We were able to work at two sites, providing care to Syrian refugees: one in Amman, and one in Irbid.

The situation of the Syrian refugees is beyond dire. In our rounds with the SAMS social work team, we encountered children who had not slept for more than an hour at a time for more than a year.

We met a 5-year-old boy from Homs who had seen his father killed in front of him, and he had constant vivid nightmares. We tried as much as we could to provide some comfort to this young, innocent soul.

We visited a patient in a hospital, a mother of three and a nurse, who was tortured after she was taken from her hospital in Damascus, beaten on the head and spine, and left for dead. She is now a paraplegic.

The evil that is being visited upon innocent people in Syria is unspeakable.

Syria is a lovely country that I have had the pleasure of visiting three times in the recent past. The Syrians have been subjected to unspeakable torment for almost three years.

---By Sally Urang, a volunteer registered nurse, participated in a 2-week medical mission. She worked providing medical and psychosocial care to refugees in Jordan. This account was included in the official SAMS statement provided to the US Senate.

Sally Urang, SAMS volunteer, sitting with a Syrian patient during a medical mission in Jordan.

Intensive Care Units and Telemedicine

Patients with multiple trauma injuries, victims of chemical weapon attacks, and many victims of burns and shelling will end up in the Intensive Care Units. Through its network of critical care specialists, and overcoming many logistical and security challenges, SAMS provides comprehensive critical care services to several hospitals and field hospitals in Syria. SAMS has been one of the leading NGOs in providing ICU care in different challenging areas within Syria. SAMS has provided crucial ICU equipment like ventilators, monitors, defibrillators, IV pumps, critical medications, arterial blood gas machines (I-stat), laboratory equipment, ECG machines, hospital beds, and other essential consumables.



The Intensive Care Unit in the Border Hospital in Idlib, fully supported by SAMS

SAMS also provides training to ICU physicians, technicians, and nurses through its advanced life and trauma support courses, disaster management courses, and online web-based training.

In addition to training, SAMS also fully supports ICUs by giving salaries to all employees in key tertiary hospitals in Syria, including some of the busiest hospitals in Aleppo, Ghouta, Daraa, Homs, and the Idlib border area with Turkey.

Daily management of patients in the intensive care units is complemented by electronic-ICU, where critical care specialists based in the US use video cameras, Skype, and satellite Internet to monitor patients remotely. Such innovative techniques permit real-time teaching and transfer of knowledge, in order to help local doctors and nurses deal with real-life situations.



US-based critical care specialists are using E-ICU technology, by Amera Satellite communication, to monitor a critically ill patient in one of the intensive care units in Aleppo.”

Primary Care Services and Mobile Clinics

Due to the destruction and disintegration of the healthcare infrastructure in many areas in Syria, destruction of pharmaceutical factories, flight of physicians, poor economic status for a large percentage of the population, and limited resources, hundreds of thousands of patients have been left without access to basic primary healthcare. Patients with chronic diseases have struggled to manage their illnesses and obtain their daily medications, often succumbing in silence to their otherwise treatable conditions.

Children in many areas have not had access to simple vaccinations, including measles and polio vaccinations. UNICEF and the World Health Organization, through whom many basic vaccines are obtained, could not have safe access to large areas of Syria.

Pregnant women have not had basic maternity care, and many have had complications during their pregnancies due to lack of access to safe healthcare. It was estimated that 80% of pregnant women were required to have C-sections rather than normal deliveries in some areas like Homs, Aleppo, Daraa, and Ghouta, as a result of continuous shelling and limited consistent access to birth units and hospitals.

- In order to address this problem, SAMS has established primary care centers, multi-specialty clinics, and mobile clinics in order to reach trapped or rural populations. Whenever possible, SAMS has added primary care services, including pediatrics, basic emergency care, dental care, and women’s services to its field hospitals.
- SAMS has also established or supported specialty clinics for leishmaniasis, tuberculosis, kidney transplant, neurology, eye disorders, and rehabilitation and physical therapy in specific areas, based on needs assessment.
- Clinics provide free medical care, basic laboratory and radiographic tests, free medications, and education to local populations.

SAMS clinics and field clinics are the only centers for basic healthcare services in some areas like the northern Latakia Mountains, rural Idlib, rural Hama, Ghouta, and Daraa.





Mobile clinics are a crucial and innovative means of providing basic healthcare to rural populations. They are especially useful in addressing the problems of population displacement, war, and the destruction of stationary and permanent primary care facilities.



The mobile clinics provide free medical care, dental care, basic labs, ECG, free medications, women's care, X-rays, and referral services to local hospitals. Each mobile clinic services a population of 100,000, or 15-20 villages.

Every day the mobile clinic team visits two villages and provides services to 120-160 patients. The cost is about 3 dollars, per patient, per visit. In the last 5 months of 2013, one mobile clinic provided primary care services to 15,800 people in Idlib.

SAMS now operates 3 mobile clinics, and it is expanding the program quickly. Each mobile clinic costs \$10,000 per month, including salaries, fuel, medications, and supplies.

Hospital Fuel Programs

Without electricity or diesel fuel for generators, some Syrian surgeons have had to operate using flashlights and cell phone lights instead of surgical lamps. In the case of war and civil unrest, it is expected to have some interruptions in electrical services and a scarcity of fuel.

In Syria, however, the situation became much worse as several large urban centers like Aleppo and Ghouta became disconnected from the outside world. International NGOs and the Syrian Red Crescent had no access to large population centers that were under siege. The local population suffered unnecessarily.

Many patients died, not only from wounds sustained from bombing and shelling, but due to the shortage of electricity and fuel necessary to operate hospitals and clinics.



SAMS doctors performing surgery with limited light



In many cities in Syria, where electricity is not available for most or all of the day, diesel fuel is the only alternative to run electric generators for hospitals and clinics. Without diesel fuel, operating rooms, ventilators, monitors, dialysis units, incubators, labs, X-ray machines, elevators, lights, and refrigerators for blood products cannot be operated. Some medications and all vaccines are ruined if not kept in cold temperatures. Many patients, including newborns, have died of hypothermia because of electrical shortages.

