



**Medical Charity Work in Iraqi Kurdistan:
Two Decades of Collaborative Partnership to
Enhance
Medical Education and Health Care**

Gazi B. Zibari, MD, FACS, FICS

Professor & Vice Chairman of Department of Surgery For Academic Affairs

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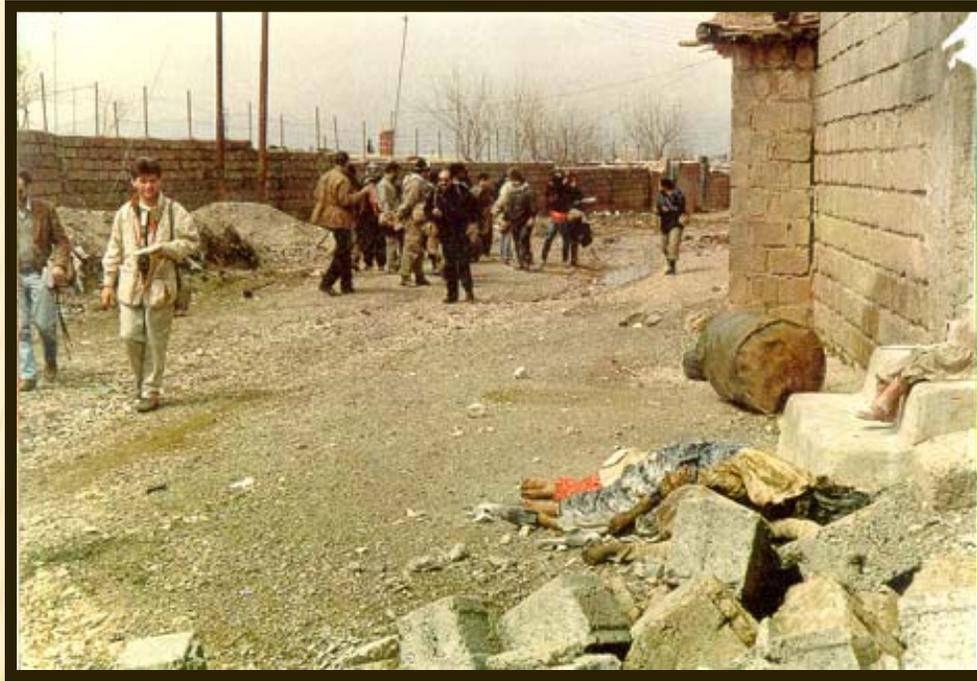
Louisiana State University Health Sciences Center

Introduction

- ❖ Recent Iraqi Events
- ❖ Medical Mission Work started 1992
- ❖ Accomplishment of Medical Missions
- ❖ Case presentation
- ❖ Recommendations
- ❖ Acknowledgement

Recent Iraqi Events

- ❖ Iraq – Iran War (1979-1988)
- ❖ Anfal Campaign (1988)
- ❖ First Persian Gulf War (1991)
- ❖ “*Northern No Fly Zone*” was created (1991)
- ❖ Second Persian Gulf War (2003)



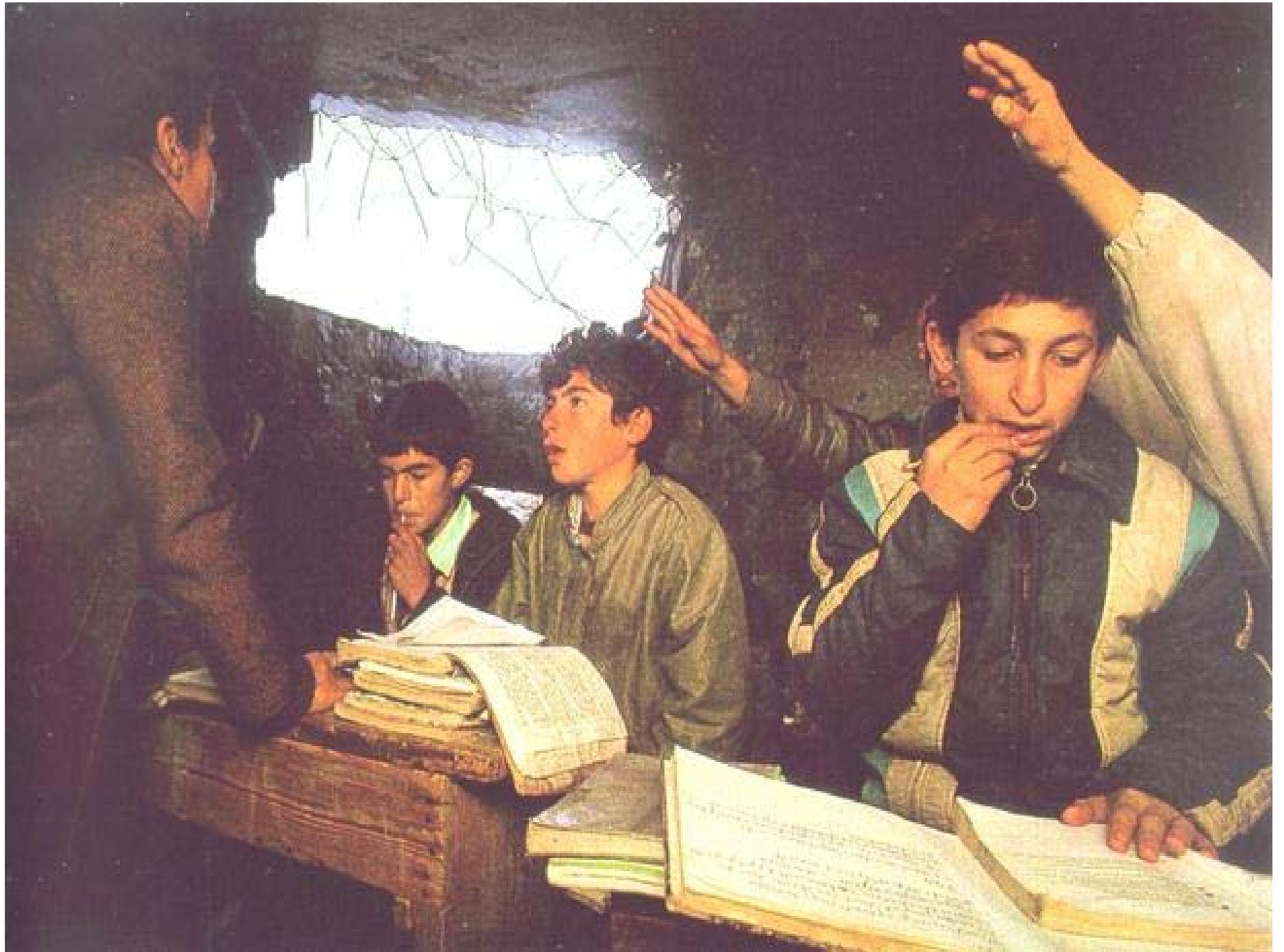
The New York Times Magazine

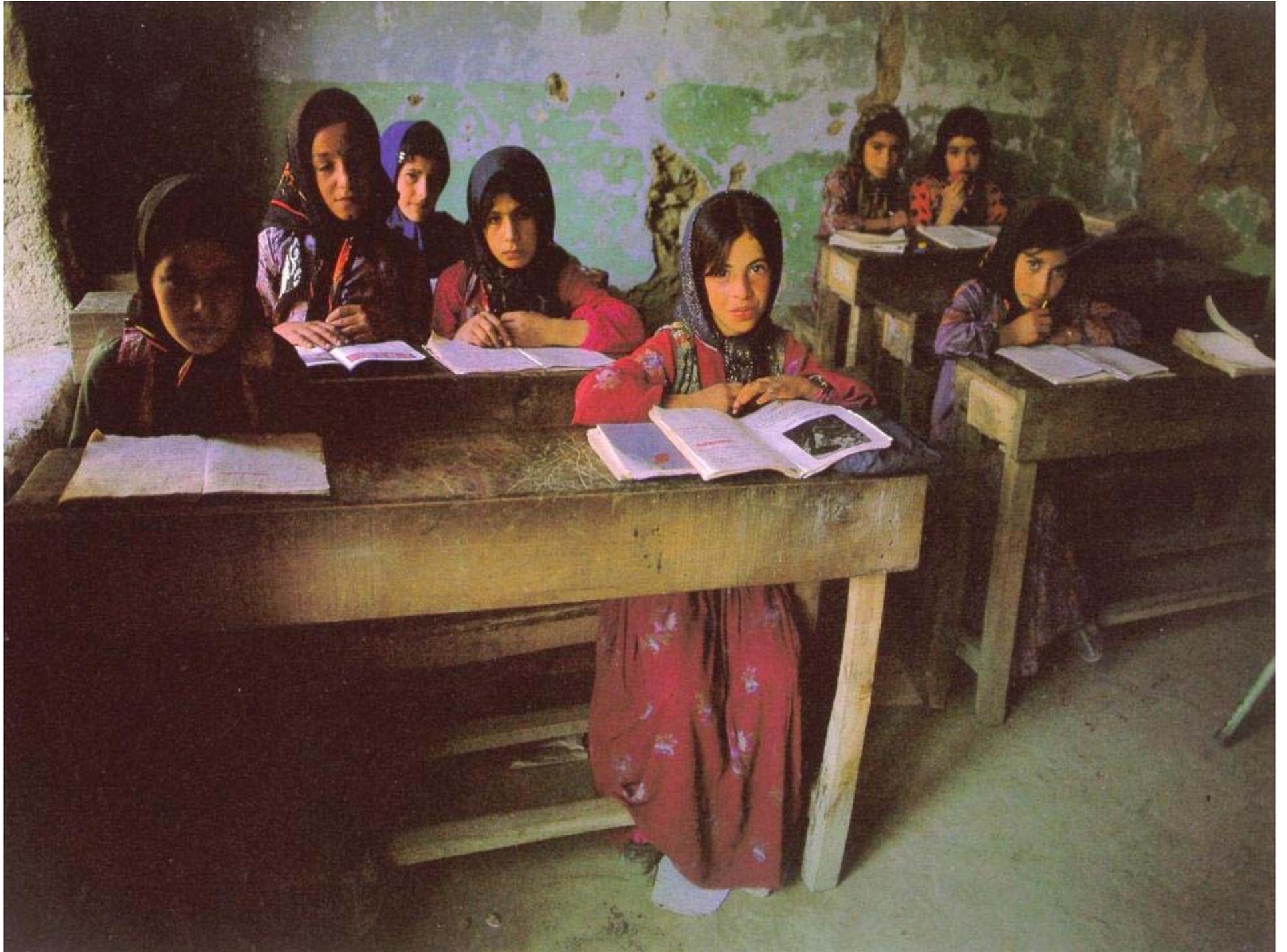
JANUARY 3, 1993 / SECTION 6



IRAQ
A CASE OF GENOCIDE
ACCUSED
BY JUDITH MILLER

January 3, 1993





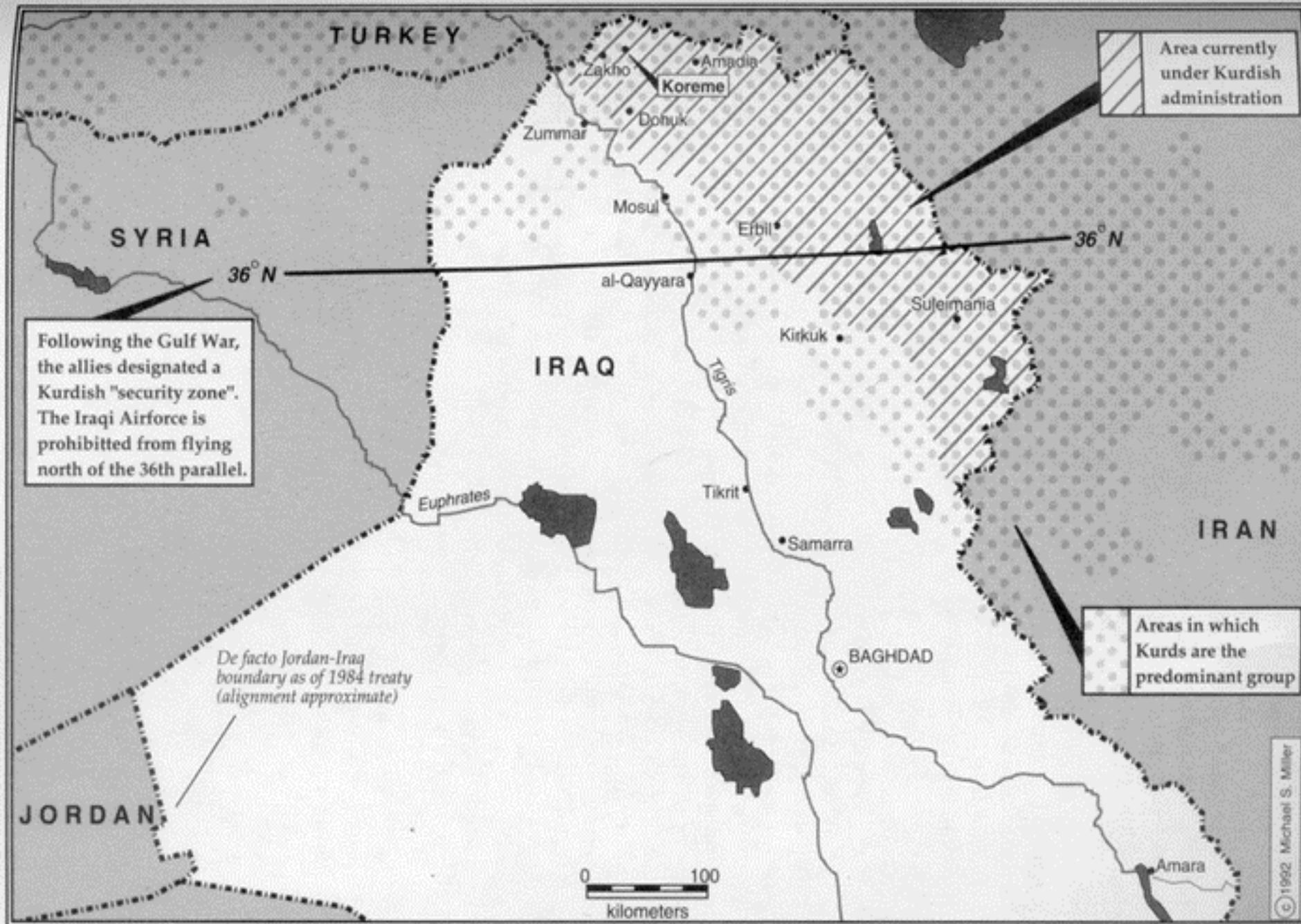






First Persian Gulf War

- ❖ Northern *No Fly Zone* was established and Kurdish refugees returned to their homes under western/United Nations protection.
- ❖ Iraq accepted the terms of a formal cease fire agreement on April 6, 1991.



Following the Gulf War, the allies designated a Kurdish "security zone". The Iraqi Airforce is prohibited from flying north of the 36th parallel.

