



Atlantic Humanitarian Relief

Medical & Humanitarian Jordan Mission

February 2015

With generous sponsorship by **NAAMA**

ALL FOR SYRIA AND SYRIA FOR ALL

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The National Arab American Medical Association

SAVE THE DATE FEB 20-28, 2015

JOIN OUR MEDICAL MISSION TO HELP THE DISPLACED SYRIANS IN JORDAN



Violence in Syria has forced millions of humans, most of them children, to flee their homes. They are in dire need of food, shelter and medical care.

Your help is needed. You can make a difference.

FLY TO JORDAN FEB 20
WORK FEB 21-27
FLY HOME FEB 28

Who we need:

- MD's of all specialties, Psychologists,
- RN's, Rehab specialists, Pharmacists
- Humanitarian volunteers
- Arabic to/from English translators

www.syrianmissions.com
(513) 907-7200
hakbik@syrianmissions.com



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Introduction

The United States based humanitarian organization, Atlantic Humanitarian Relief (AHR) and collaborating partners joined together to provide desperately needed medical care and humanitarian aid to the displaced Syrians in Jordan. As the crisis continues unabated, more people are being displaced and the medical need is growing exponentially in full view of the world. Because of the shameful failure of the civilized world to provide all the care needed to those most in need, non-profits such as AHR have stepped in to fill the cruel void.

Syrian Refugee Crisis – The Numbers



- Population of Syria (2013) - 22.85 million
 - Half are now displaced
- Refugees – 3,830,285
- Syrians internally displaced – 7.6 million
- Persons killed – 191,369
- Syrian refugees by country
 - Turkey – 1,622,839
 - Lebanon – 1,179,937 (26% of the total population)
 - Jordan – 624,325 (10 % of the total population)
 - Iraq – 242,468
 - Egypt – 136,661

Estimates provided by: United Nations High Commissioner for Refugees & United Nations Office for the Coordination of Humanitarian Affairs (03.05.2015)

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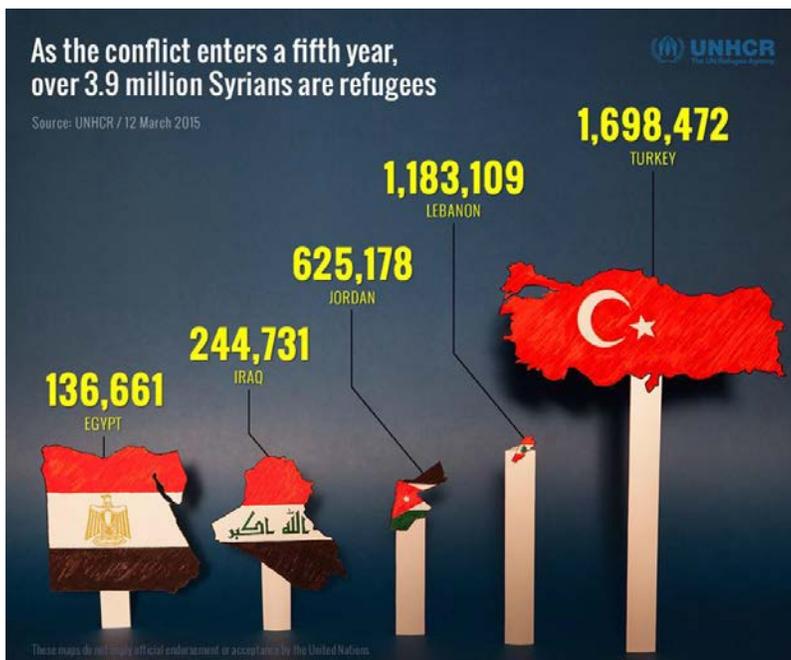
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Objectives

The objectives were to reach out with medical care and humanitarian support to underserved, displaced Syrians in areas in northern Jordan where we know such care is minimal at best and lacking at most. A group of 19 medical personal and humanitarian volunteers joined hands from different parts of the United States and the world to provide badly needed services. This international interdisciplinary team joined forces with local resources including Jordanian medical and psychology students, community psychological support services and local rehabilitation homes. This integration with the existing community providers and services creates a mechanism to ensure the continuity of treatment and care after the conclusion of the mission.