SAMS identified this problem early in the crisis and convinced the USAID to support fuel programs for hospitals. A great deal of effort has been required to streamline the administrative and logistical hurdles. SAMS leaders and staff have to work with the Aleppo Medical Council, Turkish authorities, local hospitals, and the US State Department in order to make sure that diesel fuel is provided for free to hospitals under siege in large population centers. SAMS also provides electricity in various capacities to many field and trauma hospitals.



Oxygen generator and air compressor run by diesel fuel, all provided by SAMS to one of the largest trauma hospitals in Aleppo

Chemical Weapons Treatment Program

As early as December, 2012, SAMS began to receive reports of exposure to “poisonous” gases in various areas of Syria, including Homs, Aleppo, and Ghouta. At least 34 attacks were documented. Most of the patients treated in field or regular hospitals were civilians, and they had symptoms consistent with exposure to “nerve” gas. Symptoms included respiratory distress, confusion, salivation, increased respiratory secretions, pinpoint pupils, coma, respiratory failure, and death.



SAMS advocacy teams have helped to educate the public about the illegal use of chemical weapons, the medical facts about patients exposed to chemical weapons, and to confirm the agents used in these attacks.

On August 21, the largest scale chemical weapon attack with Sarin gas in East and West Ghouta became public. At least 1400 people, most of them civilians, suffocated to death while asleep. SAMS field hospitals helped to treat the thousands of patients who were injured.

The SAMS team in the US established a Skype situation room for minute- to -minute coordination with the local doctors on the ground in Ein Terma, Moadameyya.

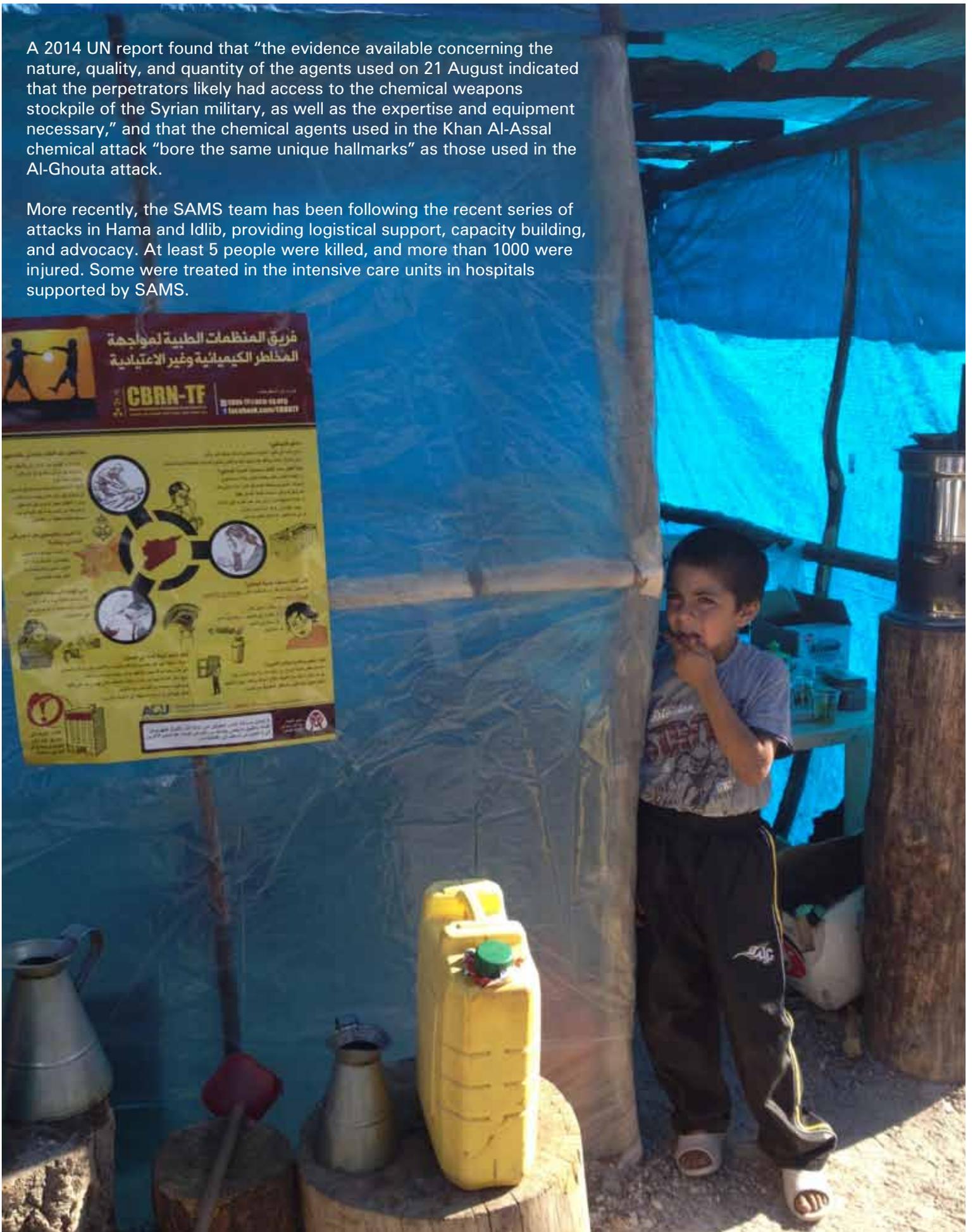
Chemical weapon attack on east Damascus on August 21, 2013

CITY	Dead	Affected
Douma	65	630
Sakba	105	1460
Kafarbtina	165	2226
Ihsan hospital	174	1200
Shami hospital	6	74
Jesrin	16	17
Erbin	110	600
Jobar	27	700
Mleiha	87	165
Zamalka	473	1200
Islamic hospital	46	800
Hmmouria	27	300
Inkaz rooh group	1	183
TOTAL	1302	9838



A 2014 UN report found that “the evidence available concerning the nature, quality, and quantity of the agents used on 21 August indicated that the perpetrators likely had access to the chemical weapons stockpile of the Syrian military, as well as the expertise and equipment necessary,” and that the chemical agents used in the Khan Al-Assal chemical attack “bore the same unique hallmarks” as those used in the Al-Ghouta attack.