De facto Jordan-Iraq boundary as of 1984 treaty (alignment approximate)

Area currently under Kurdish administration

Areas in which Kurds are the predominant group

© 1992 Michael S. Miller

Northern Iraq and the Kurdish Region

WELCOME TO KURDISTAN

أهلاً بكم في كردستان العراق

بخیرین بو کوردستانی عیراق

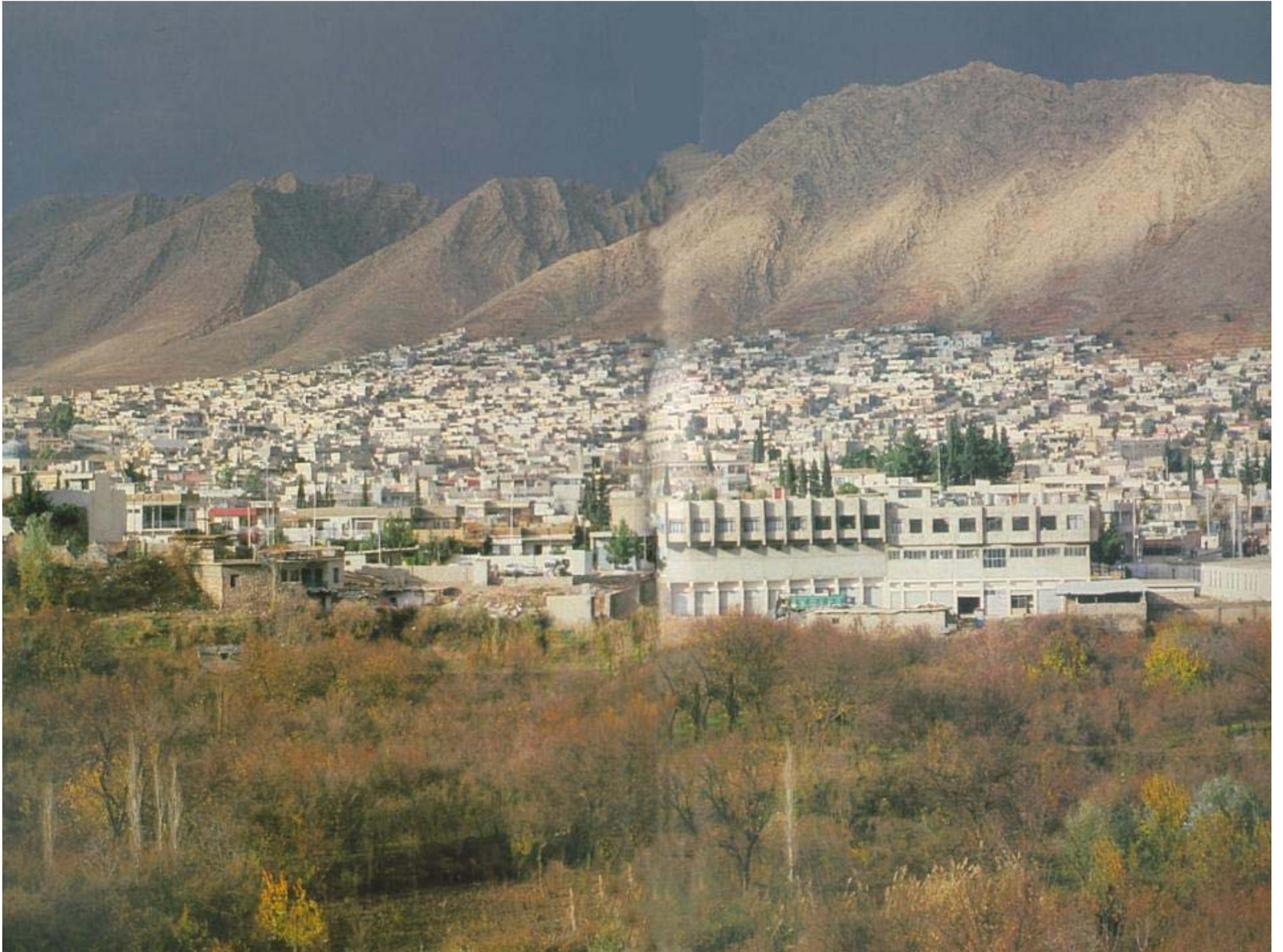
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TOWN COUNCIL_ZAKHO

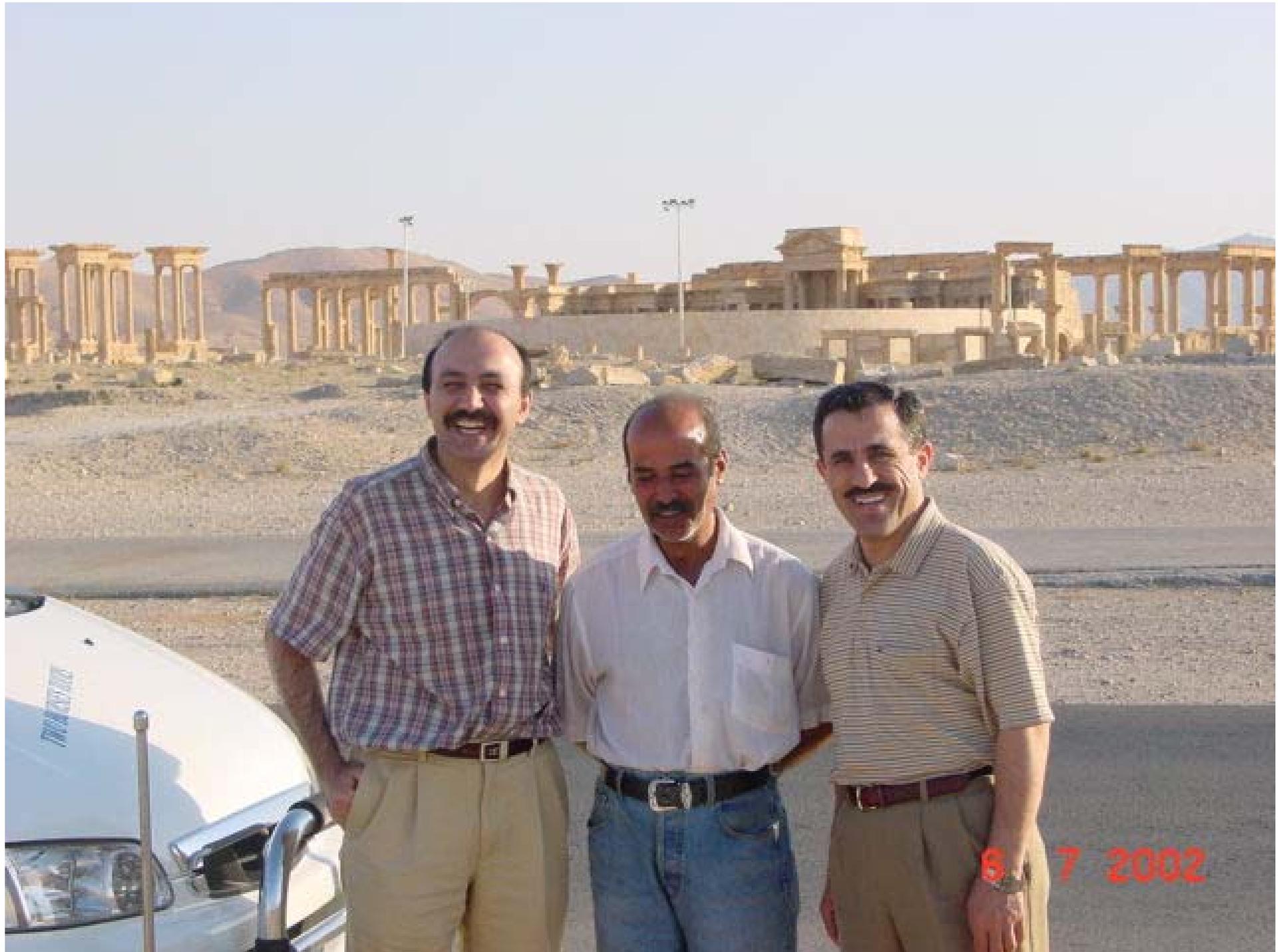
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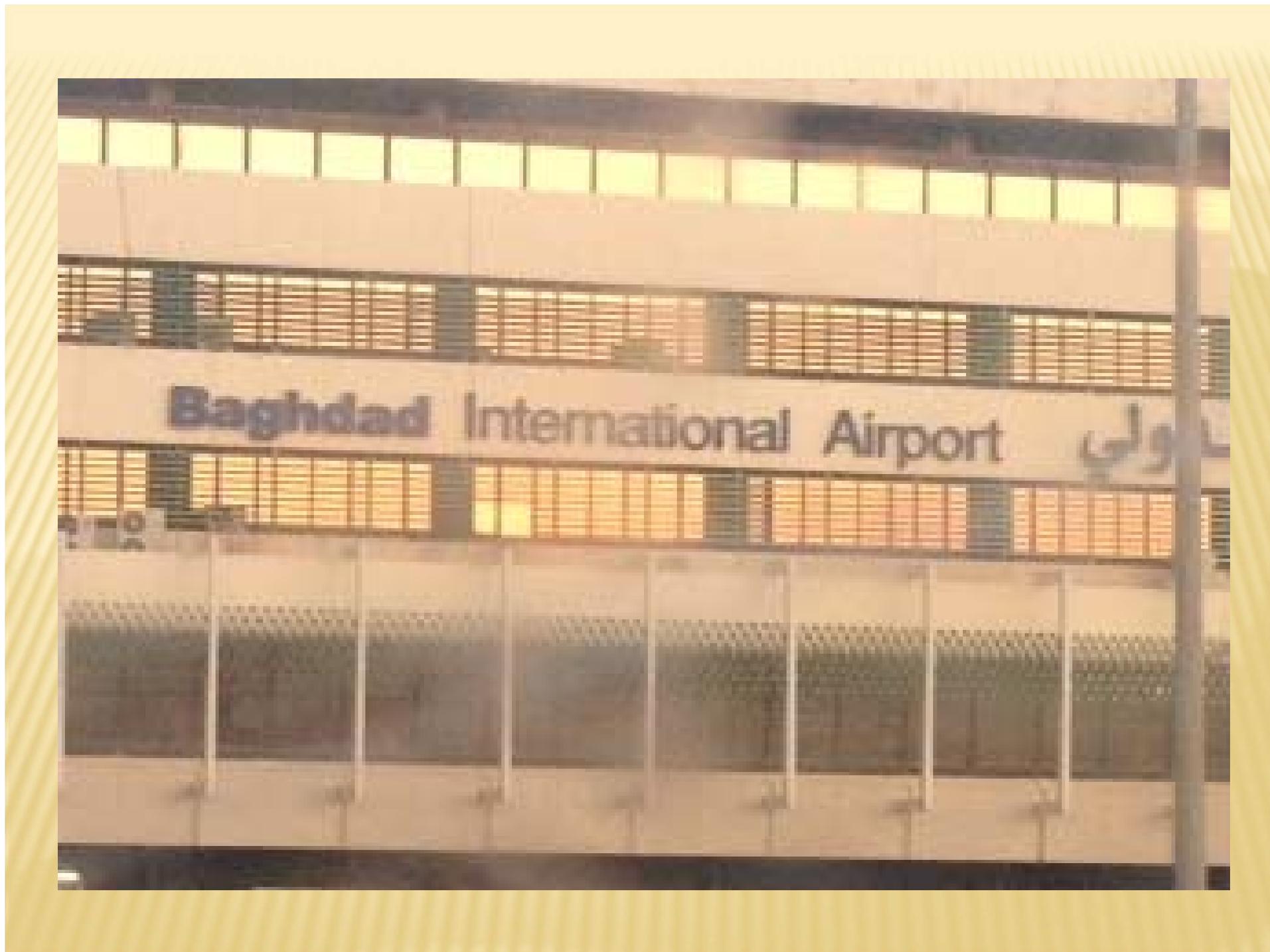
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Baghdad International Airport

بغداد الدولي

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Medical Mission Achievements

- ❖ Annual visit to Iraqi Kurdistan since 1992
- ❖ Helped to build a medical school in Duhok
- ❖ Introduced laparoscopic surgery
- ❖ Built two renal transplant units 6/2006 (one in Duhok and one in Erbil)-650 Renal Transplant have been performed
- ❖ Helped with establishing HPB center in Sulamani
- ❖ Collected and Shipped Donated Medical Supplies

Medical Team Achievements

- ❖ Board of Advisor to Duhok Medical Journal (1st Med J. published locally)
- ❖ Educate medical community about transparency, patient right and safety
- ❖ Helped with education of medical students and residents
- ❖ Supported Their Medical Faculty to Gain Membership in Western Med /Surgical Societies
- ❖ Internet Consultation around O'clock

Medical Team Achievements

A website for the Kurdistan-US Hematology-Oncology Web group established (Dr Michael Moore).

It is a means of communication and free expression among Kurdistan and United States Physicians to discuss cases with pathology and x-rays using jpeg files.

Recommendations

- ❖ Umbrella Organization (ICS /ACS /World S. F./ Operation Hope / AHPBA ...etc.)
- ❖ Establish Connection at Mission Site
- ❖ Corporate Sponsorship
- ❖ Transport Supplies
- ❖ Plan Far in Advance
- ❖ Focus in One Community
- ❖ Multiple Med. Charity Trips Annually
- ❖ Do your Homework to Minimize Risk
- ❖ Acknowledge Every one who helped
- ❖ Internet access –make your self available

How Can You Help?

- ❖ Donate your time and if that is not possible then you may consider to Donate (money, supplies, equipment)
- ❖ Sponsor a young surgeon to visit your center to learn your techniques
- ❖ Free Internet Consultation:
 - Give your opinion about how to manage a patient
 - Ask your Radiologist to read CAT Scan / MRI
 - Ask your Pathologist to review a slide for them
- ❖ May help with shipment of supplies
- ❖ May contact Industry for support and supplies

Acknowledgment

- ❖ USA Section ICS Headquarter Staff
- ❖ Operation Hope
- ❖ Eye consultants of Texas
- ❖ Angio-Dynamics (RFA / Habib)
- ❖ Valley Lab /Covidiene
- ❖ Ethicon
- ❖ US Surgical
- ❖ Gore
- ❖ Thompson Retractor

First Annual International Vietnam-American Surgical Symposium



MATERNAL HEALTH AND CAPACITY BUILDING HANOI, VIETNAM

VIETNAM NATIONAL
OBSTETRICS & GYNECOLOGY HOSPITAL

October 3-10, 2010
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Program Directors: Tien V. Nguyen, Ph.D.,
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College of Medicine

Duhok Medical Journal

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2010



Duhok Med J

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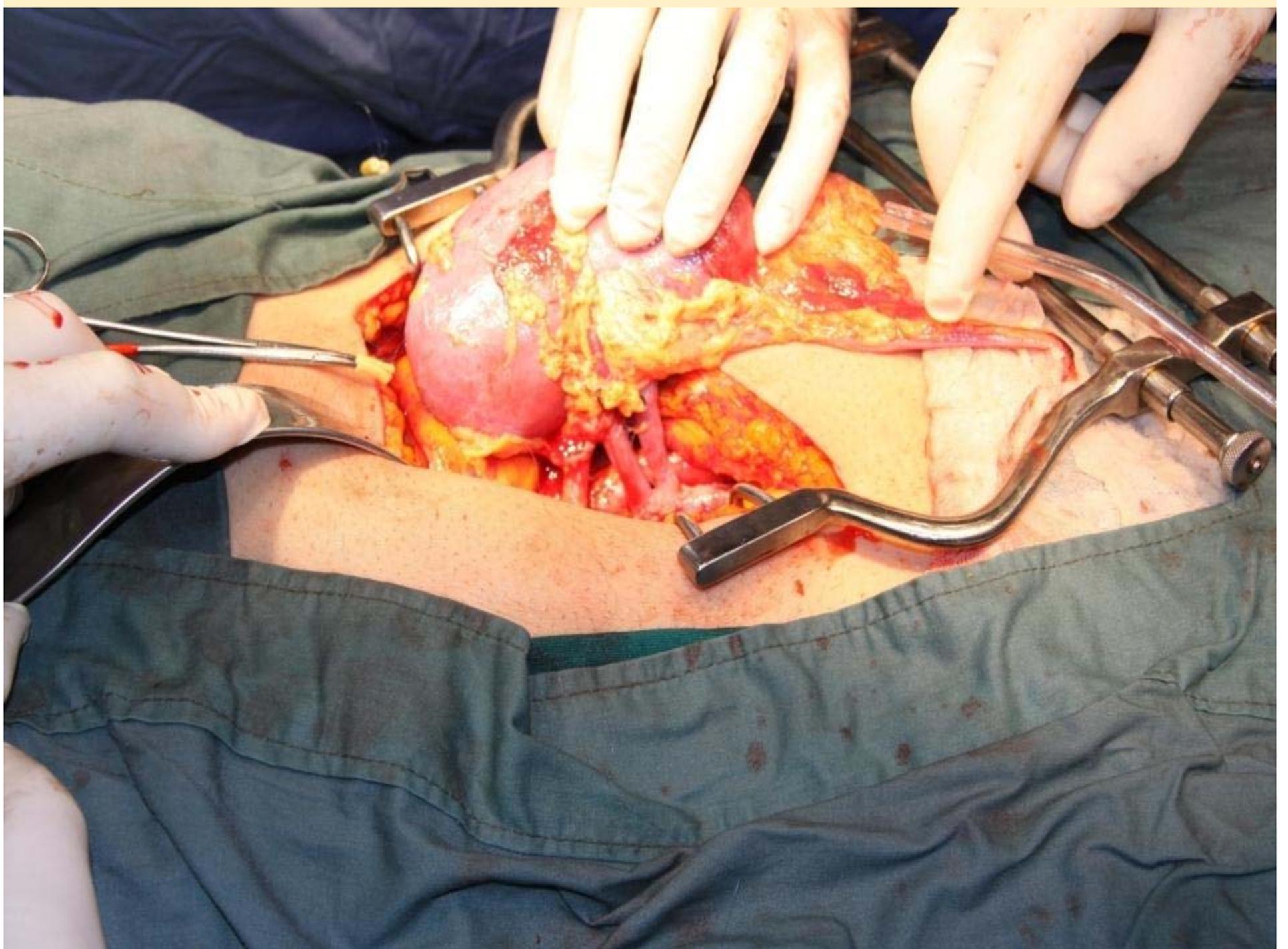


