**Table of Contents**

Forgoing Partnerships that foster the exchange of healthcare professionals ................................................. 4

Oxygen Under Pressure - a future adjunct option for refractory wounds .......................................................... 6

The Cardiovascular Program at the University of Nebraska Medical Center..................................................... 9

Centers of excellence in head and neck surgical oncology promise improved survival and quality of life 11

– The University of Nebraska experience...................................................................................................... 11

The Nebraska Medical Center offers Advanced Treatment Options in Ocular Imaging Technology - Diagnosis and Management of Primary Intraocular Lymphoma ................................................................. 13

A Physician’s Curiosity Changed Transplants around the World ........................................................................ 15

Telepathology Offers Second Opinion Diagnoses and Consultations for Blood Disorders ............................... 17

New Heated Chemotherapy Treatment Offers Hope to Patients with Peritoneal Surface Malignancy .......... 19

Expert International Teleradiology Services................................................................................................. 22

The Future Of Professional Healthcare Training: Customized Adoptions ..................................................... 24

The Mayor Of Omaha And The Nebraska Director Of Economic Development Applaud Nebraska Medical Center’s Comprehensive Agreement With The Saudi Arabian Cultural Mission .......... 28

International Partnership Opportunities Gaining Interest, But Challenges Await Hospitals ...................... 32

International Healthcare Program Allows Nurses To Share Their Knowledge And Expertise .................... 37

Advanced Epilepsy Treatment And Seizure-Freedom Can Help Millions Of Patients In MENA Countries .......... 39

Program Helps Saudi Arabian Health Professionals Enhance Skills......................................................... 41

Forgoing Partnerships That Foster The Exchange Of Healthcare Professionals ............................................. 43

‘New Dimension’ High-Tech House Calls Let Doctors Go Global................................................................. 45

International Impact................................................................................................................................... 47

Gov. Heineman Announces State To Open International Business Office In Tokyo ..................................... 52

UNMC’s Mamdani Attends Opening Of Nebraska Center In Japan .................................................................. 54

Nebraska To Open International Business Office In Tokyo ........................................................................... 55

Transferring Medical Knowledge And Empowering Local Communities .................................................... 57

Promoter From Afar Helping Hospital ........................................................................................................ 59

UNMC’s Nizar Mamdani Going Global........................................................................................................... 61

The Medical Center Opens The World To Nebraska .................................................................................... 64

Sharing Medical Knowledge Around The World ........................................................................................... 66

Nebraska To Put On Best Face At International Conference ........................................................................ 68

Transplant Program Receives National Spotlight........................................................................................ 71

Apollo Hospitals Installing Rs 30-Cr Scanning Device................................................................................... 74

Overman Joins Delegation In Diplomatic Trip To China .............................................................................. 76
Johanns To Promote Nebraska Business During Trade Mission To China In June ................................. 78
Nebraska Medical Center Takes The Lead In Fostering International Collaborations ............................... 80
Dr. Richards Treats Bahrain Royal Family.................................................................................................. 81
OIHS Hosts Bangladesh's Top Health Minister.......................................................................................... 83
From Pain, Something Positive ................................................................................................................... 85
Nebraska Health System/University of Nebraska Medical Center’s Office of International Healthcare Services “Reaching Out to the World” ........................................................................................................................................ 86
Forgoing Partnerships that foster the exchange of healthcare professionals

Renowned as a leader in health care delivery in the United States and internationally recognized for excellence, The University of Nebraska Medical Center/Nebraska Medicine’s International Healthcare Services (UNMC) has established a unique model for world-class clinical experts in patient care, research, education, training, management and advanced technology to enhance patient-care delivery around the world. UNMC leverages the academic and medical hospital’s core competencies, intellectual capital and management expertise to create innovative services and collaborative partnerships and to provide “No-Cost” Training and research opportunities to healthcare providers around the world.

UNMC’s achievements reach far beyond the boundaries of the heartland in North America. Its leadership and excellence in health care has extended internationally with its footprints in 122 collaborative partnerships in 44 countries. The diverse array of global partnerships touch patients in Delhi, Jeddah, Cairo, Kuwait, Nairobi, Cape Town, Madrid, Mexico, Beijing, Tokyo and Rio. This is a clear affirmation of UNMC’s strong commitment to create and nurture outstanding sustainable relationships and programs throughout the world.