More recently, the SAMS team has been following the recent series of attacks in Hama and Idlib, providing logistical support, capacity building, and advocacy. At least 5 people were killed, and more than 1000 were injured. Some were treated in the intensive care units in hospitals supported by SAMS.



Polio Control Task Force

In response to the crisis, SAMS partnered with 8 other NGOs to form a task force to implement a vaccination program which reached 1.4 million children under the age of 5 in northern and northeastern Syria. These regions were inaccessible to WHO and UNICEF. The program was supported by the Turkish government. In the first round, 1.25 million children were vaccinated; in the second, 1.4 million; in the third, 1.41 million; and in the fourth, 1.44 million. It is estimated that the number of children vaccinated during the fifth round will exceed 1.44 million.



Syrian child with flaccid paralysis due to Polio

Psychosocial Counseling Program

We view the psychosocial program as essential in rehabilitating the refugees of any country. Those who have witnessed the conflict in Syria first-hand have been deeply affected by the experience, no matter their age or gender. SAMS collaborates with a team of psychologists, psychiatrists, social coordinators, and psychosocial therapists in Jordan to provide mental health rehabilitation to Syrians. The teams offer services in the SAMS-run facility, and they also visit families in their homes. Syrian families receive counseling and social services, as well as physical and mental health screening. 12,000 people, many of them women and children have been helped by these programs thus far.

Millions of children and adults now suffer post-traumatic stress disorders (PTSD) and need treatment. Many more need psychological and social help after losing homes, jobs, and almost all forms of social support.





“We use art therapy, a known form of psychotherapy, especially in dealing with traumatized refugee children. It’s very difficult for them to express their feelings in words.

So, we are using painting and drawing as a way for them to express themselves. You would be amazed to see the changes in their expression. Initially, when we had these group therapy sessions, they drew tanks and blood and people dying. And with time, that changes to reflect their current reality, and they start drawing gardens and houses and clouds. With time, art is healing them, and they will be able to better express what they are feeling with art.”

-Dr. Zaher Sahloul in an interview with NPR

“ More Syrian children in Jordan, drawing as part of SAMS’ psychosocial program ”



“ A Syrian child showing off her artwork as part of the SAMS psychosocial program in Jordan ”





SAMS provides psychosocial programs that include photography, painting, group or individual therapy, as well as training and workshops. These programs take place in our Amman facility, family homes, and camps across the border, and also inside schools. SAMS offers programs to children to help them deal with post-traumatic stress disorder (PTSD) and integrate into their new country. Finally, SAMS has an agreement with the Hathi Haiati NGO to refer refugees into training programs, craft-making, and English courses.



Participants and volunteers at the SAMS psychosocial program in Jordan



Treat the Wounded Program

SAMS physicians and medical professionals have saved more than 100,000 lives, treated over 83,000 patients, and performed nearly 8,500 surgeries. You can help our doctors and nurses provide critical care to the seriously wounded.

Many medical cases are so severe that they cannot be treated inside Syria, and they require advanced facilities or surgery. In such cases, SAMS sponsors the treatment of the wounded in Jordan or Lebanon. And for surgeries that can be performed inside Syria, SAMS covers the expenses for such procedures. The cost for a life-saving surgery is about \$500 inside Syria, or about \$2,500 in Jordan or Lebanon.



An injured child receiving life-saving care at a SAMS ICU in Aleppo



At times the wounded have to be transported by walking through fields, due to the scarcity of ambulances.

Kidney Diseases and Dialysis Centers

KIDNEY & DIALYSIS COMMITTEE

Dr. Mohamed Sekkarie, Chair
Dr. Anas Kayal
Dr. Khaldoun Soudan
Dr. Fahd Alsaghir

Dr. Akram Almakki
Dr. Abdulrahman Zanabli
Dr. Oussama Rifai
Dr. Lina Murad

Patients with chronic diseases, including hemodialysis patients, have been suffering silently throughout the crisis. Thousands of patients on hemodialysis have died because of their inability to undergo routine dialysis due to the destruction of dialysis facilities, unsafe roads, and poor economic status. The situation for Syrian refugees on dialysis in Lebanon is equally disturbing.

Access to dialysis centers for thousands of end-stage kidney disease patients has become extremely difficult and sometimes impossible in Syria. Poor machine maintenance, the high price of dialysis kits, and the decreasing number of specialists and technicians have further limited the availability of this important treatment. In response, SAMS has formed the Kidney and Dialysis Group, which consists of SAMS kidney specialists committed to alleviating the suffering of kidney and dialysis patients. The group provides direct patient care, consultation to nephrology and dialysis providers, in addition to equipment and monetary donations.

SAMS has purchased and donated dialysis machines, dialysis kits, and other equipment to many dialysis centers. SAMS also began operating its first dialysis facility in June, 2013, in the Idlib Governate. SAMS has also supported other dialysis units with training, salaries, consumables, dialysis supplies, water purification systems, and medications.

SAMS volunteer nephrologists take turns visiting the centers, and they communicate with their local counterparts in order to provide training and monitor implementation.



A doctor with his patient at a SAMS dialysis center in Bab Elhawa, an Idlib Suburb

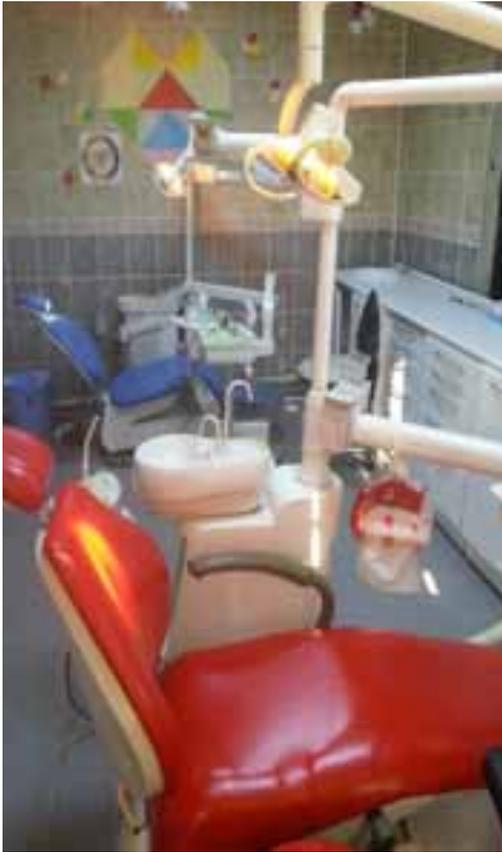
Telemedicine is often utilized to collaborate and guide the local physicians. SAMS supports dialysis centers in Aleppo, Idlib, Deir Alzour, Homs, Damascus, Ghouta, and Daraa. The cost of dialysis for averages about \$300 per patient, per month.