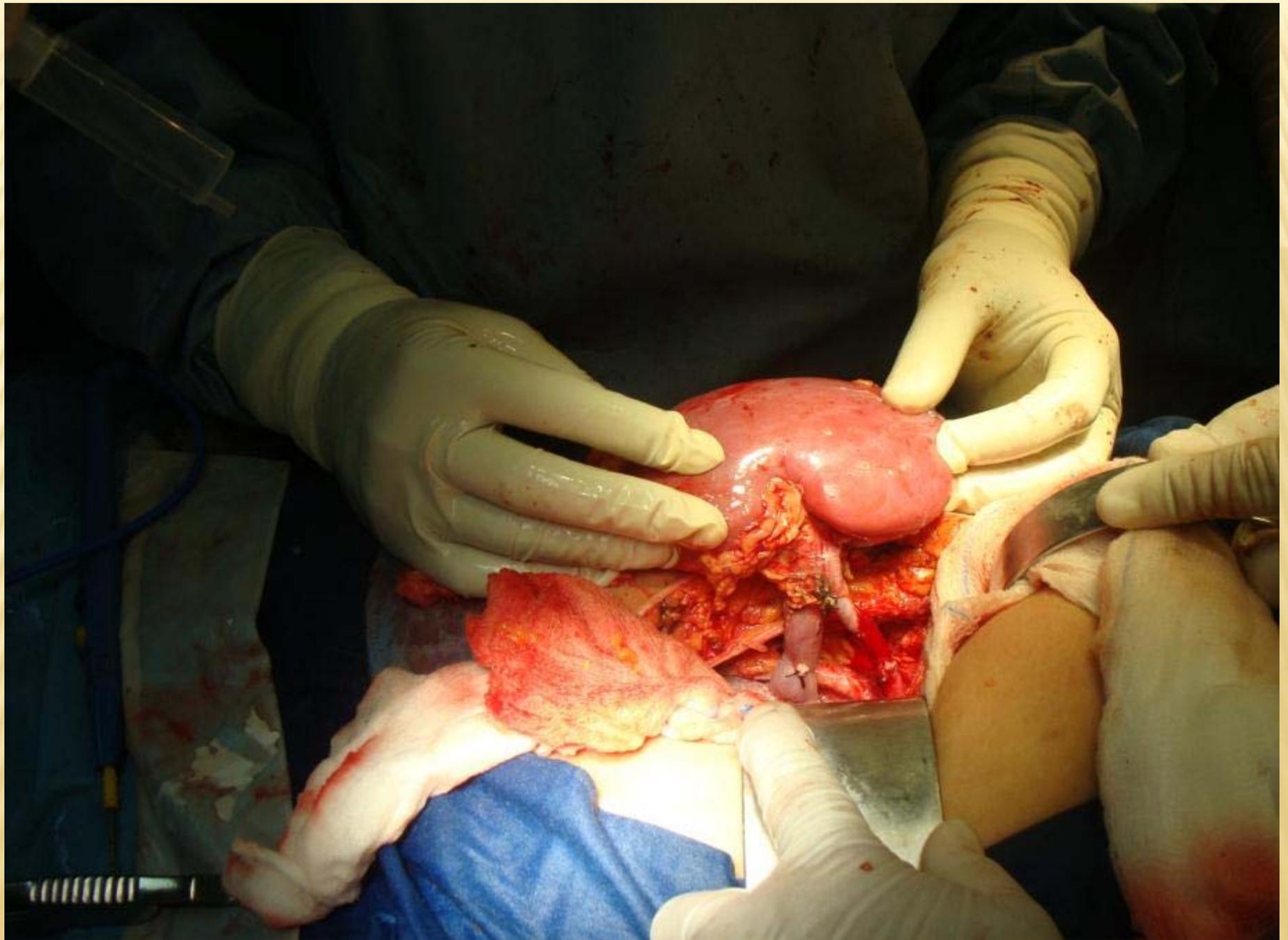
















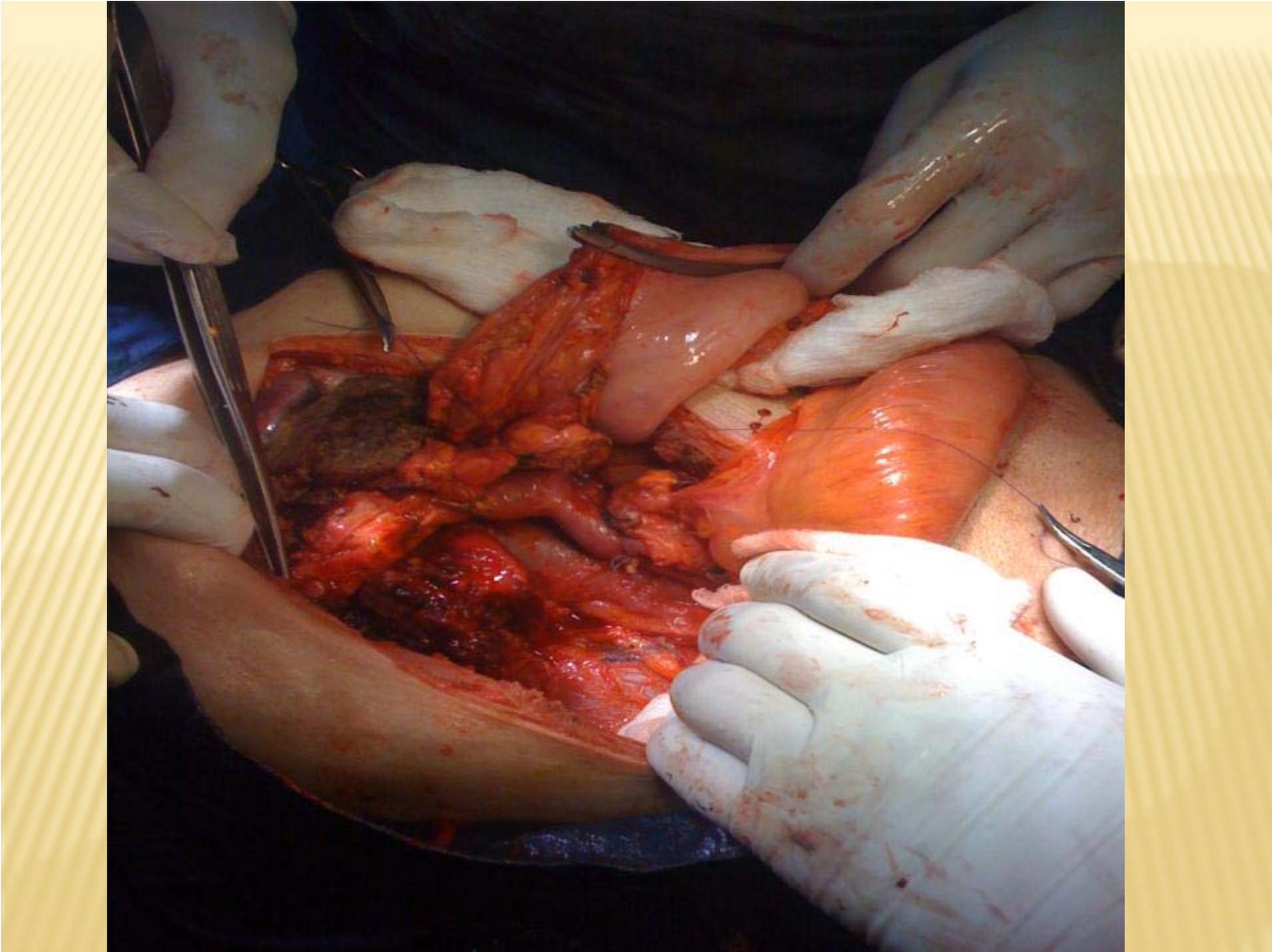




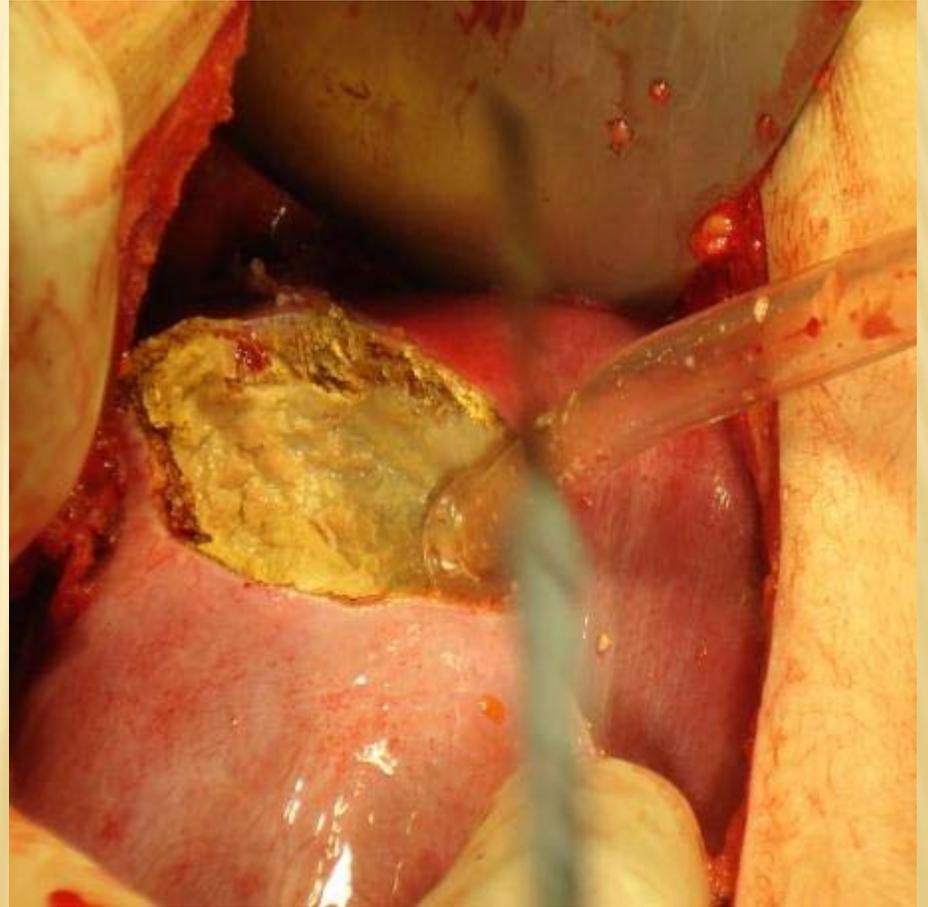
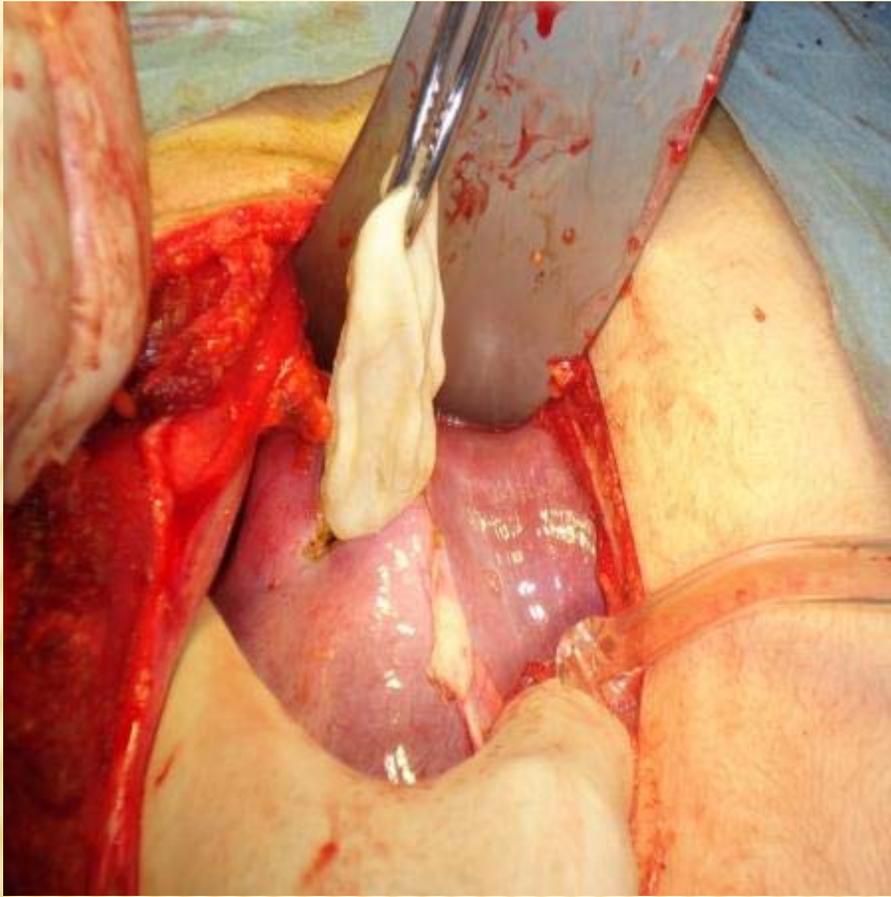