U.S. News and World Report named UNMC as one of Best Hospitals in North America. UNMC attracts the best US and international healthcare professionals and researchers to work in a global environment that promotes the best patient care and treatment options that can leap over geographical boundaries to reach global patients in need.

Medical Expertise Shared Around the World

Established international presence and research driven experiences have allowed UNMC the ability to leverage and successfully operate under changing and challenging international healthcare delivery systems. UNMC continues to successfully grow, collaborate and expand its international programs.

Fifteen years ago, Nizar Mamdani, Executive Director of the International Healthcare Services, experienced first hand how extraordinary and world-renowned the healthcare delivery in cancer care and bone marrow transplantation is at UNMC, as his wife, Nancy, was a Non-Hodgkin’s patient at UNMC. “I realized the importance for international patients to be the ultimate beneficiaries from UNMC’s advanced treatment programs in cancer care and transplantation. I wanted to start a global “No-Cost” healthcare training program for healthcare professionals” says Mamdani. “Today, our selfless programs provide
healthcare professionals the unique opportunity to learn from world-renowned doctors and nurses in cancer care, transplantation, neurology and 36 other subspecialties”.

During his first overseas visit fifteen years ago, it became clear to Mamdani that most international physicians were very well educated and trained, but the support staff needed training in specialized treatment programs. His No-Cost training programs have focused around that basic premise of providing allied health and nursing staff with customized training.

Healthcare professionals participate in a 15 to 21-day, No-Cost collegial observership and become familiar with US and internationally renowned physicians. UNMC’s training programs work fairly simply. A partner institution sends specialists, nurses and other allied health professional team for training. While at UNMC, they receive free housing, meals, local transportation, and priceless training. It’s an investment, Mamdani says, that is returned many times over, because the international patients, in their own countries, are the ultimate beneficiaries of these training programs. 187 healthcare professionals from 28 countries have participated in No-Cost programs at UNMC and 52 UNMC specialists have visited 23 international partner institutions to provide training.

“The relationships Nizar describes are having a strong impact, according to Dr. James Armitage, a world-renowned hematologist at UNMC. “I think anytime you can interact with colleagues around the world to the betterment of patients is excellent.”

Dr. Grande from Spain stated “UNMC’s clinical floors are run like a caring and innovative enterprise, every international doctor will immensely benefit from this collaborative experience. This is the best education and life-changing experience in the world, with the free tuition and paid living expenses”.

Borderless Medicine Delivery

UNMC’s individualized Tele-Medicine programs provide global healthcare solutions to cross geographic limitations and high costs in travel. Patients are touched through individualized Tele-Health, Tele-Pathology and Tele-Educational programs. These programs provide a collegial opportunity to electronically access and collaborate with UNMC’s experiences and proven treatment options for their patients. UNMC utilizes state-of-the-art technology, web based software, “real-time” interactive diagnosis, tele-pathology and electronic consultation.

“On-line uploading of patient’s reports and past medical history, pathology slides x-rays and other radiological images also provide a medium for statistical data and the exchange of medical research, educational information and patient outcomes”, says Mamdani.

UNMC is inviting healthcare and research institutions as well as healthcare professionals and researchers to collaborate in its international research and patient care programs to help improve treatment options in cancer and other life-threatening illnesses.

For more information visit www.unmc.edu/international and contact oihs@nebraskamed.com.
Oxygen Under Pressure - a future adjunct option for refractory wounds

*Middle East Health Magazine-November 2015*

By Dr. Lon W. Keim

Imagine being at risk of losing one of your feet.

That’s what a mother of seven from Kuwait with advanced diabetes mellitus recently faced before coming to Nebraska Medicine and the University of Nebraska Medical Center, through the assistance of the Office of International Healthcare Services.

She presented with a problem wound involving her right foot, now threatened by potential amputation. Her management was further complicated by the need of dialysis three times per week for her end stage renal disease.

Years ago Dr. Jefferson Davis and Dr. Thomas Hunt coined the term “problem wounds,” which they defined as wounds which simply do not heal as they should.