DENTAL PROGRAM

Dr. Mohamad Nahas, Chair

Dr. Omar Salem





A SAMS dental clinic in Turkey

SAMS established one of its first dental clinics at the Islaheyyah Refugee Camp in Turkey. The camp has about 18,000 refugees. Since the clinic started, it has experienced an overwhelming number of dental patients. Many of the patients are children or the elderly. Often they have an immediate need for extensive dental procedures.

“An older man visited the clinic complaining of a painful tooth which prevented him from getting any sleep. Once he was numbed by the dentist, the man’s expressions and demeanor changed. He could finally relax for the first time in days. The man began praying and thanking all of the staff who established the clinic.”

At the end of 2013, SAMS volunteers established a dental clinic inside a school for Syrian children. Through this clinic, SAMS provided dental care for around 1,000 school-aged refugees. This program has been very important in ensuring that young Syrians receive proper dental care. SAMS plans on duplicating these efforts in the future.

SAMS now operates 20 clinics, and facilitates multiple dental clinics, including mobile clinics inside Syria. These clinics are established, supported, and completely funded by SAMS. Often, dental care is not prioritized during a humanitarian crisis, but the SAMS dental committee decided to respond to this pressing medical need. Not only do these facilities supply necessary dental care, they also employ Syrian dentists and medical professionals so they can continue to provide for their families.

In less than a year, there are now 17 free dental clinics supported by SAMS, where over 4,000 dental procedures had been performed. While emergency care to those affected by the violence in Syria is often the most critical concern, SAMS has not overlooked the fact that many refugees have trouble obtaining basic medical care, such as vision and dental, in addition to acute care.

Providing free dental care is a vital service inside Syria—especially for children. You can support SAMS free dental clinics throughout Syria. The cost is \$1500 per month, per dental clinic.

EFFECTIVE AND FOCUSED HUMANITARIAN ADVOCACY

ADVOCACY COMMITTEE

Dr. Zaher Sahloul, Chair

Michelle Strucke, Advocacy Director, 2012-2013

Dr. Abdul Zanabli

Dr. Jaber Monla Hassan

Dr. George Netto

Dr. Abdulmajid Katranji

Dr. Samer Alattar

Dr. Ahmad Tarakji

In addition to its remarkable and heroic work on the ground, SAMS has been one of the leading Syrian American organizations in advocacy at the local, national, and global levels.

SAMS advocacy and media teams have made sure that the cry of a child struggling to breathe following a nerve gas attack, the plea of a nurse taking care of yet another innocent victim of indiscriminate bombing, and the tears of a local Syrian doctor inspecting the destruction of his hospital by a guided missile attack have reached policy makers, think tanks, the media, and the public.

As one of the officials of the State Department put it, “When SAMS speaks, people listen.”

SAMS representatives meet periodically with policy makers at the USAID, State Department, Treasury Department, Commerce Department, Homeland Security Department, and UN delegations, as well as with Congressional leaders and National Security staff.

From the beginning of the crisis, SAMS leaders have been briefing policy makers and governmental agencies at different levels about the deteriorating humanitarian and medical situation in Syria.

SAMS has been an advocate for an increase in humanitarian aid and protection of healthcare professionals and facilities. SAMS has urged government officials to help provide ways to reach civilians trapped in inaccessible areas of Syria by means of cross-border and cross-line relief. SAMS has pressed for assistance in tackling emerging diseases like polio, and to support victims of bombing and chemical weapon attacks. In addition, SAMS has advocated for attention to the healthcare situation of Syrian refugees in host countries in Lebanon and Jordan, and to the easing of administrative restrictions on sending medicines, medical consumables, and equipment to the region. SAMS has urged government officials to allow Syrian doctors to treat Syrian refugees in host countries, increase funding for Syrian refugees, ensure that wounded Syrians are treated with dignity in host countries, renew the Temporary Protection Status for Syrians in the US, and recently, to expedite resettlement programs for Syrian refugees in the US.

Through its network of Syrian-American healthcare professionals in many states, as well as an active Advocacy Team in DC, the SAMS message has been clearly heard. As a result, US humanitarian policies toward Syria have been significantly impacted throughout the crisis.

Meeting with President Obama and Secretary Kerry

The SAMS president met with President Barack Obama during an invitation to an Iftar event in August, 2013. He handed President Obama a letter on behalf of the SAMS members, describing the current humanitarian situation, and advocating for more proactive humanitarian policies. He described the historic scale of the crisis, the moral imperative for taking a leadership role in ending the massacres of civilians, and pleaded with the President not to forget the helpless plight of children, women, doctors, and nurses. President Obama promised to respond to the letter and appeal. SAMS organized



a letter-writing campaign to President Obama, asking him to approve sensible policies directed toward ending the conflict in Syria, as well as to intervene toward increased protection for civilians, healthcare personnel, and healthcare facilities. The SAMS president also met with Secretary of State John Kerry and delivered a similar letter.

Periodic Meetings with UN Agencies and State Delegations

The SAMS Advocacy Team has been meeting periodically with various UN agencies, member states, and leaders in order to expand its advocacy on a global level. The goal is to apply pressure to the international community to end the crisis in Syria, facilitate effective humanitarian assistance to all populations in Syria, to protect Syrian healthcare professionals, to document attacks on healthcare facilities, to ensure better services for Syrian refugees in host countries, and to influence UN resolutions and reports on Syria.