Health Care Analysis



There are yet no reliable statistics available, that we are aware of, that provide exact numbers of displaced Syrians who still don't have access to medical care in Jordan. We are sadly confident that the number is immense and continues to grow each week. Beyond immediate healthcare needs, treating such complex traumatic injuries involves long-term physical rehabilitation, psychological and psychosocial support. For those with severe injuries such as amputation, peripheral nerve injuries, traumatic brain injuries or spinal cord injuries, many will suffer from permanent impairment and need lifelong physical rehabilitation support and care. This is possible, but requires coordinated efforts by

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local, national and international health providers. Collaboration is mandatory to ensure that necessary care is provided and that there is a suitably trained cadre of medical staff in place to address the long-term consequences.

The healthcare problems that are resultant from this lack of reliable medical care are overwhelming. Financial constraints are a significant barrier to ongoing healthcare. Additionally:

1. Untreated chronic diseases will lead to severe complications and high mortality.
2. Minor health conditions (common cold, minor wounds) may become debilitating and have serious sequelae for infants and the elderly.
3. Untreated injuries have potential to have major impact on overall health, including creating or aggravating a permanent impairment.
4. The lacks of durable medical equipment, such as wheelchairs, make disabilities more severe and create physical barriers.
5. The lack of appropriate medication and the cost of medication increases healthcare issues
6. Treatment of chronic conditions (asthma, diabetes, hypertension and cardiovascular disease) very expensive and therefore often left untreated due to lack of financial resources.
7. There is a large knowledge deficit related to health, hygiene, disease states, preventative care and treatment options.

Hospital services:

Currently, there is one hospital remaining (down from three, less than a year ago) that provides free acute care to Syrians. It has a total bed capacity of 44 beds, including 4-6 ICU beds. The Syrians admitted to this hospital have catastrophic injuries including acute spinal cord injury, traumatic multi-limb amputation, traumatic brain injury, CVA and multiple gunshot wounds. The resources are sparse. The limited staff is extremely dedicated and willing, but overworked and underpaid. Presently, there is no hospital that provides obstetric care.

Wounded & Rehabilitation houses:

Several apartment buildings have been turned into outpatient “rehabilitation care” homes. Many patients in these homes were fresh out of surgery and have limited trained caretakers or resources in place during their recovery period. Unfortunately, some of these rehab homes have been closed since our last mission. We know of 4 houses that remain that are able to provide care for displaced patients. However consistent medical care is lacking, resources including medical personnel and proper nutritional offerings are insufficient resulting in poor health outcomes and unfortunate fatalities.

Mission Details

I- Mission Objectives:

The main objectives of this mission were:

- a. Provide direct medical services to underserved Syrians spread across northern Jordan.

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- b. Identify gaps in primary and specialty medical care and try to close those gaps.
- c. Provide diagnosis, medication and health education for those with acute illness
- d. Identify and provide for humanitarian and psychosocial needs of the displaced Syrians in Jordan
- e. Assist the hospital that provides care for wounded Syrians with clinical practice guidelines for specific diagnosis/disease states.
- f. Serve as consultants to hospital staff to ensure appropriate care delivery at all levels.
- g. Provide humanitarian aid to as many Syrians as possible. (Baby formula, food, clothing etc.)
- h. Identify potential community partners to collaborate with and to provide continuity of services.
- i. Create a base than we can build on to improve our medical aid
- j. Long term goals included provision of children's services including, but not limited to psychosocial supports and education
- k. Continue to raise local, national and international awareness about the Syrian Crisis.
- l. Improve access to community resources for both short and long term rehabilitation and psychosocial support.