Through their experience and research they determined that a common denominator of problem wounds is tissue hypoxia or oxygen deprivation. Tissue hypoxia is commonly a result of three factors: inadequate oxygen in the blood, insufficient regional blood flow, or most often – focal oxygen demand exceeds delivery. That is the metabolic demands of the wound exceed oxygen delivery from the available blood supply.

Accordingly, the body’s inherent defense mechanisms – the ability to fight infection, generate new blood vessels, build tissue, create strength, provide coverage – are forced to function in an oxygen deficient environment. Thus a problem wound, like the one the woman from Kuwait experienced, is created.

Re-establishment of local regional blood flow through vascular enhancement procedures such as arthrectomies, angioplasties, stent placement, and bypass procedures is the essential cornerstone of initial management.
Hyperbaric Oxygen Therapy (HBO) also has been found to be a useful adjunct in selected patients who tissue oxygenation is not improved to accepted levels by revascularization procedures. The patient is entirely enclosed in a monoplace chamber and breathes 100 percent oxygen at pressures greater than 1.0 atmospheric pressure absolute (ATA).

With increased pressure, the amount of oxygen physically dissolved in the blood is increased. This increased oxygen pressure in plasma enhances diffusion from existing vasculature and improves regional wound tissue oxygen tensions.

The increased oxygen tension will not make a normal wound heal faster, but allows an otherwise compromised wound to heal through improved white cell function, enhanced antibiotic effectiveness, promotion of micro-vessel growth and collagen formation. It should be emphasized that HBO is not a substitute for adequate debridement or appropriate antibiotics, adequate nutrition, or local wound care.

Prior to coming to Nebraska, the mother from Kuwait had been evaluated by clinicians in Europe who believed nothing further could be done with amputation being the next most likely course of action. She was subsequently referred to Nebraska Medicine where vascular surgeons were able to improve her distal vascular circulation through angioplasties and stent placement.

Subsequent transcutaneous oxygen assessment confirmed marginal tissue oxygen tensions that reversed with Hyperbaric Oxygen Therapy, thereby justifying further treatment with HBO. While continuing her dialysis three times a week, through a series of HBO treatments at 2.4 ATA for 90 minutes each, local wound care, and pressure off loading, her wound oxygen tensions improved, allowing her wound to heal to a degree it was believed she could be safely discharged and return to Kuwait with her limb intact.

It should be emphasized that her recovery was the result of a team effort that included: skilled surgeons, gifted interventional radiologists, talented infectious disease expertise, attentive nurses, ongoing dialysis support, pressure off loading, aggressive nutritional support, and hyperbaric oxygen therapy.

The Hyperbaric Unit at Nebraska Medicine is equipped with four monoplace chambers capable of treating patients at pressures up to 3.0 ATA. The unit is staffed by hyperbaric trained critical care nurses, and is located immediately adjacent to an ICU. As such, the Nebraska Medicine specialists are capable of both treating walk-in outpatients as well as those requiring intensive critical care support. Although available 24/7 for emergent conditions, the unit routinely runs four shifts a day, with the majority of patients treated once daily five days a week.

HBO is viewed as the primary treatment for only three conditions: (1) acute carbon monoxide intoxication, (2) decompression sickness (bends), and air emboli (air bubbles within the vascular system).

For all other conditions, HBO is viewed as adjunctive therapy to the traditionally accepted mandates of care: adequate debridement and wound care, pressure off loading, edema control, nutrition, wound care, appropriate antibiotics, etc.

The following conditions have been approved and are endorsed by the Undersea and Hyperbaric Medicine Society (UHMS) as appropriate for treatment with HBO: (1) Clostridial myonecrosis - gas gangrene, (2) Necrotizing Soft Tissue Infections, (3) Refractory Chronic Osteomyelitis, (4) Compromised Flaps & Grafts, (5) Diabetes Mellitus – with lower extremity problem wounds refractory to conventional management for > 30 days, Wagner III-IV, (6) Delayed Radiation Injury – to Soft Tissues and Bone including radiation cystitis, radiation caries, colorectal radiation enteritis, or any chronic non-resolving...

The risks and side effects associated with HBO therapy are few. They include: confinement anxiety; barotrauma to the ears sinuses and potentially the lungs; fire (controlled by rigid adherence to strict safety protocols), rare oxygen induced seizures; and occasional transient reversible changes in vision. All in all, it is extremely well tolerated with minimum risks.