The following are some of the activities of the SAMS Advocacy Team within the UN:

1. Met with permanent and nonpermanent members of the UNSC and briefed UN delegations about the medical and humanitarian situation in Syria.
2. Attended a coordination event organized by the Norwegian UN delegation. The event included participants from the "Member States of the High Level Group on Syria," and the Peace and Reconciliation Department of Columbia University. The event was attended by 20 UN member states, as well as the directors of IRC, HRW, and UNOCHA.
3. Met with the US delegation to the UN, including Ambassador Samantha Power, to brief them on the humanitarian and medical situation in Aleppo. Ambassador Power prepared a recorded video message shown during the SAMS national conference, thanking SAMS members for their heroic work, and explaining the current UN policies.
4. Attended a conference of UN delegations on the Syria response plan in Geneva, Switzerland.
5. Met with the UN Envoy to Syria, Mr. Lakhdar Brahimi, to brief him on the humanitarian situation in Syria.
6. Participated in two conferences of the United Nations Economic and Social Commission for Western Asia (UNESCWA), in order to draft a ten-year vision for Syria after the end of the crisis. SAMS was the only Diaspora NGO actively participating in the conferences held in Beirut, Lebanon.
7. Met with the UN Assistant General for the UN Agency for Children in Armed Conflict in order to document attacks on healthcare facilities in Syria.
8. Attended the UN Foundations events on Syria and South Sudan.
9. Met with WHO director Dr. Brehnan, UNOCHA director John Jing, and UNOCHA regional office directors in Turkey and Jordan, in order to coordinate relief.
10. Briefed UN delegations on the barrel bombing impact on civilians in Aleppo. The meeting was organized by the Dutch UN Delegation.

Periodic Briefings to USAID

The SAMS leadership team has had periodic meetings with the leadership of the USAID Office of Disaster Assistance and the Syria Desk in order to update them about changes in the medical and humanitarian situation in Syria, and to coordinate relief

Briefing the Congress and Sending Statements for the Record

SAMS members and leaders regularly met with Senate and Congressional leaders and staff to update them about the humanitarian crisis. SAMS also participated in several congressional briefings about the Syrian crisis, focusing on the humanitarian and medical situation. The SAMS DC office staff attended Senate and Congressional briefings about the Syrian crisis.



SAMS officials meet with Congressman Ed Royce, Chairman of the Foreign Relations Committee in the US House of Representatives

Official Congressional Statements for the Record

SAMS provided official Statements for the Record on:

- Humanitarian Aid to Syria, organized by the Senate Foreign Relations Committee
- Syrian Refugees and IDPs, for the Senate hearing titled "Fleeing to Live: Syrian Refugees in the OSCE Region," organized by Senator Cardin and the Organization for Security and Cooperation in Europe
- Syrian Refugee Crisis and Resettlement in the US for a Senate hearing organized by Senator Dick Durbin

SAMS members advocated for a Senate bill and a House bill about humanitarian policies for Syria.

Advocacy Days

SAMS organized Advocacy Days for its members, coinciding with the third anniversary of the Syrian crisis, in coordination with the #WithSyria campaign and many other NGOs. Members met with their representatives and senators, advocating for more sensible policies toward Syria.



Briefing Think Tanks and Foundations

SAMS leaders and staff participated in many panel discussions and workshops on the Syrian crisis. The events were organized by leading think tanks concerned with global health, health security, humanitarian relief, refugee resettlement, protection of healthcare in areas of conflict, and UN response. SAMS joined Médecins Sans Frontières, the Johns Hopkins Bloomberg School of Public Health, and the US Department of State for a roundtable discussion on the targeting of medical personnel and facilities in Syria. The meeting was held at one of the world's most influential think tanks, the Center for Strategic and International Studies in Washington, DC.



Dr. Zaher Sahloul, SAMS President, participated in the roundtable at the Center for Strategic and International Studies.

Partnership and Coordination with International Relief Organizations

SAMS coordinated effectively with several leading international relief organizations to find creative solutions to deliver medical relief to inaccessible areas in Syria. They also worked together to improve access, address the needs of patients with chronic diseases and those requiring dialysis, and to promote advocacy. In addition, they joined together to promote cross-border relief, disaster training for Syrian healthcare professionals, and many other issues related to the crisis. Partner organizations have included the International Committee for the Red Cross and Red Crescent, the International Rescue Committee, the International Medical Corps, Americare, Relief International, the International Crisis Group, MDM, Handicap International, Save the Children, MercyCorp, and others.

Presentations to the General Public, and Civic, Medical, and Faith Groups

Many SAMS members have presented their findings, stories, pictures, and perspectives about the Syrian humanitarian crisis in events organized in their local areas, hospitals, civic groups, faith groups, and to the general public. Most events have included awareness and fundraising events for Syria.

Publishing Key Policy Reports

SAMS has issued several influential reports regarding the impact of the Syrian crisis on healthcare professionals, healthcare in general, and Syrian refugees. SAMS has also sent detailed and focused reports to the Human Rights Committee of the Institute of Science, the National Security Council, USAID, the State Department, and UN agencies. In June of 2013, coinciding with its annual international conference in Amman, Jordan, SAMS released a landmark report titled "Risking Lives to Save Lives: the Ordeal of Syrian Healthcare Professionals." The report focuses on the challenges faced by medical personnel, as well as the attacks on healthcare facilities in Syria. It relates first-hand testimonies, never heard before, from Syrian physicians and personnel who completed medical missions in Syria over the past two years. It reveals the extent of the medical disaster, as well as the collapse of the healthcare system in Syria, and it highlights the resilience of physicians who continued to practice, despite the shortage of critical medical supplies and the overwhelming scale of medical need caused by the conflict. The key findings of the report are as follow:

- Medical Neutrality is not respected in Syria, and it has been violated frequently throughout the crisis.
- Syria's healthcare system has been disintegrated by the conflict, due to the targeting of medical personnel and facilities, and the flight of Syrian healthcare professionals.