II-Mission Team Members:

To date, under the leadership of Dr. Humam Akbik, more than 200 medical personal have joined missions. This mission we had 14 volunteers directly linked to AHR. Our international volunteer group: Humam Akbik MD, John Sager MD, Qaiyum Azimi MD, Omar Mubarak, DMD, Hachem Dadouch MD, Firas Naji MD, Bashar Alaswad MD, Shaza al Atassi MD, Zenobia Tayeb M.Ed, Beth Tamaro CRRN, Afaf Alaswad, Drew Alexander, Fabio Zierl and Nasouh Dadouch. We had the strong support of other physicians and humanitarians from collaborating partnerships who joined us on the ground in Jordan. This included Jordanian medical students involved in the "Human Doctor Project" and psychology student team from "The Common Bond".

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III- Logistical Support:

Our team stayed in the Marriott, Amman. Briefings were held each morning prior to work and again at the conclusion of each evening. Modifications and changes to scheduling logistics occurred on an as needed basis by the Mission Director to meet the evolving needs of both the refugees and the AHR group members. We utilized transportation via one large bus and 2 vans over the 6 days to provide travel to the various areas throughout Amman and Northern Jordan. Our medical coverage was supervised, as required by the Jordanian Government, by medical charity organizations.

IV- Financial Support:

NAAMA provided us with a generous grant of \$20,000 which was allocated to pay for a portion of the medication we purchased as well as towards transportation expenses we incurred.

Each member of the team supported their own airfare, hotel, incidentals and paid \$400 USD in mission fees to help offset some of the cost of transportation and meals. (Please see detailed financial report section.)

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V- Medical Relief Efforts:

The mission provided medical care to thousands of adult and pediatric patients, as well as supplied Syrians families with humanitarian aid, including and not limited to medications, medical equipment and supplies, formula, food, money, educational packs, basic hygiene kits etc.

Total number of patients seen:

- Approximately 150 - 350 patients were seen each day (conservative estimates), for a total of over 2100 patients that received direct care.
- Close to 85% were children and women,
- Mobile pharmacy services were set up at each location and close to 5,250 prescription were filled and directly given to patients (on average 2-3 medications per patient)
- Approximately \$15,000 was spent on medications that were given to patients during clinic visits.

SCHEDULE:

Saturday, February 21, 2015

Despite the fact that Amman was hit by Snowstorm "Jana " between Thursday February 19th and Sunday February 22nd, (one of the worst snow storms in decades) the AHR team managed to visit and provide medical attention to over 75 families in their local residences. Another AHR team delivered vitally needed wound care products, including VAC dressings, conducted hospital rounds and provided case specific patient education at Al-Makased Hospital. Additionally, both teams visited and treated patients in one of the wound-care rehabilitation houses in Amman.

Sunday, February 22, 2015

- Team I: Al Zaatari camp
- Team II: Al-Makased Hospital
- Team III: Al Mafraq, Al Hamra, Al Dfyaneh.

Number of patients seen : 350

Monday, February 23, 2015

- Al Zaatari
- Irbid
- Common Bond

Number of patients seen: 350

Tuesday, February 24, 2015

- Al Zaatari
- Irbid

Number of patients seen: 350

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Wednesday, February 25, 2015

- Jerash
- Al Zaatari

Number of patients seen: 250

Children's Party at Sameh Mall in Amman – Muham & Ghar groups assisted AHR staff.
Number of children attending: 240

Thursday, February 26, 2015

- Al Ramtha
- Al Zaatari

Number of patients seen: 390

MOST COMMON DISEASE STATES/THERAPEUTIC AREAS TREATED:

- Gastritis
- GERD
- Constipation
- Infection (very common for children); vaginal issues common for women
- Cough/cold
- Allergic rhinitis
- Pain - headache, neuropathic pain secondary to traumatic amputation, traumatic brain injury, traumatic spinal cord injury
- Diabetes
- Hypertension
- Asthma
- Depression, anxiety and PTSD
- Burns/wounds treated
- Ophthalmic issues
- Scabies
- Vitamin deficiency in adults and children

VI- Social and Humanitarian Relief:

Throughout each day, part of the team provided entertainment program for the children, including sport activities, drawing, painting as well as the distribution of food, money, clothes and other hygiene and humanitarian necessities.