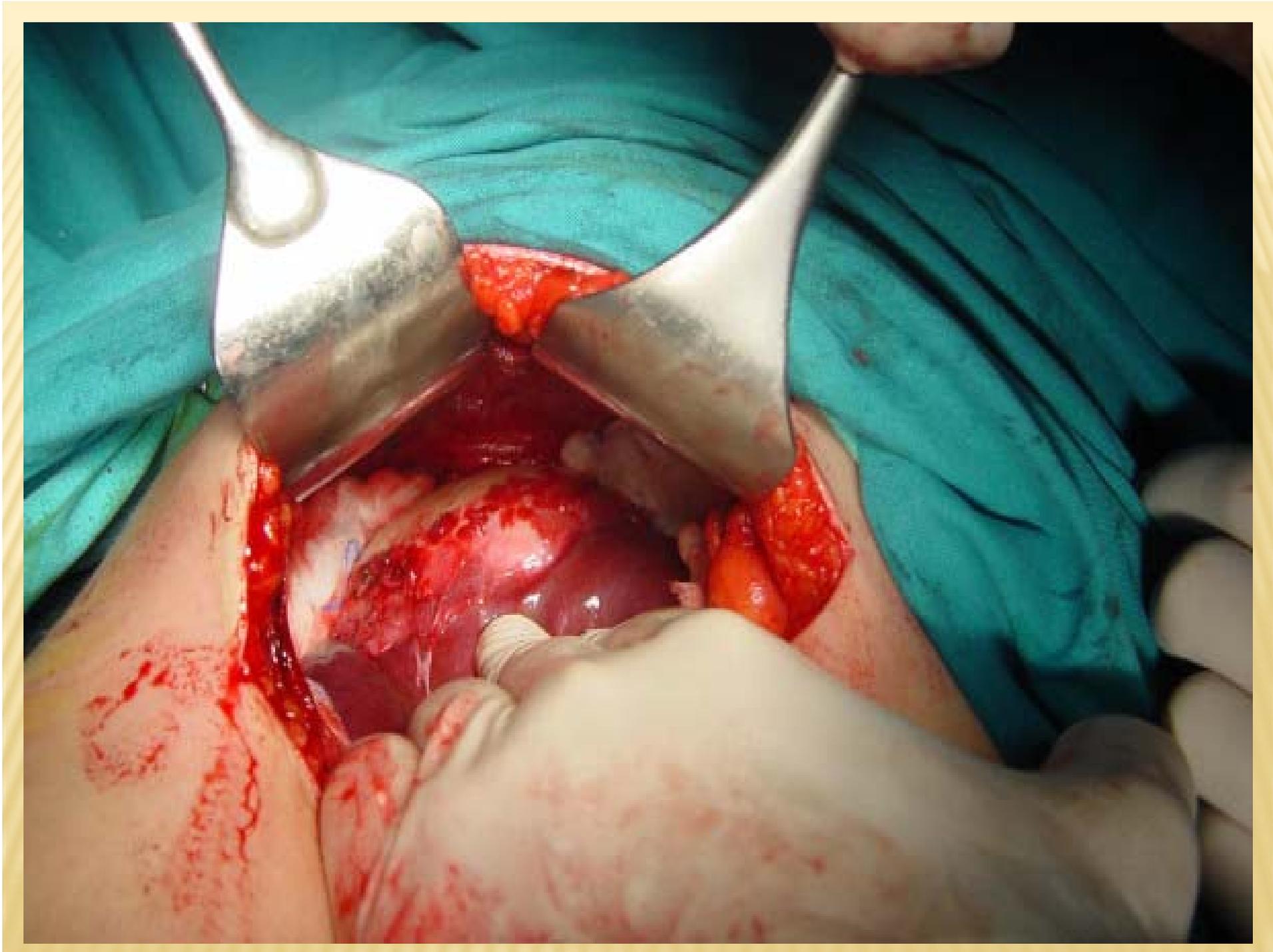


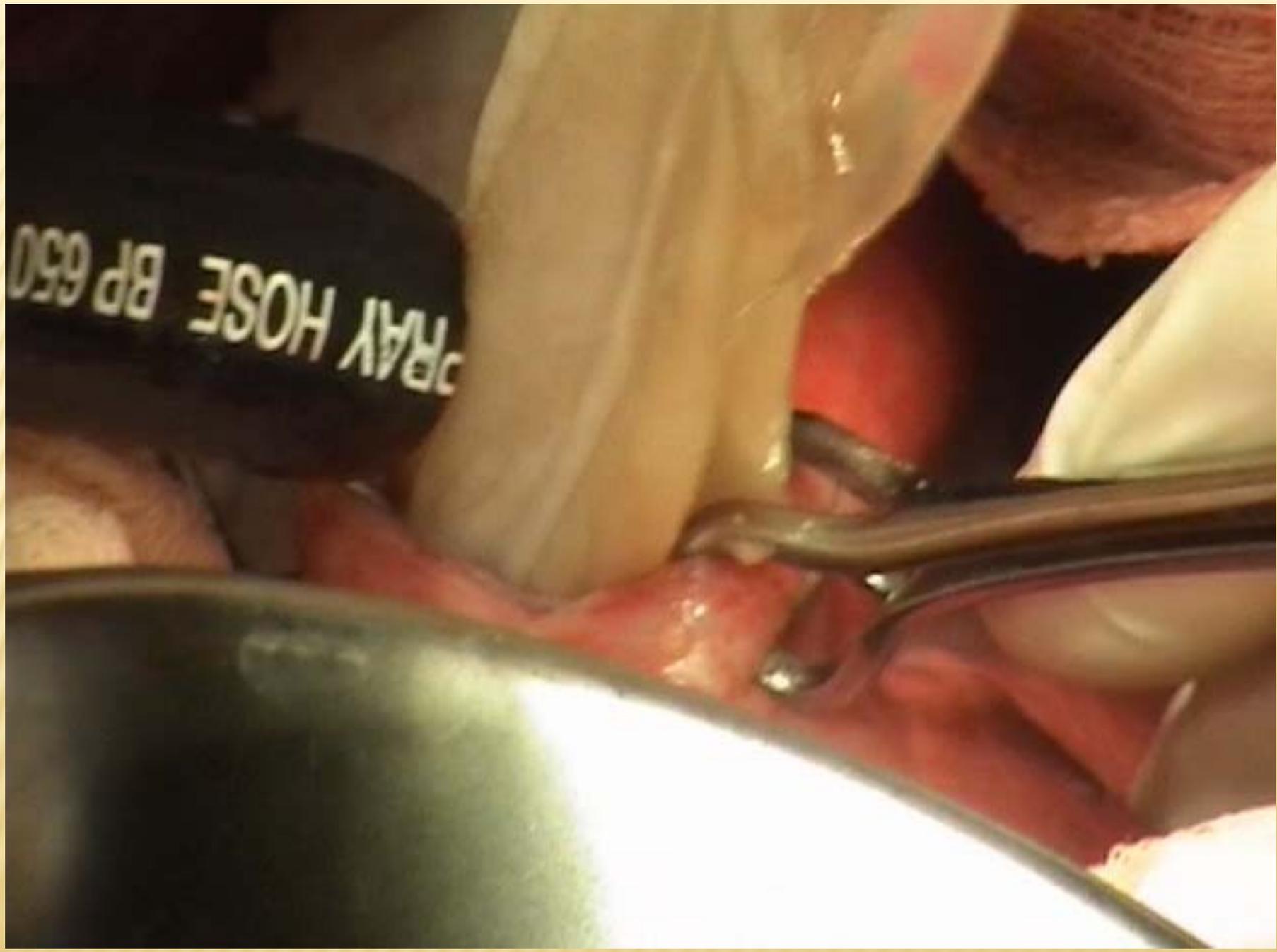


















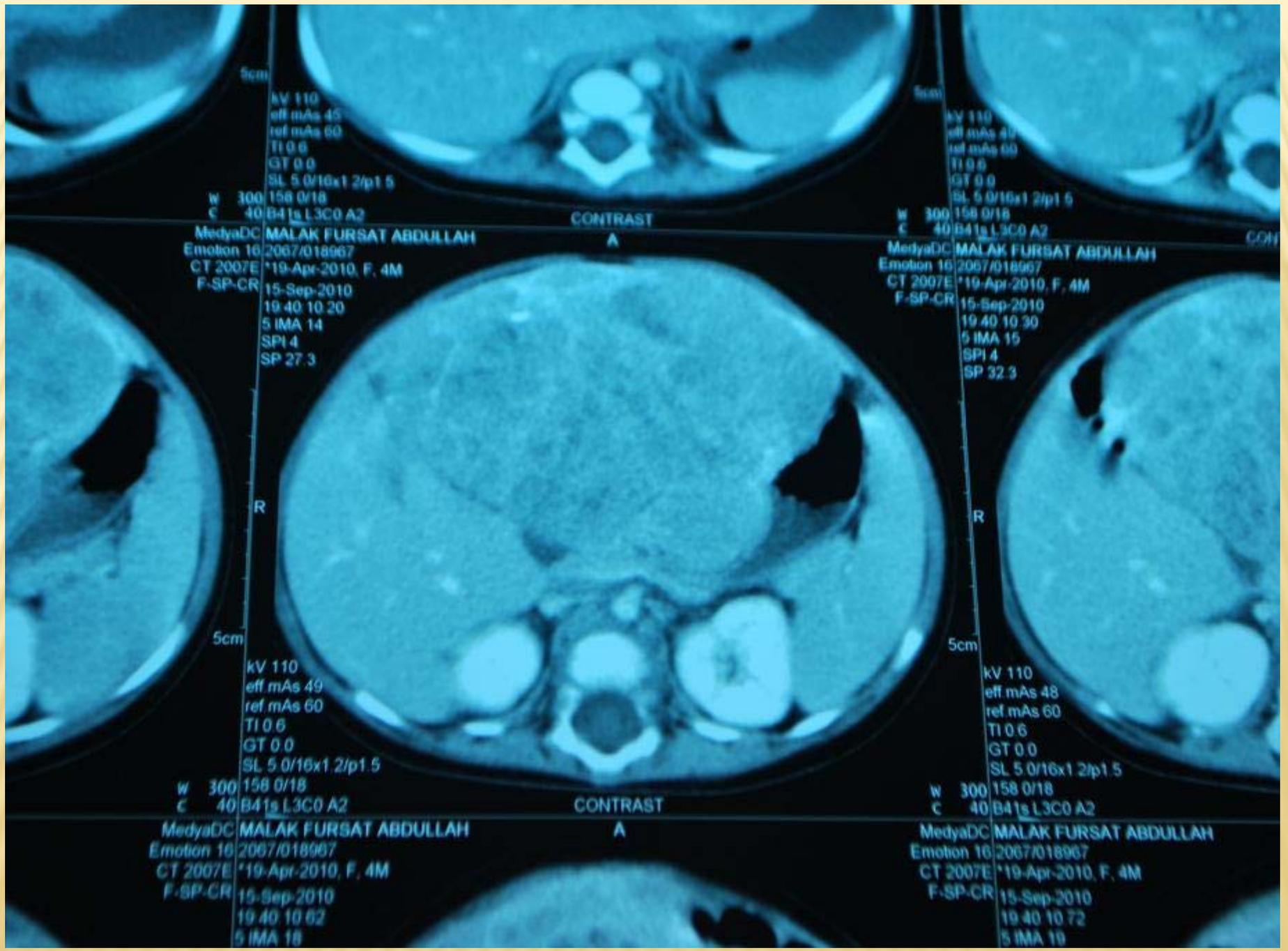






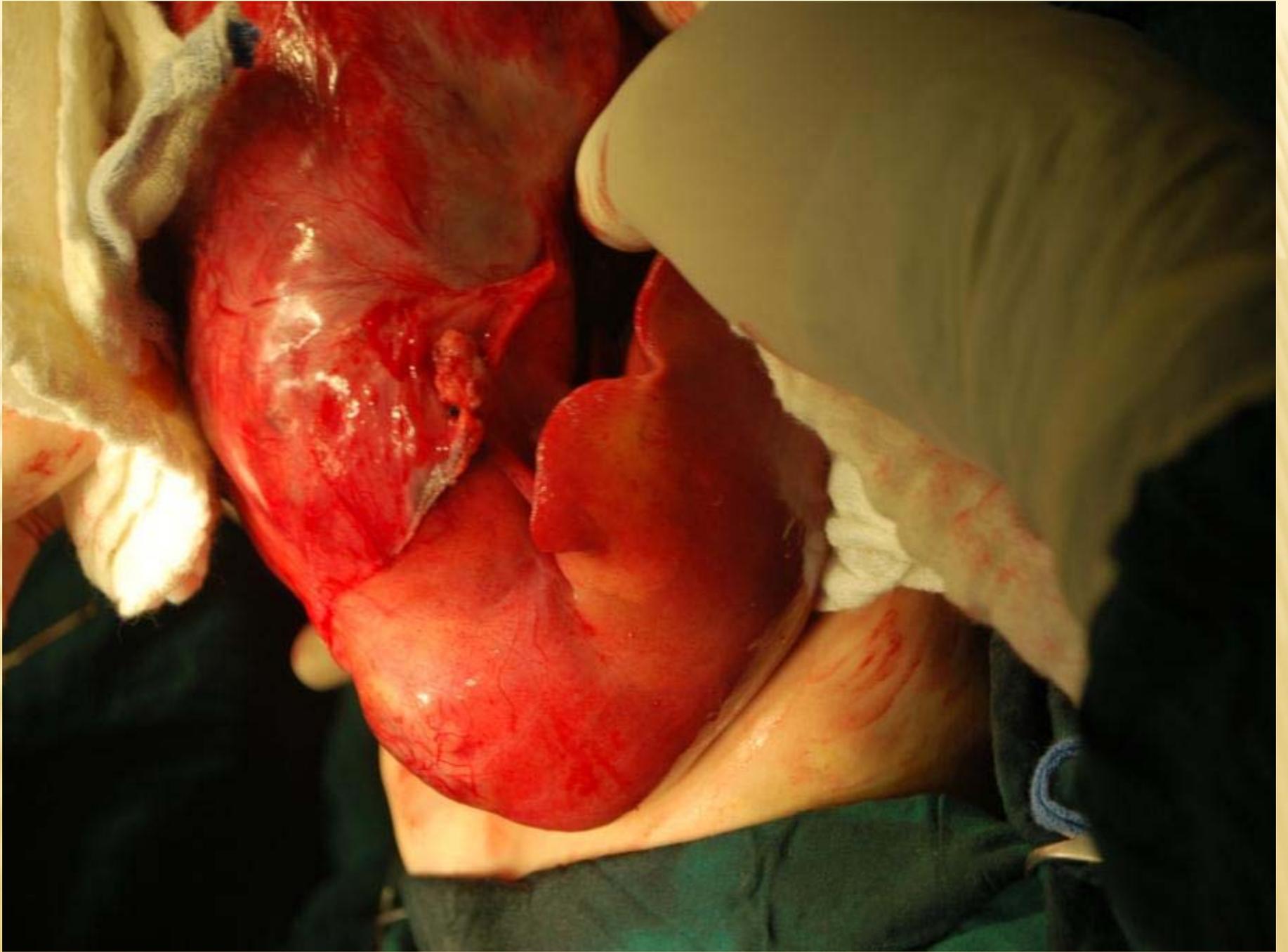


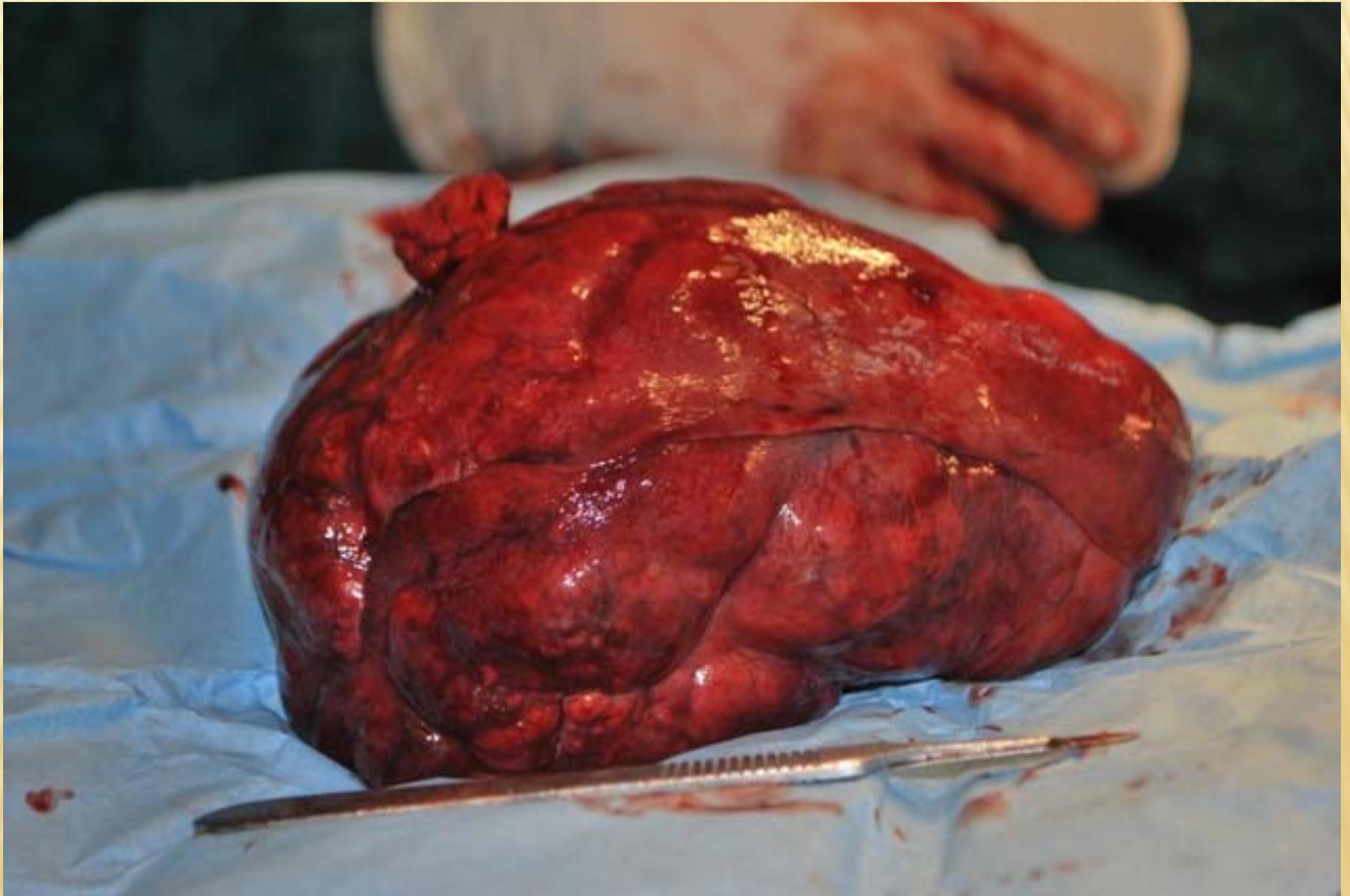


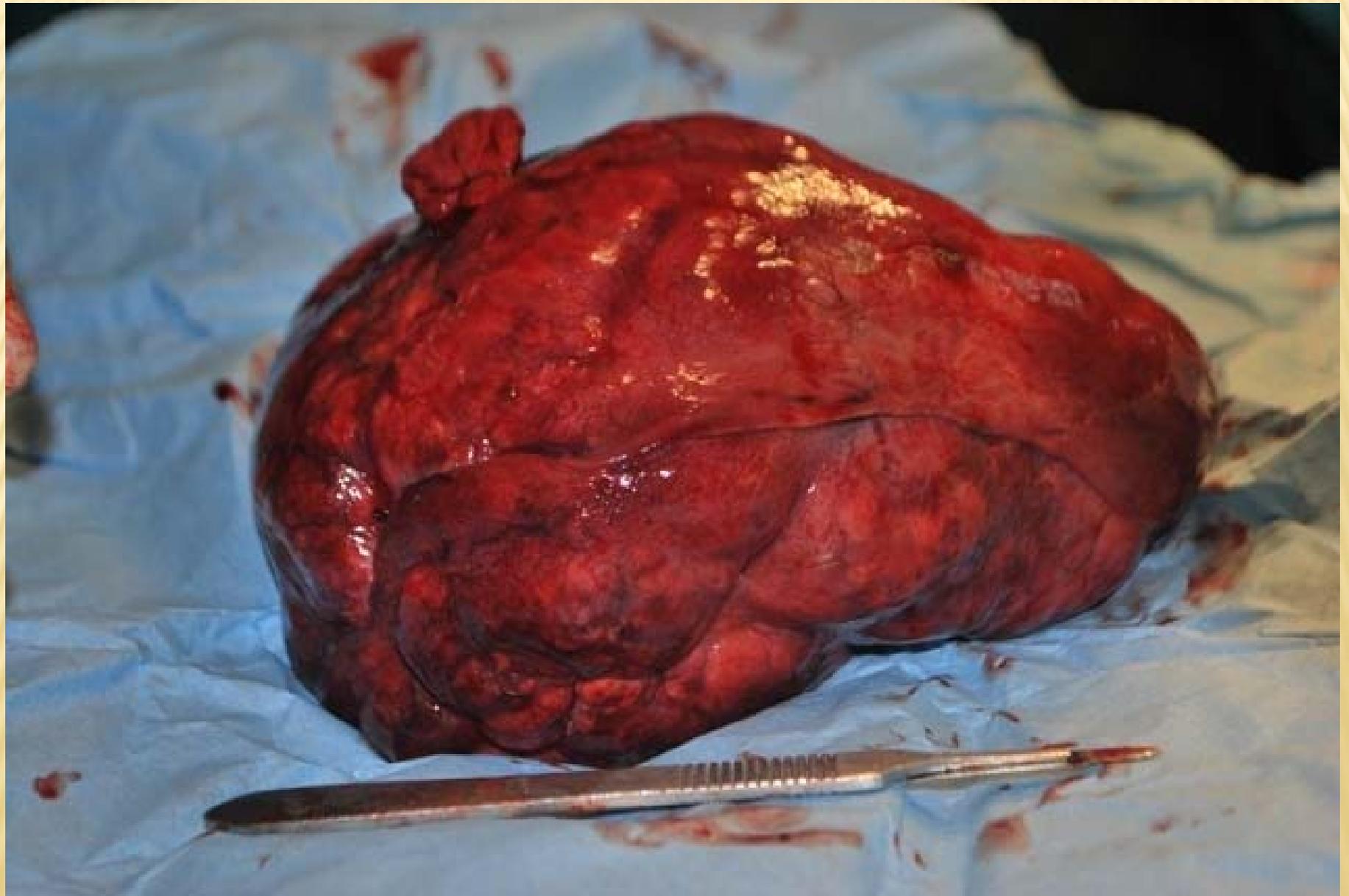








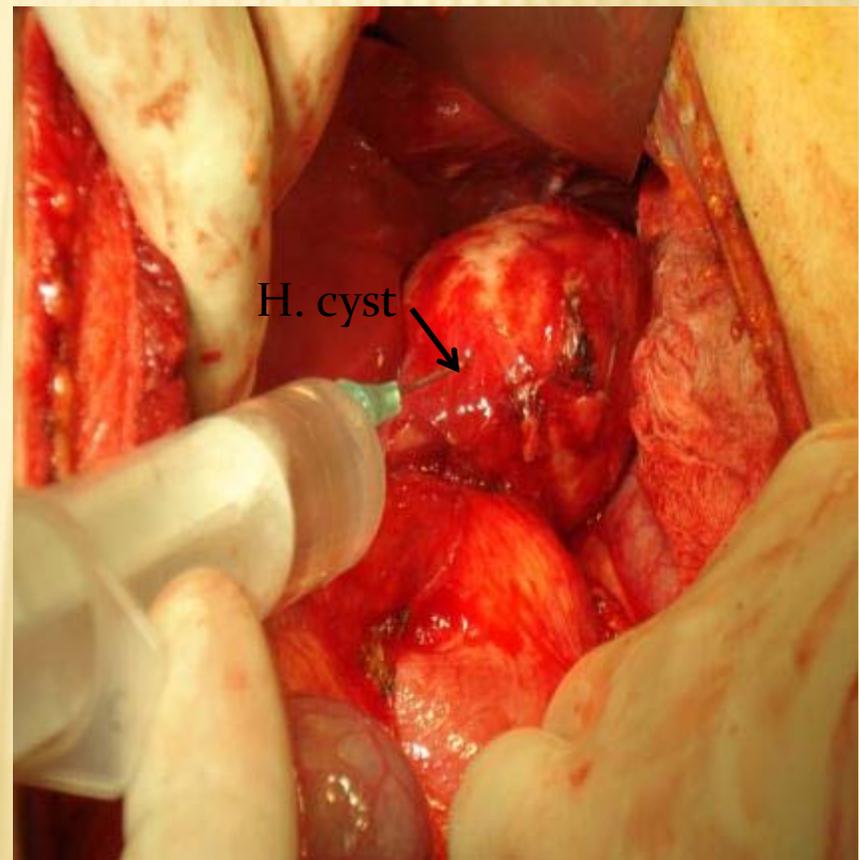
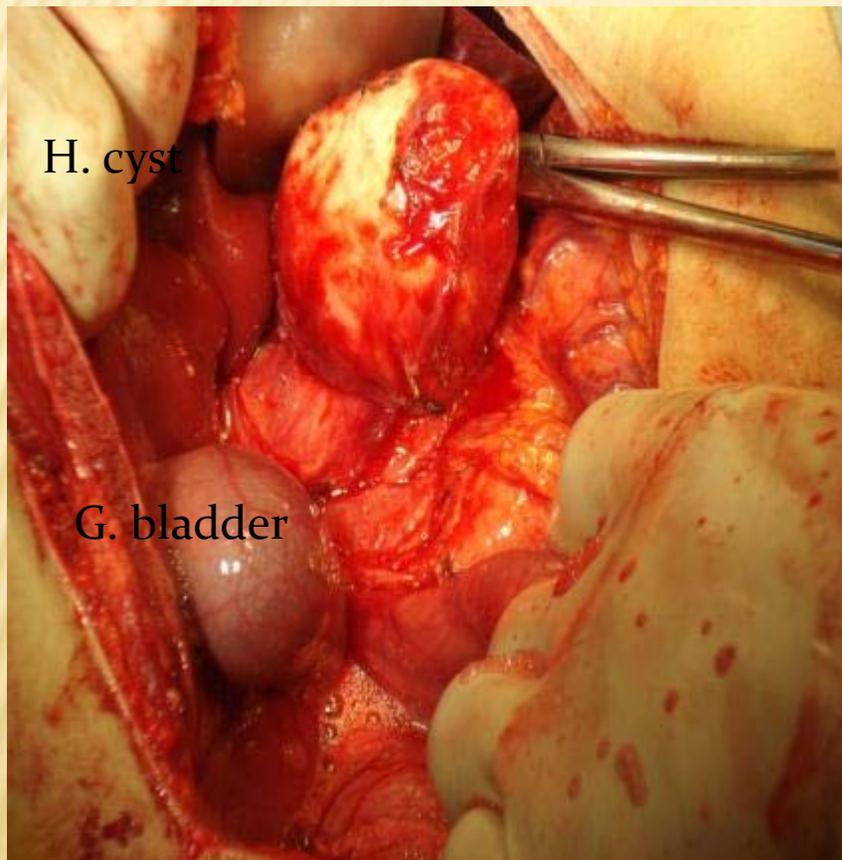








Intra Operative Photos









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MAGNETOM Open viva
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How to go about building a Renal Transplant Program in a Developing Country: Kurdistan, Iraqi experience

Gazi B. Zibari, MD, FACS, FICS
Professor and Vice Chairman Dept of Surgery
Malcolm Feist Chair in Transplantation
Director, W.K./LSU Regional Transplant Center



Overview

- Brief Historical Background of Transplant
 - Established Renal Transplant in Kurdistan/ Iraq
 - Transplant Center Requirements
 - Institutional Support
 - Histocompatibility Lab
- Minimum Requirement to Build a Transplant Program

UNOS Donation & Transplantation History

1954 - First successful **kidney** transplant performed.

1966- First simultaneous **kidney/pancreas** transplant performed.

1967- First successful **liver** transplant performed.

1968 - First successful **isolated pancreas** transplant performed.
First successful heart transplant performed. The Southeast Organ Procurement Foundation (SEOPF) is formed as a membership and scientific organization for transplant professionals.

1977- **SEOPF** implements the first computer-based organ matching system, dubbed the "United Network for Organ Sharing" (UNOS)

UNOS Donation & Transplantation History

1981- First successful **heart-lung** transplant performed

1982- **SEOPF** establishes the **Kidney Center**, the predecessor of the UNOS Organ Center, for round-the-clock assistance in placing donated organs.

1983- First successful **single-lung** transplant performed.
Cyclosporine introduced.*

1984- National Organ Transplant Act (**NOTA**) passed.**
The United Network for Organ Sharing (**UNOS**) separates from SEOPF and is incorporated as a non-profit member organization.

UNOS Donation & Transplantation History

1986- First successful **double-lung** transplant performed. UNOS receives the initial federal contract to operate the Organ Procurement and Transplantation Network (OPTN).

1987- First successful **intestinal** transplant performed.

1988- First **split-liver** transplant performed.

1989- First successful **living donor liver** transplant performed.

1990- First successful **living donor lung** transplant performed



وهزارهتا ساخله مین
ریقه بهریا گشتی یاساخله میا پاریزگه ها دهوکی

مرکز زرع الکیلیة
مرکز الکیلیة الاصطناعیة (دیلهزة)
مرکز تفتیت حصاة الکیلیة

سهنته ری چاندنا گولچیسکا