- Syria's humanitarian catastrophe is escalating, surpassing the international community's ability to respond.
- Many Syrians in need cannot be reached by aid agencies.
- Doctors and medical personnel in Syria have put their lives in constant danger while providing medical services.
- There is widespread misuse of hospitals and medical facilities inside Syria. Human rights groups have documented instances of torturing, interrogating, humiliating, and executing patients inside hospitals, and using hospitals to find and punish people with conflict-linked injuries.
- There are very limited resources to support the psychological wellbeing of physicians working in facilities inside Syria. In addition, physicians are not equipped to deal with the psychological problems of trauma patients.
- Syrian healthcare professionals should be given medical supplies, medications, and equipment. They should also be supported in their salaries and provided with training. In addition, they should be protected from persecution, attack, and detention.

SAMS has called upon international organizations, including the World Health Organization, the UN, and the ICRC to issue special reports about the plight of Syrian doctors, medical personnel, and healthcare in general in Syria. SAMS has also called for an immediate cease to indiscriminate attacks on civilians and medical personnel, and for the observance of medical neutrality.

Advocacy within US and International Medical Associations

SAMS members have raised the impact of the Syrian crisis on healthcare professionals and the Syrian healthcare system in many medical associations, including the World Health Organization, the World Medical Association, the Institute of Science, and the Educational Commission for Foreign Medical Graduates (ECFMG), the American Pediatrics Association, and others. SAMS has advocated for an official response to the crisis. The World Medical Association has added the Syrian crisis to its global agenda, and its president spoke to SAMS conference members in Orlando, Florida.

Publishing Scientific and Peer-Reviewed Articles in Medical and Public Health Journals

SAMS members have published new research, editorials, and articles in peer-reviewed journals about the impact of the humanitarian crisis on the Syrian healthcare system, the polio crisis, the training of Syrian healthcare professionals for disaster management using portable technology, E-ICU, field hospitals, the impact of barrel bombing on civilians, and many other articles. Articles have appeared in *Lancet*, *The British Medical Journal*, *Avicenna Medical Journal*, *Medscape*, and *The American Journal of Orthopedic Surgery*.

Participation in Global Conferences on the Protection of Healthcare

SAMS leaders have participated in several global conferences to protect healthcare professionals and facilities, organized by the Safeguarding Healthcare Coalition and the Healthcare in Danger Coalition, lead by ICRC and the Bellagio Group.

Smart and Active Messaging in Traditional Media and Blogosphere

SAMS media team and leaders have issued tens of press releases highlighting the humanitarian situation, the targeting of healthcare professionals and hospitals, uncovering the chemical weapons attacks, and calling for an end to the crisis. SAMS board member Dr. Sankari was among 55 world medical leaders who signed an open letter in the *Lancet* to raise awareness about the medical crisis in Syria, and to call for the protection of healthcare professional and facilities.



SAMS members and leaders held several press conferences and had hundreds of written, visual & radio media interviews, wrote Op-Eds and articles in major local, national and international newspapers and journals including Washington Post and Foreign Policy. They also had hundreds of written, visual, and radio media interviews. They wrote op-eds and articles in major local, national, and international newspapers and journals, including The Washington Post and Foreign Policy.

Social Media Campaign

SAMS has established a presence in social media, and it has built an active Facebook page followed by more than 60,000. Updates are regularly provided regarding the humanitarian and medical situation, as well as SAMS operations and projects. SAMS has also established a Twitter page that has so far more than 1500 followers. Updates are regularly supplied related to policies, crises, projects, and changes on the ground. SAMS tweets are retweeted by thousands of Twitter users, including many relief, political, civic, and healthcare leaders in the world.

Ads in Major Newspapers

In collaboration with members of the American Relief Coalition for Syria, SAMS organized two major ad campaigns. A full-page ad in the New York Times raised awareness about the impact of barrel bombs on Syrian children, and it reached about 4 million readers. Another ad to thank Turkish authorities for hosting hundreds of Syrian refugees was published in the New York Times, The Daily Telegraph, Sabah, and Alhayat newspapers, reaching about 10 million readers.

National and International Conferences

Conferences have been ideal platforms for networking, coordination, fundraising, and exchange of best practices.



The 14th SAMS International Conference in Gaziantep, Turkey

Meeting with Turkish and Jordanian Authorities

SAMS leaders met with the Turkish President, foreign minister, and assistant health minister. They also met with Red Crescent leaders, the AFAD director, the Director of Syrian Affairs, the Jordanian Minister of Health and the Interior Minister. In addition, they have met with the Hashemite Charity Organization and the US Ambassador to Jordan. Meetings were held to thank those responsible for opening their borders to Syrian refugees, and to discuss issues related to improving healthcare for Syrian refugees, facilitating the sending of containers, and streamlining the situations of Syrian doctors taking refuge in Jordan and Turkey.

Coalition Building

SAMS has furthered its own reach and that of other non-government organizations (NGOs) in assisting in the crisis by founding and participating in coalitions which address various aspects of the Syrian crisis. These include the following: Healthcare in Danger, lead by the ICRC; the American Relief Coalition for Syria (ARCS), composed of 20 US-based relief organizations providing relief to Syria; Safeguarding Healthcare, lead by the Public Health Department of Johns Hopkins University; the International Crisis Group; the End the Siege on Syria Coalition; the With Syria Coalition; the Union of Syrian Medical Relief Organizations (UOSSM), and others.