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Financial Report

As with previous missions, expenditures exceeded monies available and mission volunteers donated out of pocket to fill the gap. Specifically:

INCOMING:

NAAMA GRANT	\$20,000.00
Mission Fees	\$5,100.00
Restricted Donation: Formula	\$1,000.00
Restricted Donations: Kids Party	\$1,716.00

TOTAL INCOMING: \$27,816.00

OUTGOING:

Medications: Al-Razy Pharm	\$11,896.59	
Wire transfer fee	\$45.00	
Medications: Reimb L M	\$1,456.90	
Medications: Rainbow Pharm	\$691.31	489.518 JD
Medications: Reimb Hachem Dadouch	\$675.00	
Arab Medical Relief - Release Meds	\$1,300.00	
Powdered Formula	\$989.37	700.57 JD
Transportation	\$5,790.00	
Tips for Drivers	\$700.00	
Dinners & Snacks		
2.21.15	\$105.92	75 JD
2.21.15	\$282.45	200 JD
2.20..15 R HA	\$525.35	372 JD
2.23.15	\$1,160.00	
Glory Tours	\$823.00	
Hamra Mall	\$40.25	28.50 JD
Children's Party	\$2,000.00	
Luggage Fees: BCT	\$275.00	
Luggage Fees: ZT	\$1,200.00	
Wound Supplies: BCT (World Health)	\$130.00	
Vest cost/purchases loss due BCT	\$190.00	

TOTAL OUTGOING: \$30,276.14

NET LOSS: -\$2,460.14

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Summary

This mission was a huge success from both a medical and humanitarian perspective. AHR commits to providing more missions as the tragedy is unimaginable and the ongoing human need is profound. "Save the date" announcement for mission July 2015 has been published.

As the crisis in the Syrian Arab Republic enters its fourth year, and the occasional headlines focus on military clashes and political efforts to resolve the crisis, the world must not forget the human realities at stake. The risk of losing a generation grows with every day that the situation deteriorates, while the progress made for Syrian children in previous years is undone. All around them, their dreams and opportunities for the future are being lost. We hope AHR and its collaborating partners can be part of the solution in helping displaced Syrians. We commit to being part of the hope and healing.

Recommendations

The crisis in Syria is longstanding and has no foreseeable end in the near future. The conditions that the refugees are living under continue to deteriorate. The Jordanian government is overwhelmed and has implemented restrictions and sanctions which make it more challenging for NGO's to conduct medical and humanitarian relief efforts.

We need to be very flexible, mobile, efficient and to operate our mission with the fewest bureaucratic hurdles to reach the most number of humans in need.

- 1 – Allocate at least \$25,000 to allow purchase of medications both in the US and in Jordan.
- 2 – Identify new underserved areas and focus on these random camps and individuals that have very little or non-existent medical care.
- 3 – Significant portion of medications required include those for psychiatric, dermatological and infection diagnosis.
- 4 – There is a great need for female physicians to be part of future missions.
- 5 - Establish healthcare education component (basic preventative healthcare, first aid, disease state and treatment recommendations etc.)
- 6 - Focus on training caregivers
- 7 - Continue to grow partnerships within Jordan for continuity of care and follow up

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Conclusion

The Syrian crisis is the most catastrophic human crisis in modern history. It has produced the highest volume of internally and externally displaced people ever. There is no imminent end to this devastating situation. Help is needed and will continue to be needed for decades to come.

Providing aid to these refugees, inside and outside Syria, is a formidable challenge for medical and humanitarian organizations. Some of the major obstacles include fragmented efforts, the lack of coordination of resources, lack of sustainable resources and difficulty creating a plan for continuity of care. The only way we can make a positive impact on this dire situation is if we coordinate efforts, including medical and humanitarian aid. Collaboration with other organizations for delivery of services to the needy will be crucial for the healing and rebuilding of Syria's future.