سهنته ری شویشتنا گولچیسکا
سهنته ری شکاندنا بهرکییت گولچیسکا

Moo

Renal Transplant Requirements

- Hemodialysis Unit
- Transplant Program (Institutional & Personnel Support)
- Histocompatibility Laboratory (Human Leukocyte Antigen- HLA and Panel Reactive Antibody –PRA)

Renal Transplant Requirements

- Access to blood laboratory and pharmacy around the clock
- Organ Procurement Organization
- Regulatory Agency :

UNOS (United Network for Organ Sharing)

ASTS (American Society of Transplantation Surgeon)

AST (American Society of Transplantation)

Transplant Program

Necessary and Required Personnel

- Transplant Surgeon (General / Vascular / Urologist)
- Transplant Nephrologists (Nephrologists)
- Anesthesiologist
- Pathologist
- Psychiatrist, Pharmacist
- Transplant Nurse Coordinator
- Transplant Social Worker
- Transplant Dietician
- Donor Advocate
- Interventional Radiologist

Transplant Program (continued)

Institutional Support

- Dedicated Operating Room space
- Intensive Care Unit / Beds dedicated to Transplantation
- Dedicated Hospital Ward / Clinic for Transplantation
- Hemodialysis Unit
- Establish A transplant Fellowship

Transplant Program (continued)

- Histocompatibility Laboratory / HLA
- Organ Procurement Organization
- **Quality Assurance and Internal Peer Review**
- **Morbidity and Mortality Conference**
- Research Space
- **Collaboration with an established Transplant Program**

Advantages of Transplantation over Hemodialysis

- Better Quality of life
- Prolong Survival
- Cost saving after a successful Renal Transplant
 - > **Cost of Renal Transplantation** \$75,000-100,000
Plus cost of Immunosuppressant annually
 - > **Cost of Hemodialysis annually** \$84,000

Recipient Evaluation

- Can patient tolerate general anesthesia?
- Social Evaluation: Does patient has family support and necessary transportation means? Can patient afford Immunosuppressant Medication?
- Must R/O any evidence of cancer in the Recipient.
- Check Blood Type (ABO), Panel Reactive Antibody (PRA), and HLA Typing
- Check Serology (HIV, Hepatitis Panel- A, B. and C, CMV, EBV, RPR)
- T.B. Skin Test

Recipient Evaluation

- Upper and lower Endoscopy
- EKG, Chest X-Ray, Cardiac Evaluation...etc.
- Patient must be evaluated by both Transplant Nephrologists, Surgeon and Transplant Coordinator
- When Recipient Evaluation is completed case will be discussed at Multi-Disciplinary Transplant Conference

Living Donor Renal Transplant Evaluation

- Donor must be at least **18 year old**
- Must be Relative, Spouses, and or very closely and emotionally connected
- Potential Donor must **not be coerced** (forced) to donate
- **Organ Trafficking/Organ Selling is Internationally Prohibited**
- Donor must not has Hypertension, Diabetes, Cancer (must be very healthy)