For additional information, please contact Nizar Mamdani, Executive Director, International Healthcare Services at Nebraska Medicine at +1 (402) 559-3656 or via email at nmamdani@nebraskamed.com. Visit our website at www.unmc.edu/international.
A hidden gem exists in the middle of the United States, the Cardiovascular Program at the University of Nebraska Medical Center/Nebraska Medicine. In the past decade this program has grown into a comprehensive cardiovascular program worthy of international recognition. The Division is composed of six Sections: Interventional and Structural Heart Disease, Advanced Heart Failure and Transplantation, Consultative Cardiology, Electrophysiology, Imaging, and Adult Congenital Heart Disease.

The Interventional and Structural Heart Disease program is lead by Dr. Gregory Pavlides. Before moving to Nebraska, Dr. Pavlides was the Director of the Onassis Heart Hospital in Athens and one of Europe’s leading interventional cardiologist. He brings extensive experience in transaortic valve replacement and decades of experience in valvuloplasty. Dr. Brian Lowes leads the advanced heart failure and transplant program. Over the past decade the program has grown to be one of the largest advanced heart failure programs in the United States. This year we will perform 40 transplants and 75 LVADs. Dr. Lowe’s research interest is coupling next generation DNA sequencing with clinical research and personalized medicine.

The consultative cardiology program brings over 100 years of clinical experience with a broad international exposure. Dr. Ward Chambers, the Executive Director of International Health and Medical Education for UNMC has set-up programs and partnerships in the Middle East and Asia. Additionally, the consultative program has launched an innovative prevention and telemedicine program to better engage patients in their care. The electrophysiology program provides comprehensive advanced ablation therapies for all types of SVT and VT including epicardial mapping and ablation.

The cardiovascular imaging program is lead by Dr. Tom Porter. Dr. Porter is an international leader in perfusion imaging, therapeutic imaging and cardiac magnetic resonance imaging. He is joined by Drs. Samer Sayyed, Shikar Saxena and Haree Vongooru to provide world-class multi-modality imaging.

A recent but important addition to this program has been the adult congenital heart disease program. Over 50% of all patients with congenital heart deformities are now adults and their management requires
special expertise. The program is led by Dr. Shane Tsai, who is board certified in Pediatrics, Medicine, Pediatric Cardiology, Adult Cardiology as well as Cardiac Electrophysiology. He is joined by Dr. Angela Yetman, a noted researcher in connective tissue disorders and Dr. Jonathan Cramer who holds joint imaging appointments in Medicine, Pediatrics and Radiology.

The Cardiology Program is complemented by a superb Cardiovascular Surgery team lead by Dr. Mike Moulton. Their outcomes are among the best in the Country and their expertise ranges for surgery for adults with congenital heart disease, to heart and lung transplantation (launching in 2015) to advanced valve surgery. Joining Dr. Moulton are Drs. Kim Duncan, John Um and Aleem Siddique.

Equally important to UNMC’s clinical care is research and education. The cardiology fellowship consists of four fellows per year for general cardiology as well as advanced programs in interventional cardiology, advanced imaging, electrophysiology and heart failure/transplantation. Their research expertise spans genetics, inflammation, imaging and informatics. The Cardiovascular Biobank contains blood and tissue samples that are linked to the program’s Cardiovascular Quality, Outcomes and Research database that allows them to perform research from protein function to population-based therapeutics.

In summary, the Cardiovascular Program at UNMC provides a world-class patient experience in the Heartlands of the United States.

Nizar Mamdani, executive director of Nebraska Medicine’s International Healthcare says: “Our healthcare professionals and researchers are great examples of the caliber of specialists and researchers working tirelessly to help provide the best head and neck surgical oncology treatment options. Through strategic collaborations with 123 institutions in 44 countries, Nebraska provides innovative treatment options for cancer care and transplantation to patients around the world”. Nebraska also provides customized training and educational programs for specialists, nurses and allied healthcare professionals. Contact: nmamdani@nebraskamed.com; www.unmc.edu/international
Centers of excellence in head and neck surgical oncology promise improved survival and quality of life – The University of Nebraska experience

The head and neck surgical oncology program at the University of Nebraska Medical Center/Nebraska Medicine (Nebraska) has evolved into a center of excellence that provides comprehensive care to patients affected by head and neck cancer. With over 25 years of experience, the program is one of the highest volume teams in North America. Interdisciplinary care revolves around collaboration between fellowship-trained physicians in head and neck surgical oncology, reconstructive surgery, robotics, medical oncology, radiation oncology, endocrinology, and head and neck pathology, with wide recognition for their clinical expertise, teaching and leadership roles. Dedicated support services provide ongoing care for speech and swallowing rehabilitation, dental oncology, social support and seamless transition to survivorship.