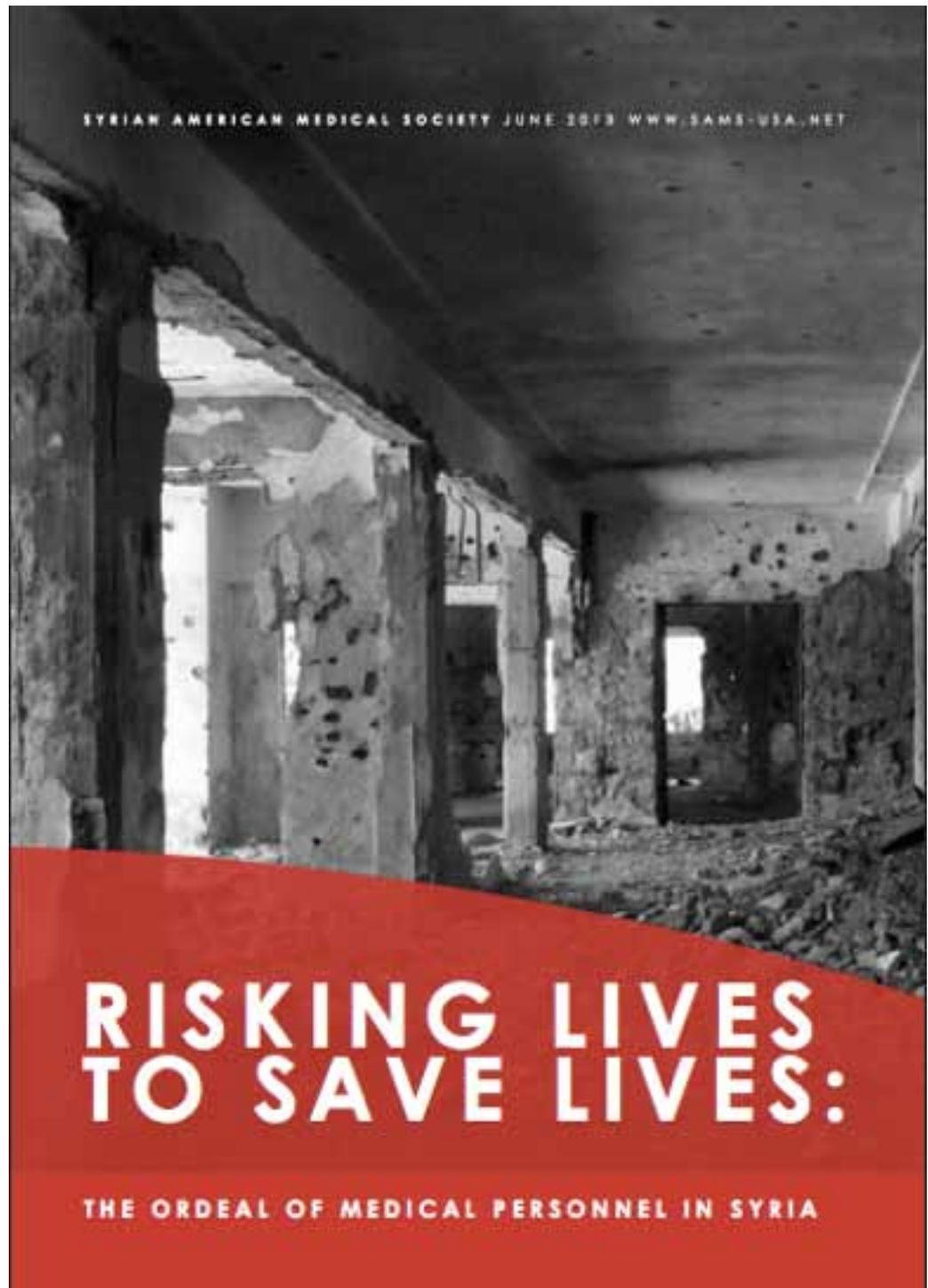
Organizing Solidarity Days with Syria

Using organizational techniques within the community, social media, and coalition building, SAMS has helped organized solidarity days for Syria, including the following: Syria Hunger Day, a solidarity fasting event to promote awareness of Syrian cities under siege, and to request intervention from the international community; #WithSyria Campaign, to highlight the human toll of the crisis in its third anniversary.



At the White House with Dr. A. Katranji, Dr. G. Netto, and Dr. M. Sahloul, following a meeting with National Security Staff on the humanitarian situation in Syria





Worked with international organizations including the World Health Organization, the UN and the ICRC to issue special reports on the plight of Syrian doctors, medical personnel and healthcare in general in Syria. SAMS also called for an immediate cease to indiscriminate attacks on civilians and medical personnel, and respect for the principal of medical neutrality.



Proclamation from the Governor of Illinois

On March 5, 2014, the Office of the Governor of Illinois, Honorable Pat Quinn, issued a proclamation that recognized the crucial work that SAMS is doing as a charitable organization. The statement also proclaimed March 8 as Syrian American Medical Society Day in Illinois, to commend how SAMS is providing help to those in need.



WHEREAS, the Syrian American Medical Society ("SAMS") is comprised of medical professionals, of Syrian descent, and is a non-profit, non-political humanitarian effort that affords its members educational and inspirational experiences; and,

WHEREAS, as a charitable organization, SAMS' objectives encompass an array of professional, educational, and cultural activities; and,

WHEREAS, SAMS provides caring healthcare professionals with opportunities to serve the needy; and,

WHEREAS, in order to strengthen its programming, SAMS has collaborated with organizations including the Red Crescent, Life for Relief and Development, and MedWish International; and,

WHEREAS, SAMS' annual medical convention in Syria has enhanced the medical knowledge and expertise of its members while contributing significantly to the health care and medical education available in Syria; and,

WHEREAS, according to USAID, 9.3 million people are in need of humanitarian assistance in Syria, making the work of SAMS critically important; and,

WHEREAS, in early 2012, SAMS started organizing medical missions to camps in Turkey and Jordan to help Syrian refugees; and,

WHEREAS, the Syrian American Medical Society's 10th Anniversary Gala will be hosted on Saturday, March 8, 2014. This event will honor President of Advocate Christ Medical Center, Kenneth W. Lukhard, for his support of SAMS' mission, and seven physicians for their volunteerism and ongoing medical missions to Syria; and,

THEREFORE, I, Pat Quinn, Governor of the State of Illinois, do hereby proclaim March 8, 2014, as SYRIAN AMERICAN MEDICAL SOCIETY DAY in Illinois, in recognition of this organization's commitment to using medicine as a tool to help others in need.

In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.