Living Donor Renal Transplant Evaluation

- Check ABO- Blood Type / HLA Cross Match with the Recipient
- Check Blood Test, Urinalysis, Serology, Chest X-Ray, EKG and 24 Hours Urine collection
- Donor must be seen by transplant nephrologists, surgeon, social services and donor advocate
- When work up is completed donor will be discussed at Transplant Conference...etc

Post Transplant Prophylaxis

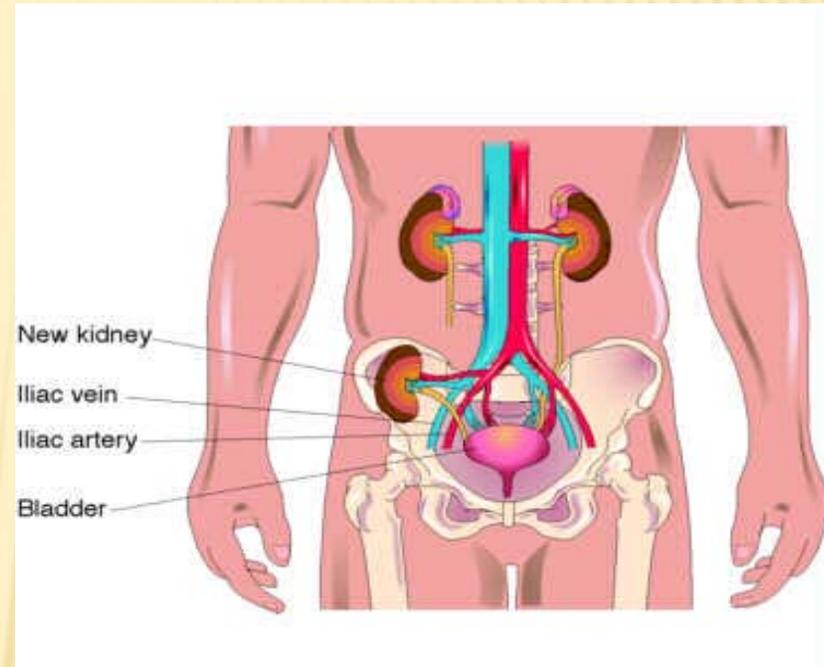
- Zovirax (Acyclovir) / Gancyclovir / Valcyte (CMV, Herpes)
- Nystatin Swish and Swallow / Diflucanazol(antifungal)
- Bactrim / Sulfa Drug / Pentamadin (Pneumocysts)
- Proton Pump Inhibitors / Anti Acid...etc

Technique Of Renal Transplantation

- Living Donor Surgery:

A- Open

B- Laparoscopic



- Recipient Surgery:

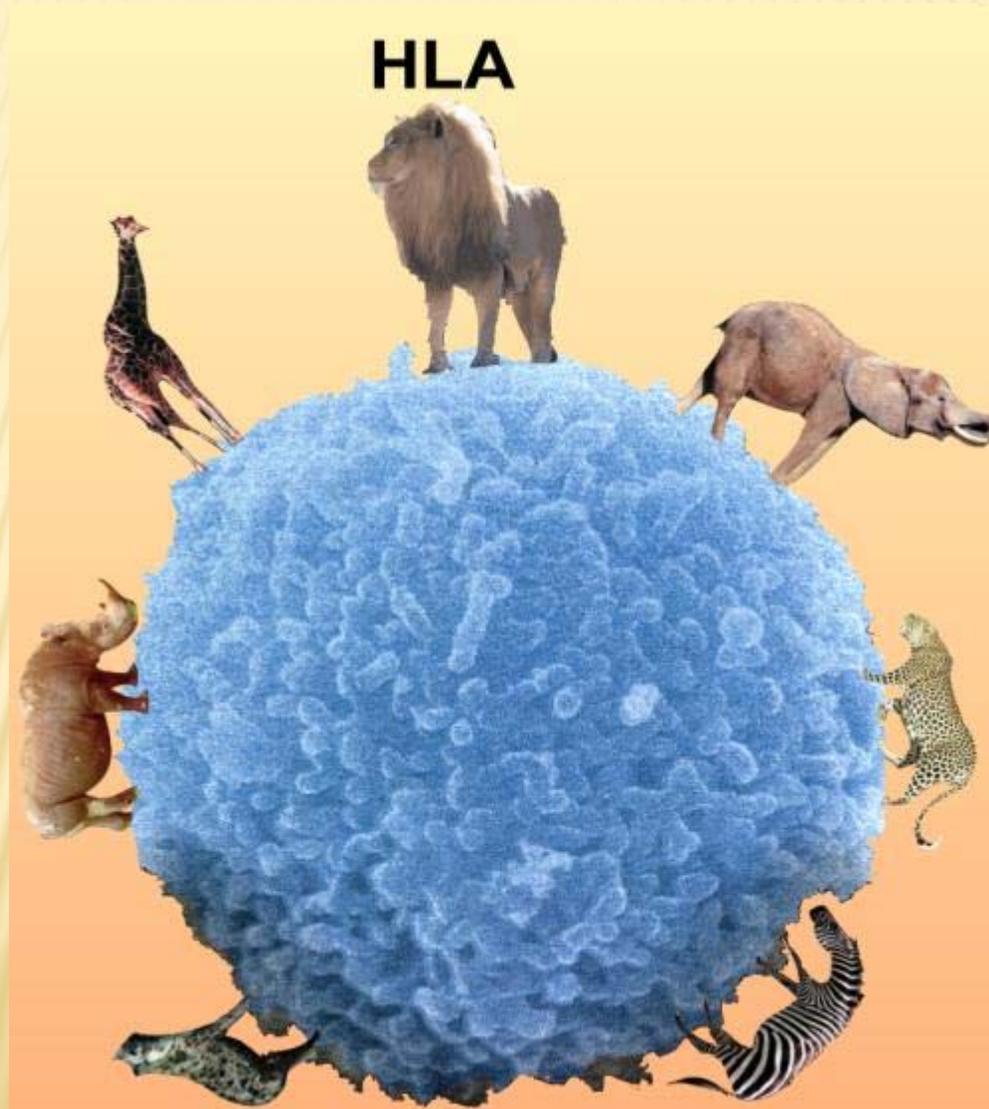
A- Kidney is transplanted into Opposite Iliac Fossa

B- Renal Artery End to End to Internal Iliac Artery or End to side to External Iliac Artery

C- Renal Vein End to Side to External Iliac Vein

D- External Ureteroneocystostomy

The Cell Surface is a Jungle!



Immunosuppression

- Steroids
- Calcineurin inhibitors (Cyclosporine / Prograf)
- MycoPhenelate-Mofetil (Cellcept, Myfortic)
- Rapa-immune (Rapamycin)
- Monoclonal Antibody
- Polyclonal Antibody

Role of The Major Histocompatibility Complex

- Self-recognition:
 - > Self from non-self discrimination
 - > Immune surveillance
- Vaccine development
- Auto-immunity
- **Transplantation**

HLA Testing in Transplantation

HLA Typing –

- > Determining degree of HLA Match

Antibody Monitoring -

- > Ongoing Evaluation of Patient's Immune Status

Cross matching -

- > Determine Specific Donor/Recipient Compatibility

Antibody Scenarios

PRA Antibody **Negative** → Cross match **Negative**

PRA Antibody **Negative** → Cross match **Positive**

PRA Antibody **Positive** → Cross match **Positive**

PRA Antibody **Positive** → Cross match **Negative**

Antibody Specificity

Knowing the PRA is not sufficient. PRA can be subjective and may not reflect local donor population.

Knowledge of antibody specificity is critical in order to predict cross match results – Positive or Negative.

Quick Links



Powered by: Google

Go



UNITED NETWORK FOR ORGAN SHARING

ABOUT US

DONATION &
TRANSPLANTATION

SERVICES &
CAPABILITIES

CONTACT

Working together. Saving lives.

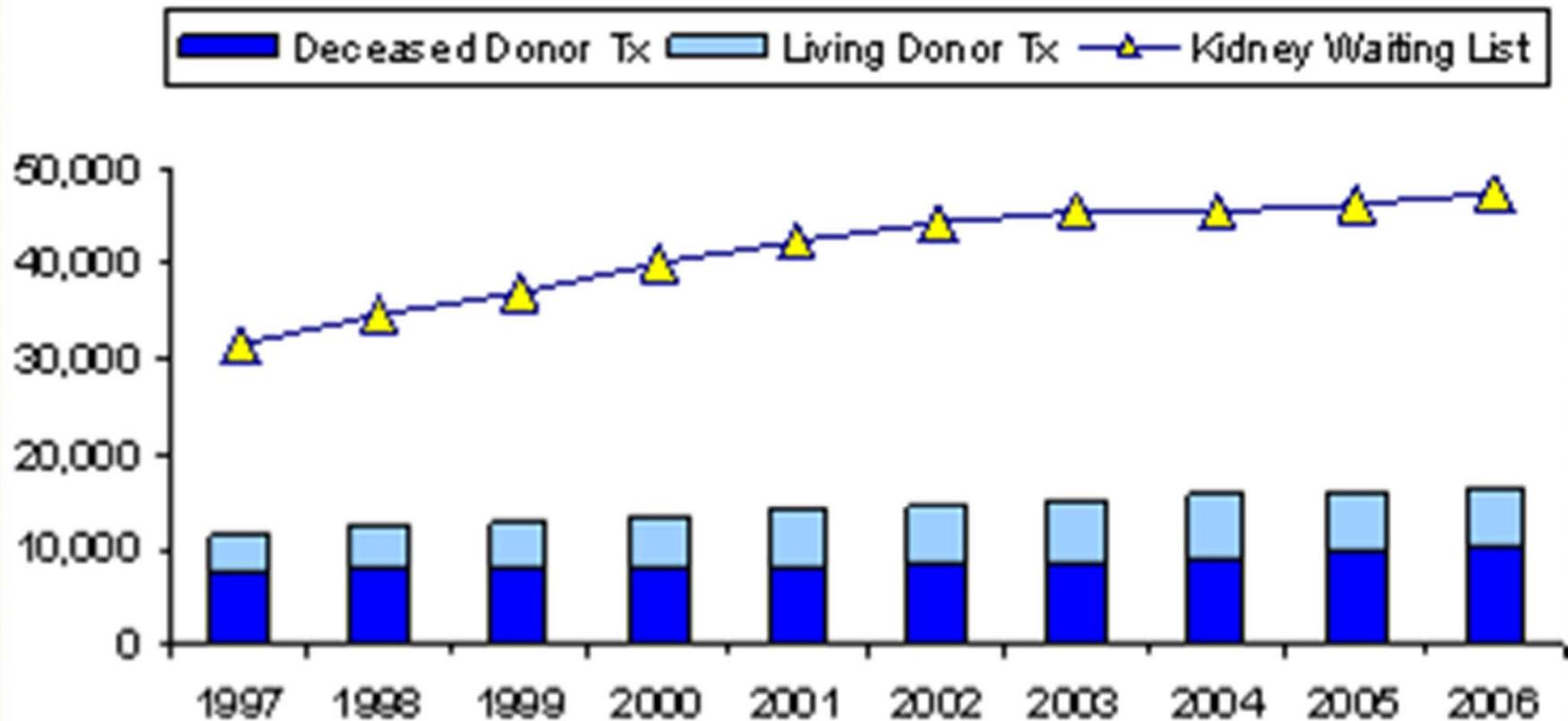
UNOS unites the transplant community to save lives through organ transplantation. [More >](#)

Transplant Trends

Waiting list candidates as of today 12:51pm	108,553
Transplants January - June 2010	14,139
Donors January - June 2010	7,136