Head and neck cancer affects over half a million individuals globally every year. A majority of these cases are related to tobacco and alcohol use, although human papilloma virus associated oropharyngeal carcinomas have recently demonstrated a dramatic increase in incidence. Care of patients diagnosed with head and neck malignancy often require collaboration between multiple specialty physicians and allied health care professionals to ensure optimization of patient outcomes related to survival and quality of life.

There is increasing evidence that high volume centers that focus on specialized care of head and neck cancer patients have improved outcomes. Such programs rely on care protocols based on best practice models, established network of supportive services, and continued skill improvement in focus areas to provide superior care, better survival and quality of survivorship. The effect of high institutional volume on improved outcomes is not limited to head and neck surgical oncology, and has been demonstrated reliably in areas like esophageal, bariatric and pancreatic surgery.

Several patient centered specialized care pathways have been developed in Nebraska for patients with malignancies affecting the upper aerodigestive tract, skull base and thyroid gland. These pathways have resulted in significant improvements in patient outcomes, including reduction in length of hospital stay, shorter and less frequent intensive care unit stay and reduced cost of care.

The efficient delivery of care allows the program to support academic training programs for clinicians, the opportunities to develop meaningful clinical and laboratory research, and use established scientific
principles for outcomes improvement. For example, the recognition of depression as a major determinant of the adverse quality of life, for patients with advanced head and neck cancer receiving non-surgical therapy, resulted from the experience gained at Nebraska program. Nebraska researchers further identified the role of prophylactic use of anti-depressants in mitigating depression and improving quality of life parameters in such patients even after cessation of therapy. The potential positive impact of these findings on a large number of patients worldwide, who are at high risk for treatment related depression and self harm, are substantial.

A robust clinical program supports a head and neck cancer registry and tissue bank that advances our understanding of specific molecular markers that determine behavior of head and neck squamous cell carcinoma. UNMC researchers’ work on the expression of MUC 1 & MUC 4 and their adverse prognostic implications in head and neck mucosal malignancies offers hope for development of novel therapeutic agents in the future.

In addition to continued excellence in oncologic care, the program offers unique opportunities for dissemination of knowledge and shared expertise with partners on a worldwide basis, through training programs, continued medical education opportunities and the ability to provide clinical decision support through remote tumor boards.

As leaders in head and neck cancer care, Nebraska continues to expand its efforts at improving survival and quality of care outcomes for its patients through innovative use of care pathways, research with real world applications, advanced clinical training programs and opportunities for collaboration with head and neck clinicians and researchers across the globe.

Nizar Mamdani, executive director of the Nebraska’s International Healthcare says, “Our healthcare professionals and researchers are great examples of the caliber of specialists and researchers working tirelessly to help provide the best head and neck surgical oncology treatment options. Through strategic collaborations with 123 institutions in 44 countries, Nebraska provides innovative treatment options for cancercare and transplantation to patients around the world”. Nebraska also provides customized training and educational programs for specialists, nurses and allied healthcare professionals. Contact nmamdani@nebraskamed.com.  www.unmc.edu/international
The Nebraska Medical Center offers Advanced Treatment Options in Ocular Imaging Technology - Diagnosis and Management of Primary Intraocular Lymphoma

Middle East Health Magazine-January 2014

Serious Medicine. Extraordinary Care.

That has always been the motto for the University of Nebraska Medical Center/The Nebraska Medical Center (“TNMC”). And certainly the specialists and researchers at TNMC are doing everything to maintain such reputation in the area of uveitis and intraocular lymphoma.

In 1929, Percival Bailey first coined the term primary central nervous system lymphoma (PCNSL). Since the entry of PCNSL into the world of medical literature, countless medical advances regarding its pathogenesis, diagnosis, and prognosis have resulted.