*Done at the Capitol in the City of Springfield,
this FIFTH day of MARCH, in
the Year of Our Lord, two thousand and
FOURTEEN, and of the State of Illinois,
one hundred and NINETY-SIXTH.*

Desse White
SECRETARY OF STATE

Pat Quinn
GOVERNOR



STRATEGIC PARTNERSHIPS

Working Together for Relief and Advocacy



Representatives of 20 partner organizations at the American Relief Coalition for Syria (ARCS) conference

The Syrian American Medical Society does not stand alone in its efforts to support Syrians in need. Many NGOs representing the Syrian Diaspora communities in the world and international NGOs have contributed to the relief operations. Coordination, collaboration, and partnership are essential tools to avoid duplication and waste, increase capacity, and cover the needs of local populations and refugees.

SAMS has been coordinating its efforts, partnering with many local Syrian NGOs, as well as US-based NGOs like the Karam Foundation, SRD, and SSF. SAMS has also collaborated with Syrian Diaspora NGOs like ICRC, IRC, and UN agencies.

American Relief Coalition for Syria

SAMS is a founding member of the American Relief Coalition for Syria, a US-based coalition of 20 relief organizations which provide services to Syria and Syrian refugees. The Coalition provides advocacy, coordination, and networking for its members. By pooling the talents and expertise of hundreds of professionals, ARCS members cover most fields of relief and development, including food and clothing programs, shelter, medical aid, education, women's programs, refugee assistance, and sustainable giving programs. In the past two years, ARCS has collectively contributed more than \$110 million in humanitarian and medical relief.

Syria Relief Network

SAMS is a founding member of the Syria Relief Network, a coalition of more than 60 Syrian NGOs in different areas of relief. The goals of the coalition are to provide advocacy, coordination, and representation on behalf of its members.

Safeguarding Healthcare Coalition

SAMS is a member of a global coalition to protect healthcare and healthcare workers in the time of conflict. The coalition includes Johns Hopkins Public Healthcare Center, ICRC, and Physicians for Human Rights, the World Medical Association, and WHO, among other members.

Union of Syrian Medical Relief Organizations, UOSSM

SAMS is a founding member of the Union of Syrian Medical Relief Organization, a French-based coalition of 16 Syrian Diaspora medical relief organizations in North America, Europe, and the Gulf countries. The Coalition provides coordination, advocacy, and some funding for medical relief projects in Syria. It was one of the pioneers in cross-border medical relief through its collective network of medical volunteers and activists.

Polio Control Task Force

SAMS is a founding member of the Polio Taskforce that was formed by 8 Syrian and regional NGOs in response to the resurgence of polio in northern Syria. The Task Force successfully completed 4 rounds of vaccinations, reaching more than 1.4 million children below age of 5 in Northern and Northeastern Syria.





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Ahmad Alahmar – Project Officer
Ayat Alkhateeb – Documentation and Reporting Officer
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Emad Sawas - Communication Coordinator

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Dr. Ahmad Rami Moqdam - SAMS Aleppo Warehouse Manager
Dr. M. Ghaleb Tennari - SAMS Representative in Idlib
Dr. Mohamed Ekhtyar - SAMS Representative in Lattakia
Yaser Al-Hamdo - SAMS Representative in Hama



Other Committees of SAMS

MEDICAL MISSIONS

Dr. Opada Alzohaili (Chair)
Lucine Saleh (Director)
Dr. Tamer Monla Hassan (Turkey)
Dr. Mazen Kewara (Turkey)
Dr. Naser Hamoud (Jordan)
Dr. Jamal Khouli (Lebanon)
Dr. Bilal Touleimat (Lebanon)
Dr. Bassel Atassi
Dr. Ammar Ghanem
Dr. Zaher Sahloul

MEDICATIONS

Dr. Najib Barakat (Chair)
Dr. Tamer Monla Hassan (Turkey)
Dr. Mazen Kewara (Turkey)
Dr. Jaber Monla-Hassan
Dr. Souheil Habbal

MEDICAL TRAINING

Dr. Jaber Monla Hassan (chair)
Dr. Tamer Monla Hassan (Turkey)
Dr. Mazen Kewara (Turkey)
Dr. Tarek Kteleh
Dr. Ihsan Mamoun
Dr. Ahmad Tarakji

MEDICAL EQUIPMENT

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Dr. Mazen Kewara (Turkey)
Dr. Abdulghani Sankari
Dr. Najib Barakat
Dr. Abdalmajid Katranji

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Dr. Randa Loutfi
Dr. Mamoun Abdoh
Dr. Tarek Kteleh
Dr. Shadi Latta
Dr. Aref Alkali

WAREHOUSING & MEDICAL SUPPLIES

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Dr. Jihad Alharash
Rateb Habbal
Abdel Tazak Alchekaki
Moutaz Haj Darwich
Anas Kawayi

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Lucine Saleh (Director)
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Mrs. Safa Sankari
Dr. Omar Salem
Dr. Yahia Abdel Rahim
Mrs. Suzanne Sahloul
Dr. Souheil Habbal
Dr. Opada Alzohaili
Dr. Bassel Termanini
Dr. Wareef Qabbani
Dr. Anas Salkini



How Can You Help Save Syrian Lives?

Donate to SAMS Foundation

Volunteer for a medical mission if you are in the medical field

Volunteer for a mission to help the Syrian refugees in Jordan or Lebanon

Volunteer to help Syrian children in the psychosocial program in Jordan and Lebanon

Send in-kind donations of medical supplies and equipment to SAMS warehouses

Organize fundraising or awareness events in your area

Advocate for more proactive humanitarian policies toward Syria

Follow SAMS on Facebook and Twitter

Connect to the SAMS chapter in your area, or organize a local chapter

Final Note

SAMS and other Syrian Diaspora organizations were seen as the only beacon of hope by many Syrian civilians inside Syria, or in the refugee camps. It is incumbent on us to expand our services, reach more populations, diversify our projects, use innovative solutions, learn from our mistakes, move from relief to recovery and development, coordinate more effectively with local and Diaspora NGOs, and plan to rebuild the healthcare system in Syria after the end of the crisis. With the support of people and organizations, we can do more, and save more lives.





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Help us Save Syrian Lives