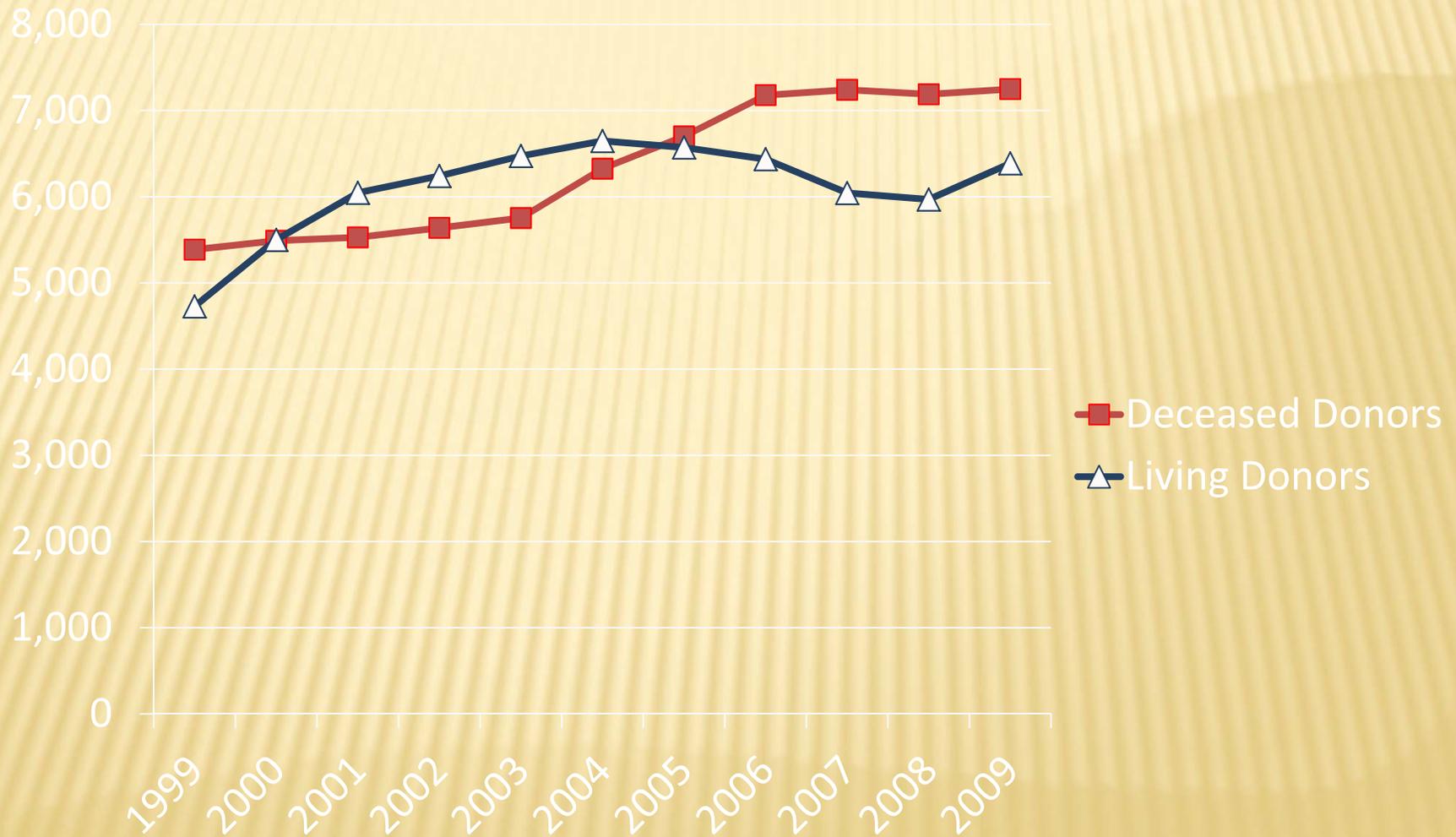


Figure 1. Kidney Transplantation at a Glance



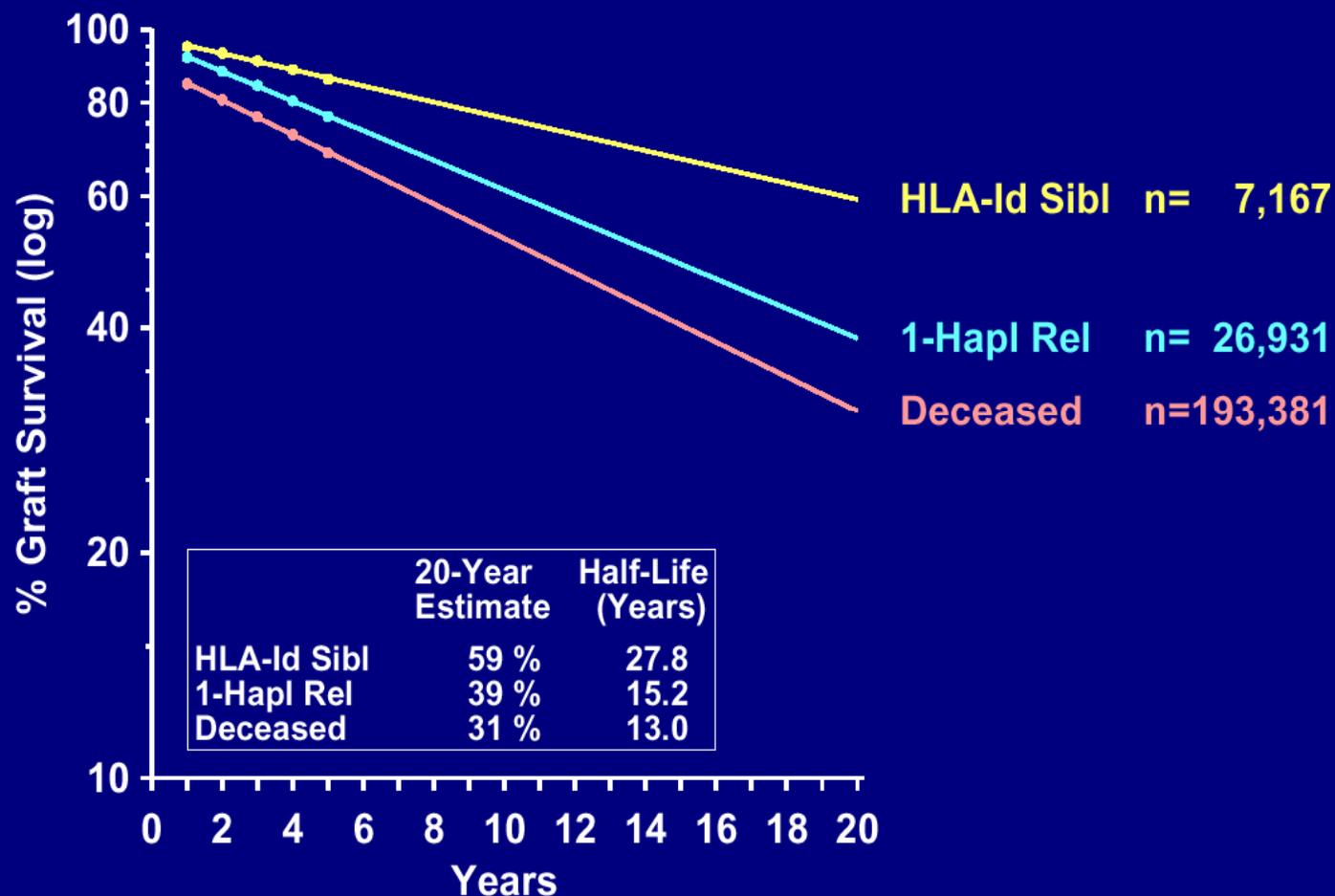
2007 OPTN/SRTR Annual Report

Deceased and Living Donors 1999 - 2009

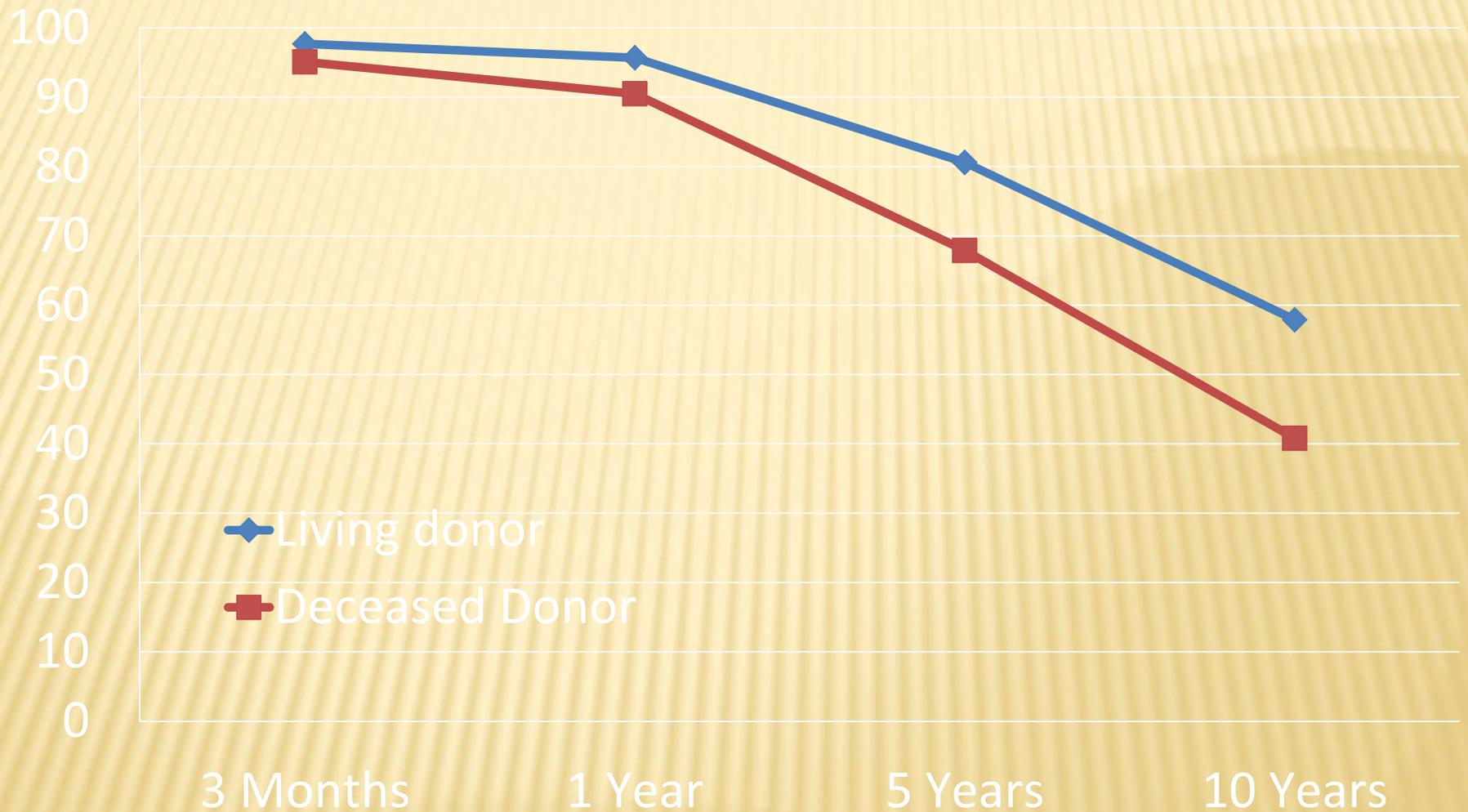


<http://optn.transplant.hrsa.gov/>

Donor Relationship First Kidney Transplants 1985-2006



Kidney percent graft survival over time: Living vs Deceased Donor 1994-2004



Summary

Minimum requirements to build a Renal Transplant Program:

- **Two surgeons** (? Urologist, Vasc. Surgeon, Gen. Surgeon)
- > **Dedicated space** : clinic, operating room, Intensive care beds and ward beds
- > **HLA Lab**- initially this work can be contracted out but as program develops this will become necessary
- > **Close monitoring the outcome**, Morbidity/Mortality conference and quality assurance



Tiger Stadium



Nicaragua Medical Humanitarian Mission

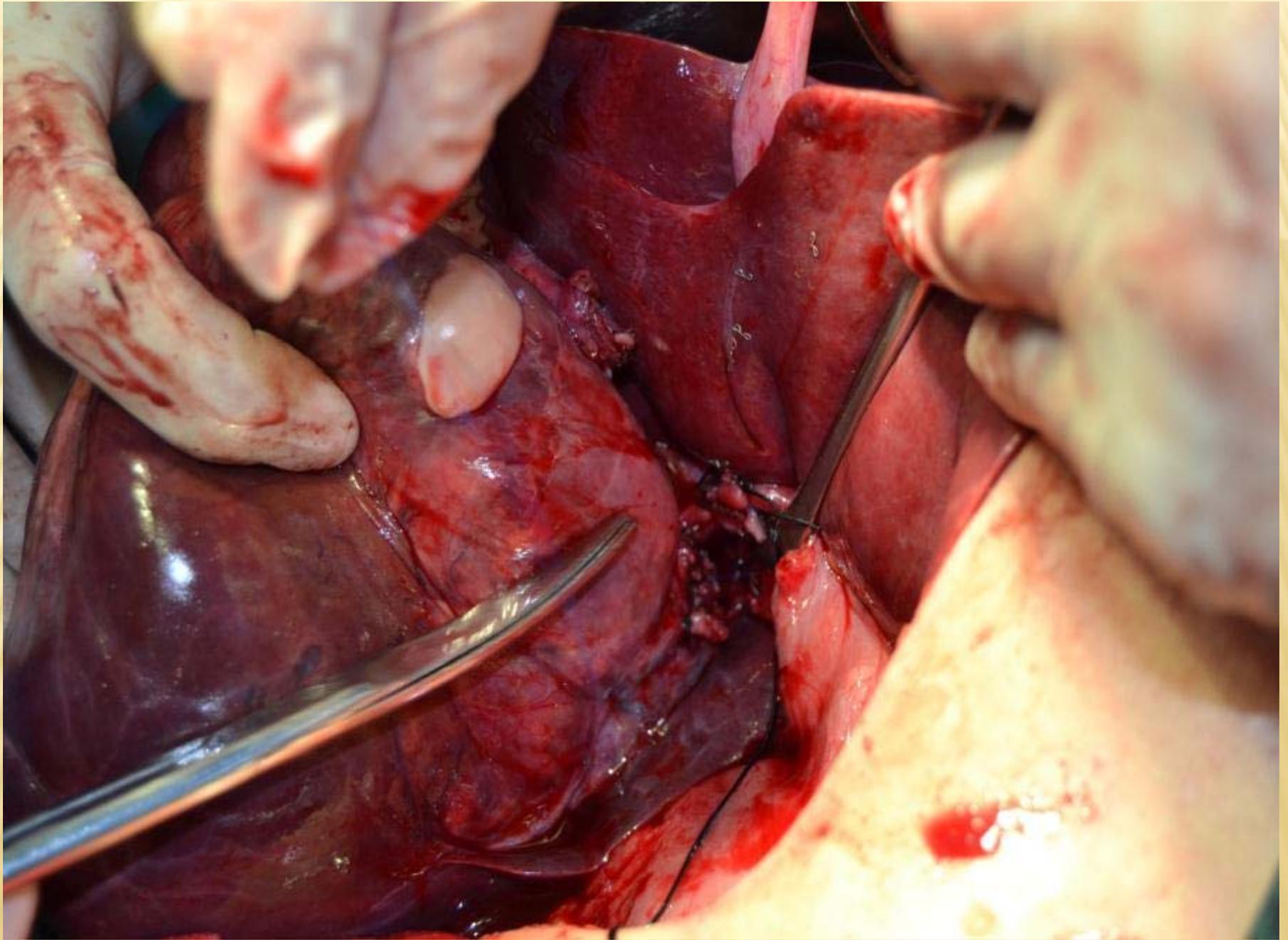
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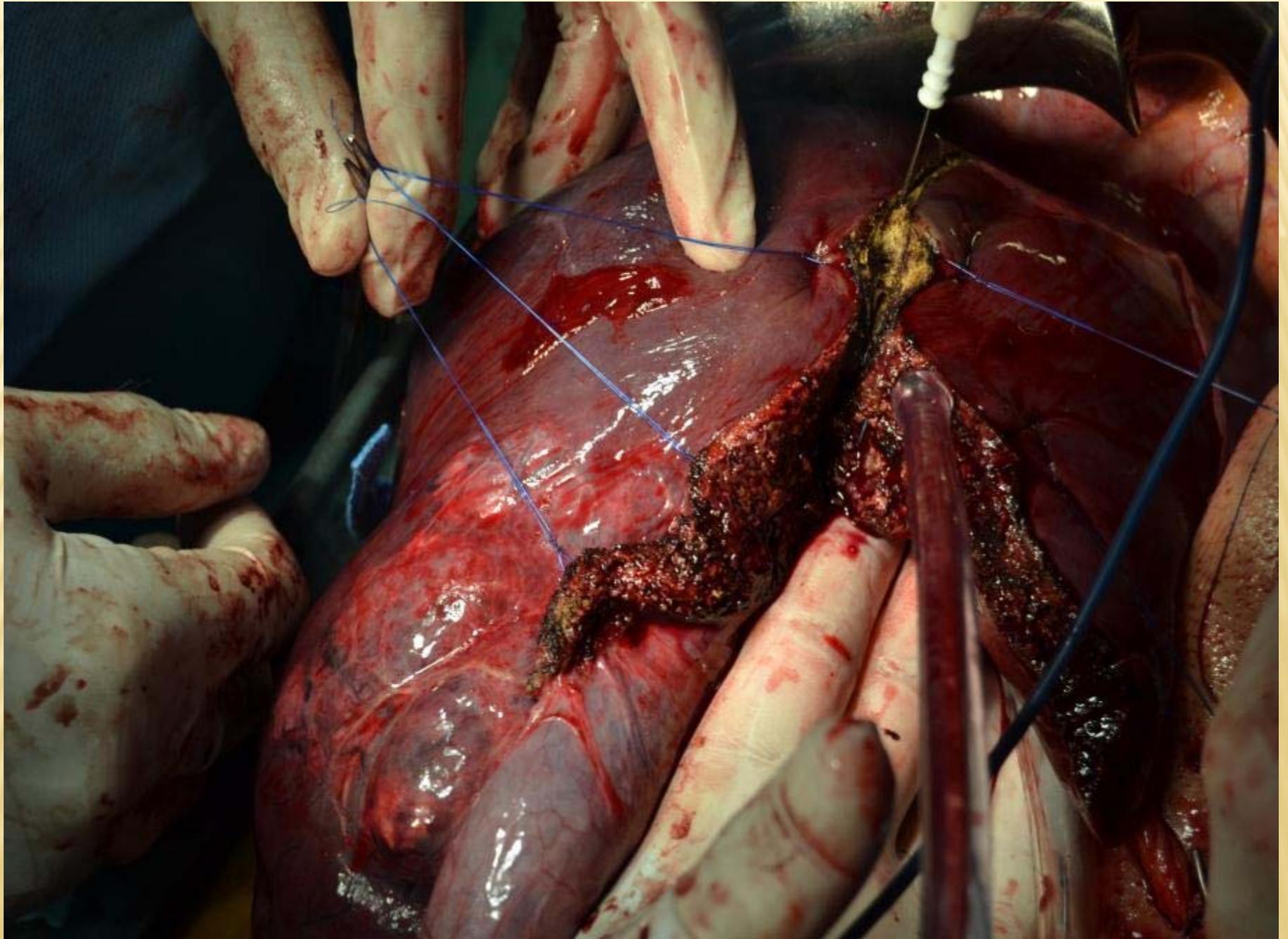