Yet, during the past eight decades, PCNSL is still bound to a harrowing prognosis, as relapsing CNS lymphoma has one-year overall survival of 25-40%. PCNSL is the second most common intracranial mass lesion. It is highly prevalent in the human immunodeficiency virus (HIV)-infected population—a population which continues to expand in the Middle Eastern and North African regions.

However, advances in the diagnosis of one subset of PCNSL—primary intraocular lymphoma (PIOL)—are proving to be pivotal to the early detection of eyes with PIOL and allowing the physician to preserve sight in such eyes by initiating early therapy. PIOL is a rare non-Hodgkin’s lymphoma, which consists of large B-cells. While PIOL may represent a mere 1% of the non-Hodgkin’s lymphomas, 1% of intracranial tumors, and less than 1% of intraocular tumors, 60-80% of PIOL cases eventually develop CNS involvement.

“The diagnosis of PIOL itself was considered to be very difficult for a long time due to its masquerading features and low incidence,” explains Quan Dong Nguyen, MD, MSc, McGaw Memorial Endowed Chair in Ophthalmology, Inaugural Director of the Truhlsen Eye Institute (TEI). “Chief patient complaints typically consist of blurred vision and floaters without painful or red eyes; however, clinical manifestation varies among patients. PIOL also masquerades as infectious, non-infectious, or idiopathic inflammation of the eye and often even responds to corticosteroid therapy, thus contributing to the diagnostic challenge,” Dr. Nguyen expands further.
However, several advanced imaging techniques are now being utilized to help diagnose and follow patients with PIOL. “We are employing most if not all of them, even those techniques in development” says Yasir J. Sepah, MBBS, Director at TNMC. There are several techniques that have been used to evaluate patients with suspected PIOL. Fluorescein angiography is useful for monitoring the changes in the size of hypofluorescent lesions. Indocyanine green angiography also reveals hypofluorescent lesions, although it is not as sensitive as fluorescein angiography. “Now, spectral-domain optical coherence tomography (SD-OCT) may be employed to assess the degree of lymphoma infiltration. SD-OCT findings of distorted retinal layers and hyper-reflective signals in the forms of bands and nodules have recently been reported by our team and may further help in early identification of eyes with PIOL, especially in cases where there is no CNS involvement. The Figure illustrates the course of a patient with PIOL managed by Dr. Nguyen. The diagnosis was missed by two comprehensive ophthalmologists and two retina specialists before Dr. Nguyen established the critical findings which led the patient not only able to learn of the diagnosis of PIOL but also subsequently of CNS lymphoma. Such proper diagnoses have certainly saved the patient’s sight and also life. We have conducted extensive research on this subject and have published various seminal scientific papers in this area. And, we apply what we have learned from the OIRRC to the patients who are being examined at TEI, providing those who are suspected to have PIOL or those with atypical uveitis with the most comprehensive evaluation,” states Dr. Sepah.

Although treatment is individualized for each case of PIOL, systemic methotrexate and rituximab are currently considered to be first-line therapy. The affected eyes may be radiated in addition to systemic and intravitreal chemotherapy. Improvement with local and intrathecal chemotherapy has also been reported. In some patients, autologous stem cell transplant following high-dose chemotherapy has been shown to be effective.

PIOL is a highly malignant neoplastic disease with poor prognosis. “To improve the outcome, early diagnosis and appropriate treatments with careful monitoring are necessary,” emphasizes Diana V. Do, MD, Vice Chair for Education and Director at TNMC “The masquerading features and low incidence of PIOL make the diagnosis quite challenging,” Dr. Do reiterates.