AHR is unique in that our services are run by medical and humanitarian volunteers from diverse religious and ethnic backgrounds with one common goal: to provide help, with the highest standards of care, to displaced Syrians.

Our plans for our next AHR mission include partnership with other organizations with similar goals who have conducted missions to Jordan to help the Syrian people, such as NAAMA, SAMS, USSOM. We plan to continue and grow our partnerships with local resources on the ground in Jordan including The Jordanian University medical students, the Common Bond Institute, Souriyat as well as local medical clinics.

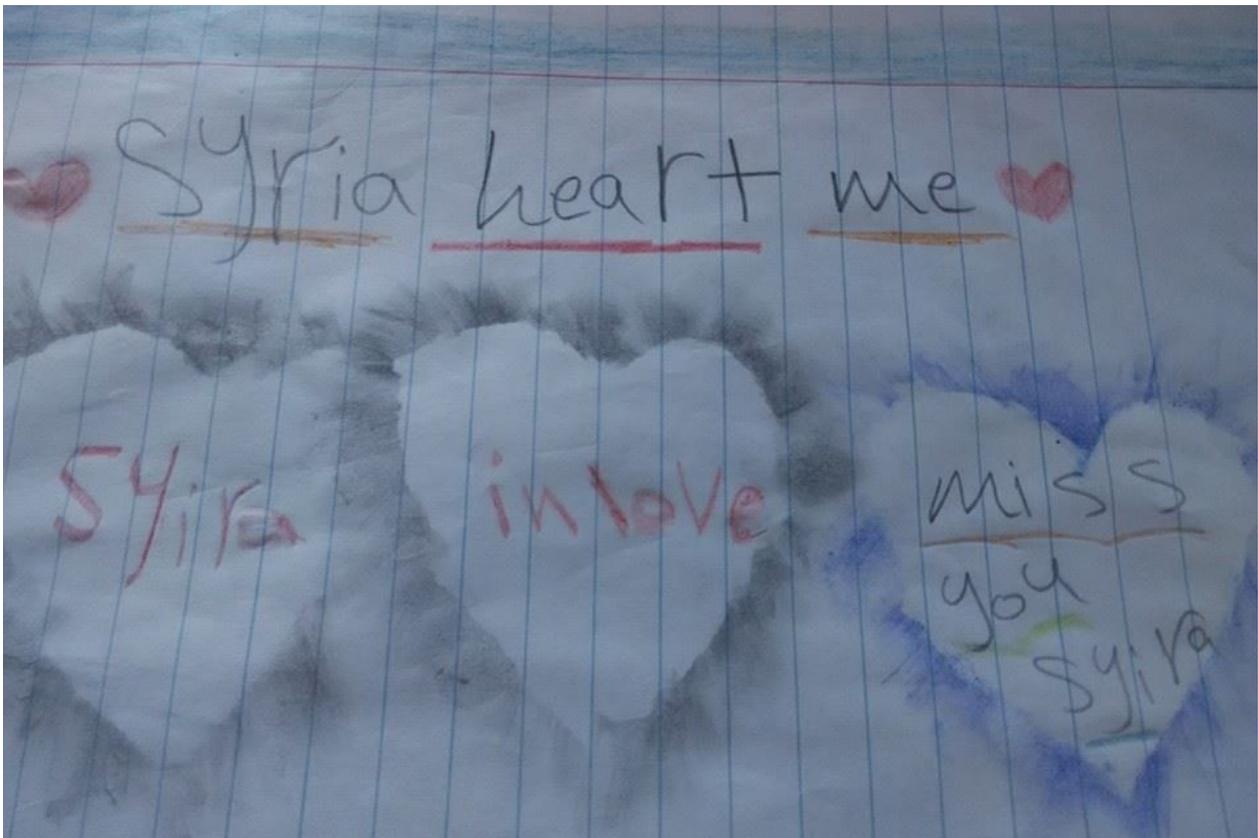
Collaboration and unity will create the biggest pool of resources and have the biggest impact on those in need.

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