

**International Medical Crisis Response Alliance**

800 3rd Ave. 22nd Floor

New York, N.Y. 10022

**Syrian, North African and Middle Eastern Refugees**

**Problem and Need:**

We are living in an age of rampant insanity and violence where steadily expanding extremist sects, dedicated to little more than wholesale murder and the destruction of civilization, have thousands of eager recruits and adherents. The devastation wrought by such sects in the Mideast and North Africa has forced over 4,000,000 persons into squalid refugee camps and 800,000 more into a Europe which is increasingly reluctant and incapable of handling them. In the worst refugee crisis since WWII, 52% of the displaced are children living a childhood seared by horrors beyond belief. Innocent, decent families who once had a peaceful life now live in tents with limited access to food and water. Had they not fled they would be facing rabid intolerance, crucifixions, beheadings and other repulsive obscenities which should be utterly alien to an advanced global civilization. In short, the horrors of Nazism seem to have reappeared in a different but equally virulent form 70 years later. As of October 2015, the U.S. has declared it will help partially alleviate the refugee crisis. President Barack Obama announced recently that the U.S. would begin resettling at least 10,000 Syrian refugees starting toward the end of this month. But even if this is done…and even if Europe takes in another half-million…the ensuing problems will be staggering. Referencing the experiences of the roughly 1,500 Syrians resettled in the U.S. since 2011, along with the tens of thousands of other refugees, displaced families and individuals will face myriad challenges. Among other new dangers and frustrations they will be facing anti-refugee prejudice, a strange and frightening culture, a highly bureaucratic resettlement process, the task of finding work in a foreign country, learning a new language and navigating daily life, finding treatment for both new illnesses and those resulting from harsh treatment and the stresses of fleeing for their lives. PTSD is already known to be rampant in these populations and an entire generation is growing up with serious emotional, educational, psychological and medical deficits. The key question is how to reach these populations with personalized, skilled, native-language help enabling them to survive and flourish in either the U.S. or Europe.

**A Unique and Effective Solution:**

The region of the United States within a 200 mile radius of New York City has perhaps the world’s greatest concentration of specialists in medicine, psychology and the psychosocial sciences. This includes dozens of Arabic and Urdu-speaking clinicians who are expert in the recognition and treatment of trauma-related mental disorders. Uniquely positioned to both access and disseminate this expertise, The InternationalMedical Crisis Response Alliance(IMCRA) is a nonprofit 501c3 United Nations-affiliated NGO located on 3rd Ave and 49th St. in the heart of Manhattan. Launched and maintained by medical professionals, IMCRA is dedicated to providing free, easy access, interactive, expert medical education and reference resources to families, patients and professional caregivers worldwide faced with trauma-related medical crises for which they may not be adequately prepared, trained or staffed. Founded in 2012 by a direct mandate from UN Office for the Coordination of Humanitarian Affairs (OCHA), IMCRA was asked to provide: “…enduring medical resources which remain easily accessible not only immediately after recognition of a medical crisis, but in the months and years that follow…” Our faculty specializing in crisis medicine, social services and post-traumatic psychopathology are ready and willing to provide practical advice, answers to tough questions on multiple topics and in general disseminate their knowledge securely and privately where it is needed most. In addition to its faculty expertise, IMCRA provides supplementary *materia medica* in the form of publications, references and other downloadable resources targeted at both physicians and displaced populations. IMCRA services are accessed by internet and smartphone, and for certain programs in person. Interactive services may be accessed 24 hours, 7 days a week and are free of charge. As even refugees tend to have smartphones and can share information within small groups the penetrance of this methodology is good. Interactive communication with faculty is free and completely anonymous.

**Operational Plan:**

IMCRA has been fully operational since 2012 and advertises its services through multiple partners in the US and abroad. These include the International Red Cross, WHO*, Medecin sans Frontiere*, UNICEF and Northwest Medical among other entities. Offerings are built around core 8-12 minute online video modules in which a faculty member addresses a specific topic in Arabic, Urdu, English and any one of several other languages as needed. With each module, IMCRA provides an abstract, a descriptive blurb, a list of references, an image library, a list of downloadable materials relevant to each subtopic, and a toggle for interacting with the faculty member responsible for that module. The system is available both on internet and via WiFi on smartphone. The smartphone access has an added benefit in a simplified and rapid language-specific voice recognition menu. Finally the smartphone app provides a TalkBack feature that enables victims (or the first line provider attending them) to record a short audio/video message for the faculty member handling the selected topic. Each module will come online every two weeks beginning in December 2015 and will remain accessible on the system via internet and smartphone for three years. Use and uptake metrics are conducted via Vzaar and are updated every 4 weeks. Use metrics are broken down by Reach, Exposure, and Engagement parameters. Faculty commitments to personal interaction range from one week to indefinitely. The topic modules and faculty in order of rollout follow:

1. **What has happened to me and my family?** Initial perception of what families have experienced defies most reference point in modern reality. In this module Dr. Hamman uses a highly skilled and philosophical approach to comfortingly examine the eternal questions of why has God/Allah allowed this to happen and ow it fits into the larger scheme of human history (Dr. Abdelsalem Hamman – Cornell University)
2. **I don’t know this language or culture! (MD):**  This is an English-language guide for physicians treating refugee families. It provides some common phrases in Arabic and Urdu (“Where does it hurt”) reviews cultural sensitives of concern during interventional treatment (avoid touching the head) and ultimately provides a list of references and programs when problems go significantly beyond what can be handled in a small practice. (Dr. Raymond Raad – Weill/Cornell Medical Center)
3. **I don’t know this language or culture! (Non-Physician Provider):** This is an English-language guide for non-physician healthcare and social services providers interacting with refugee families. It provides some common phrases in Arabic and Urdu reviews cultural sensitives of concern during common interventional actions (avoid touching the head) and ultimately provides a list of references and programs when problems go significantly beyond what can be handled by local programs. (Dr. Omar Fattal – Private Practice, New York )
4. **Understanding The Presentation Of PTSD/TBI and Related Psychosocial Disorders in the Refugee population (MD):** English language guide for physicians providing insights and Best Clinical Practice upon suspicion of trauma-related psychological disturbances in both adults and children. (Dr. Craig Katz – Mount Sinai School of Medicine).
5. **Health and Disease for Displaced Persons:** In many locations worldwide Refugees are still living in camps under conditions of astonishing deprivation (e.g. 24 dangerously overcrowded refugee camps in Syria, Iraq, Jordan, Turkey, Lebanon and Egypt). Communicable diseases are endemic under these conditions. This module speaks directly to refugees in Arabic and Urdu and lays down basic rules of hygiene and techniques for enforcing them under difficult conditions. (Dr. Zulfaqir Siddaqi – ADPC)
6. **Stories of Recovery:** Case histories of families who have survived and prospered after being displaced to Europe or the USA under traumatic conditions. Inspirational messages intended to encourage those with feelings of hopelessness and hopeless loss. (Dr. John Abo - ADPC).
7. **Surviving in America/Europe:** Provides refugees with a native language primer on manners in the U.S. and Western Europe including role playing and very basic English language instruction. (Mr. Hizzam Wahid – AAFSC)
8. **Options Available:** Exhaustive references to all available online and local resources and services dedicated to helping refugees. Provides sequential steps families (or the patients themselves) can take to deal effectively with the problem starting with the lest invasive and moving upward (Dr. Khaled Hosseini – UNHCR)

Among other remediation techniques found to be therapeutically sound when accessed via computer or smartphone the following modules are also offered by IMCRA:

1. **PTSD and Trauma-Related Psychopathology Therapy** – This module reaches out to the victim who understands they are suffering from PTSD and provides virtual reality replays of traumatic events customized to situation, location, and people present. Currently, this involves therapeutic desensitization to scenarios that are progressively closer to what was actually experienced. For example, sample programs would alternate between driving down a quiet street in the USA vs a busy street in Iraq.
2. **Remote Monitoring of Children Suffering from Psychiatric Disturbances** – This module, in Arabic and Urdu enables parents to obtain remote help for children showing signs of disturbed behavior by direct exchange with an IMCRA physicians. This module also presents the option of continuous monitoring of trauma-related neural activity using commercially available mini - EEG sensors set to the cloud for archiving and analysis by designated faculty (Available to more established refugee families already in the U.S.)

**IMCRA Staff (CVs attached)**

* Dr. Zulfaqqir Siddaqi - Program Chairman
* George Witter – Outreach
* Randy Seffren – Finance
* Dr. Elliot Noma – Information Technology
* Florence Chung – Publicity and Fundraising
* Dr. Tom Hedberg – Executive Director

**Financial Partnerships Needed:**

An ideal two-year operations budget of $61,300.00 is required to effectively launch this project with all components operational on the schedule planned by our board of directors. A full and detailed budget is available and is abstracted below:

1. Honoraria and incidentals for 8-10 committed faculty experts - $20,000
2. Travel and meals for faculty during recording sessions - $5,000
3. Video Hosting on Vzaar and IMCRA platform for 3 years - $4,800
4. Video recording, processing, editing and posting for 12 modules - $8,000
5. Research, literature, development, posting and procurement of supplementary materials for 12 modules - $12,500
6. Smartphone App development and implementation - $9,500
7. One domestic conference - $1,500



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