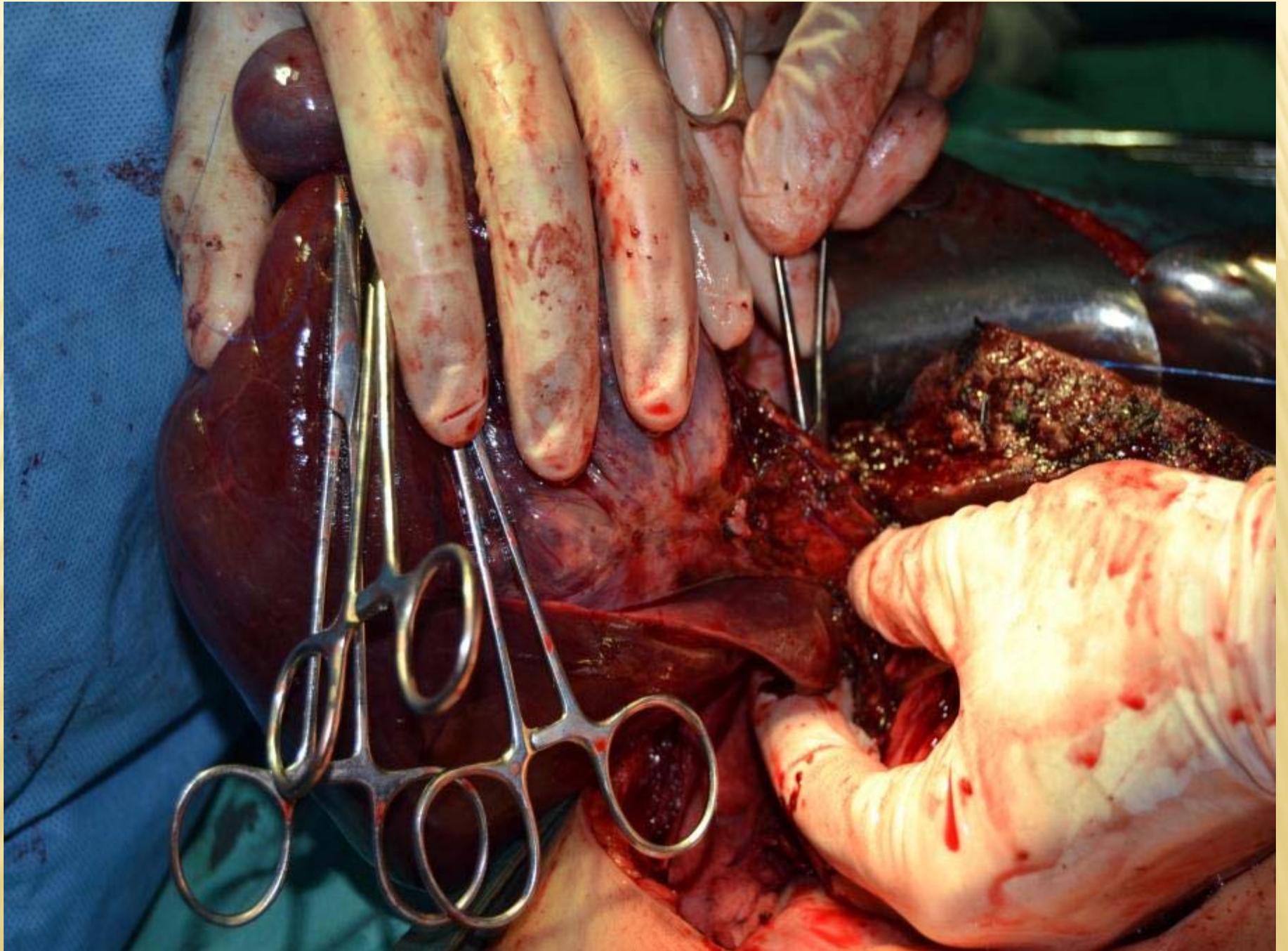


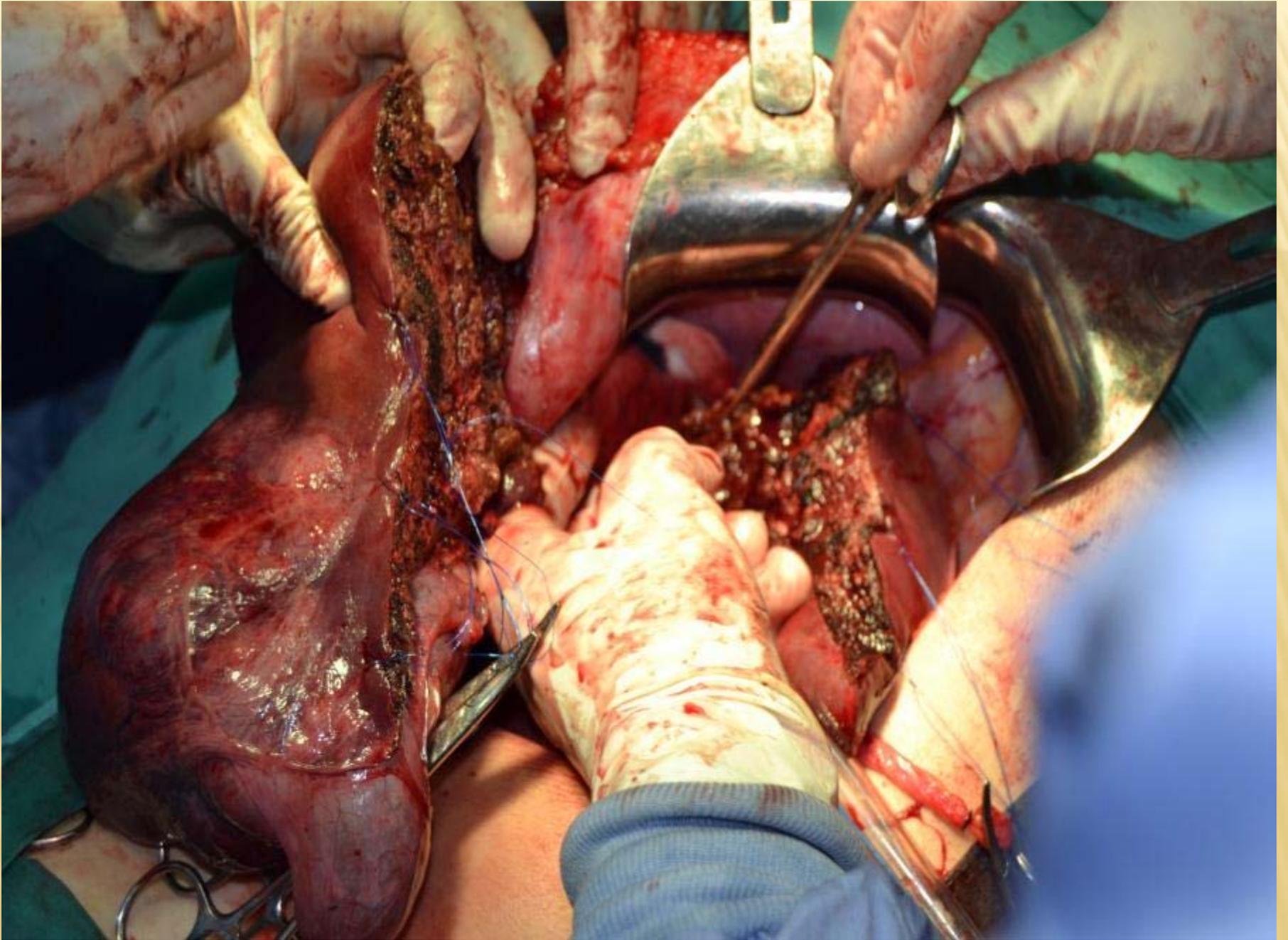




















First Annual Joint ICS/Operation Hope & AHPBA Medical Symposium



KURDISTAN, IRAQ

APRIL 18 -19, 2011



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From: Zibari, Gazi [<mailto:G.Zibari@sunsc.edu>]

Sent: Monday, January 02, 2012 5:30 PM

To: Arlene Skinner

Subject: FW: Dr John C. McDonald- Passed Away (1930- 12/31/2011)





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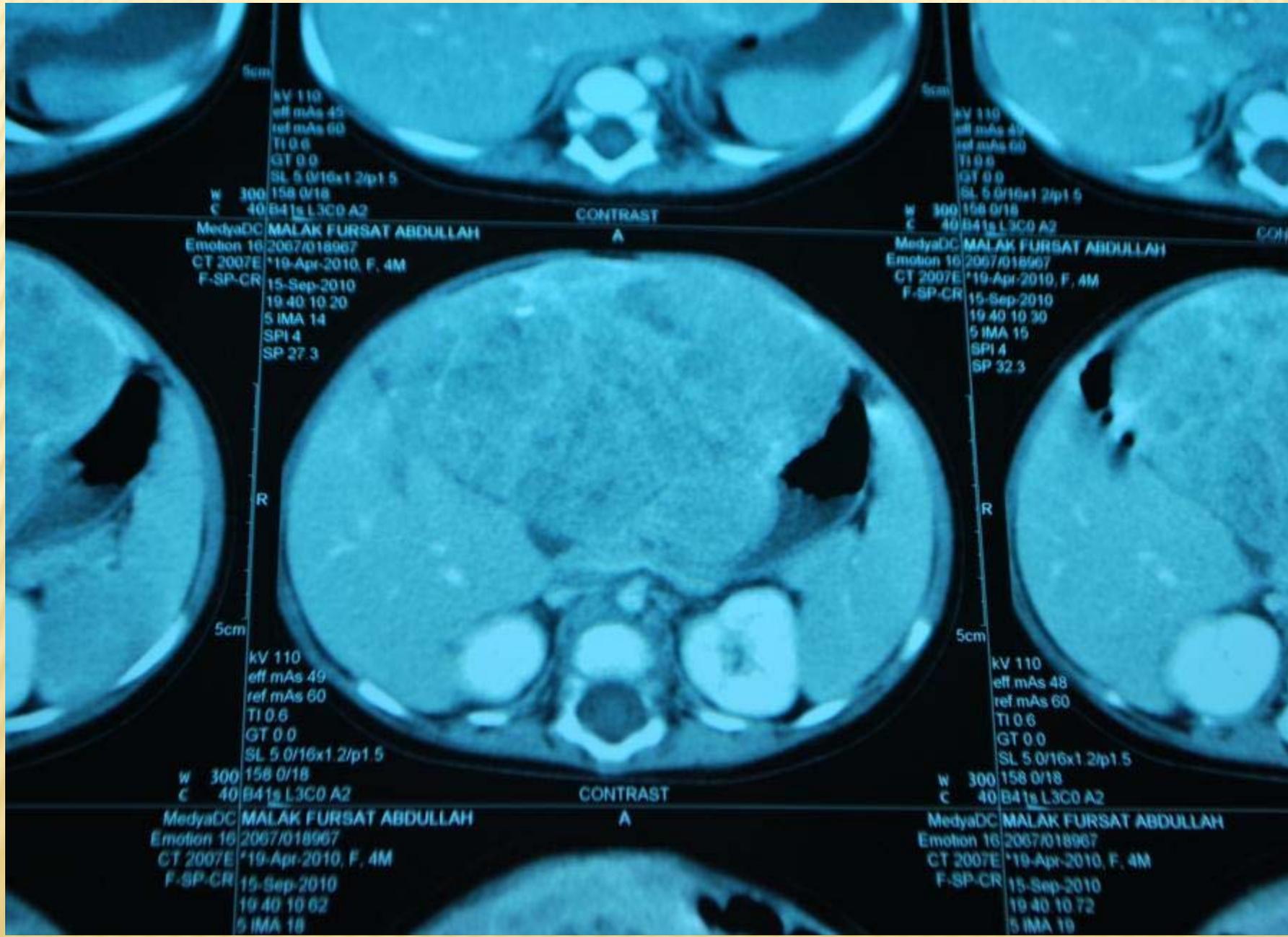
otel

10-2011

Vertical text on a red banner, likely a logo or name, partially obscured.

EXIT







Recent Iraqi Events

- ❖ Iraq – Iran War (1979-1988)
- ❖ Anfal Campaign (1988)
- ❖ First Persian Gulf War (1991)
- ❖ “*Northern No Fly Zone*” was created (1991)
- ❖ Second Persian Gulf War (2003)



Program Overview

Approximately 1.4 billion people live in poverty globally. One-third of diseases in developing countries are potentially treatable by surgery. Surgical disease represents a substantial global burden. Surgeons in the U.S. can play a pivotal role in addressing this medical burden via volunteerism.

Although several members of our team have been doing medical charity work in Kurdistan of Iraq since the first Gulf War, it is not until now that we have assembled the Medical Charity Team, the first comprehensive team that is co-sponsored by the International College of Surgeons (I.C.S.), Operation Hope (O.H.), and American Hepato-Pancreato-Biliary Association (A.H.P.B.A.).

The destination of our Surgical team is Kurdistan of Iraq, the war-torn country that is also the heartland of Mesopotamia and the cradle of civilization. The people of Mesopotamia not only recently suffered the ravages of four to five decades of wars but also were subjected to chemical weapons, torture and the atrocious Anfal Campaign, whereby over 189,000 Kurdish civilians were annihilated by the previous Iraqi dictator. Additionally, over one million people were killed during the Iraqi – Iran war alone, not to mention the countless casualties incurred in both Gulf Wars. Nearly 400 mass graves have recently been discovered throughout Iraq since the toppling of Saddam's regime and the liberation of Iraq in 2003.

In this trip, we will dedicate one day to teach and educate the local residents aspects of our "Trauma Rural Course". The second day will include the state-of-the-art First Annual Scientific Medical Symposium in Iraq, after which we will treat patients both in the operating room and clinic, as well as conduct daily rounds and lectures to the house staff and medical students. We aspire to open an ICS Chapter in Iraq during this visit and hope that this will help the local surgeons re-establish a much needed relationship with the international medical community.

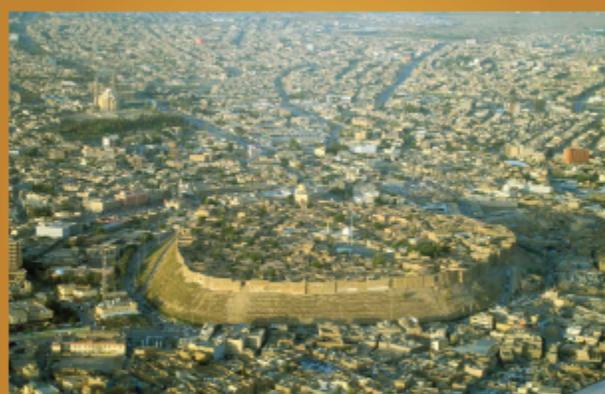
Trauma Rural Course, April 18

The purpose of the course is to teach the local residents, many of whom are living in rural areas, on how to achieve high quality trauma care. Our team will teach basic trauma, concentrating on the importance of a timely, organized, and rational approach to the care of the injured patients. In addition, we will address problems that are commonly seen in the initial assessment and stabilization phase, as well as discuss how to efficiently utilize limited resources in a rural environment. Attendees will:

- Learn how to expediently treat the injured patient
- Appreciate the components of their existing local trauma systems
- Recognize what is required to effectively treat the critically injured patient

ERBIL CAPITAL OF KURDISTAN, IRAQ

ONE OF THE OLDEST CITIES IN THE WORLD
(6000 B.C.) AND THE 4TH LARGEST CITY
IN IRAQ



KURDISTAN, IRAQ

APRIL 18 -19, 2011



Program Directors

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First Annual Joint ICS/Operation Hope & AHPBA Medical Symposium



وہزارہتا ساخلہ میی
ریفہ بہریا گشتی یا ساخلہ میا پاریزگہ ہا دھوکی

مرکز زرع الکلییة
مرکز الکلییة الاصطناعیة (دیلزہ)
مرکز تفتیت حصاۃ الکلییة

Maoe

سہنتہری چاندنا گولچیسکا
سہنتہری شویشتنا گولچیسکا
سہنتہری شکاندنا بہرکیت گولچیسکا





Summary

Minimum requirements to build a Renal Transplant Program:

- **Two surgeons** (? Urologist, Vasc. Surgeon, Gen. Surgeon)
- > **Dedicated space** : clinic, operating room, Intensive care beds and ward beds
- > **HLA Lab**- initially this work can be contracted out but as program develops this will become necessary
- > **Close monitoring the outcome**, Morbidity/Mortality conference and quality assurance