Nizar Mamdani, executive director of the TNMC’s International Healthcare says, “Our researchers and specialists are great examples of the caliber of specialists and researchers working tirelessly to help provide better lymphoma treatment options. Through strategic collaborations in 44 countries, we provide innovative treatment options for cancercare and transplantation to patients around the world”, says Mamdani. TNMC also provides customized training and educational programs for specialists, nurses and allied healthcare professionals. Contact nmamdani@nebraskamed.com. www.unmc.edu/international

Figure: Longitudinal wide-angle color fundus photographs (P200 Tx, Optos, Inc.) on the left and spectral domain optical coherence tomography (OCT, Spectralis, Heidelberg Engineering, Inc.) on the right of a patient with primary intraocular lymphoma. (A) First day of presentation: fluid in the retina is circled on the OCT. Arrowheads indicate hyper-reflective signals on the retina (photoreceptor layer, PRL, and retinal pigment epithelium, RPE, layer). OCT scan was performed before the diagnostic vitrectomy. Color fundus image is from Day 14 following vitrectomy. (B) Day 19: the arrows indicate intraretinal fluids on the OCT. Lesions on the PRL and RPE are pointed. (C) Day 77: hyper-reflective signals on the RPE pointed by the arrowheads on the OCT have arguably thickened. Hyper-reflective signals are also seen in the inner retina. An arrowhead points to an example in the inner nuclear layer of the retina.
A Physician’s Curiosity Changed Transplants around the World

Dr. Margaret A. Kessinger, Professor, Internal Medicine Oncology/Hematology, Professor, Pathology/Microbiology, recently marked the 30th anniversary of the bone marrow transplant program at the University of Nebraska/The Nebraska Medical Center (TNMC). Over the past several decades, Dr. Kessinger and other prominent oncologists and researchers have led the way developing new methods and procedures to fight blood and other cancers.

They said it couldn’t be done. But oncologist Dr. Kessinger paid no mind.

In 1981, bone marrow transplants were just beginning to be used to treat some blood cancers, such as lymphoma and leukemia. In some cases it helped provide a cure. But, for patients whose cancer had invaded the bone marrow, there were no options.

Dr. Kessinger wanted to know if there was another way of collecting stem cells derived from the blood of patients. At the time, the only way to collect stem cells from the bone marrow was to put the patient under general anesthesia then insert a long needle into the hipbone, 100 or more times until enough stem cells were collected to perform a transplant.

Dr. Kessinger felt there had to be an easier and less painful way. She knew peripheral blood stem cell transplants were successfully used in animal models as early as the 1930s and common sense told her that it also could work in humans.

Dr. Kessinger and her colleagues at the Red Cross figured out a way to collect the cells through a special process called apheresis – through veins in the arm much like donating blood. The first peripheral blood stem cell transplant at TNMC was performed in June 1984.

When Dr. Kessinger published the results of the clinical trial she conducted with 10 patients, her article was questioned by the medical community. Her colleagues around the world thought she had either fabricated results or misinterpreted them. At first, the medical journals would not accept her reports. She
eventually proved to the world that her data was correct, conventional dogma was wrong and peripheral stem cell transplantation could work.

The process was effective and enabled the use of peripheral blood stem cell transplantation in humans. The therapy provided a viable alternative and is now standard practice around the world.

Dr. Kessinger, along with her world-renowned colleagues, Dr. James Armitage, Dr. Julie Vose and other TNMC specialists and researchers painstakingly work to make a difference for patients around the globe.

In other groundbreaking treatment options, TNMC participated in the clinical trials for SGN-35, a treatment of monoclonal antibody with chemotherapy attached to it. It works by delivering the chemotherapy directly to the cancer cells and bypasses the normal, healthy cells. The targeted “smart bullet” approach lessens the side effects of the chemotherapy. TNMC oncologists saw the promising results first hand: 73% of the patients had their tumors shrink or disappear.

As one of the four centers in the United States, TNMC also played an important role in the trial of Intrabeam therapy for breast cancer, a type of interoperative radiation therapy (IORT). Instead of six weeks of treatment following surgery, Intrabeam patients have their surgery and radiation in one session lasting about 90 minutes. With solid clinical data showing this approach to be effective, it is now becoming more widely available.

With construction underway to build a new US$323 million The Fred and Pamela Buffett Cancer Center, a seven-story, 108-bed inpatient treatment center and the ten-story, 98-laboratory research tower, TNMC will be a “beacon of light” for cancer patients around the globe, said Susie Buffett, a leading philanthropist.

Nizar Mamdani, executive director and founder of the TNMC’s International Healthcare Services says, “Dr. Kessinger, Dr. Armitage and Dr. Vose are inspiring and remarkable examples of the caliber of specialists and researchers working tirelessly to help provide better cancercare treatment options”.

“Through collaborative strategic partnerships with 122 institutions in 44 countries, we continue to provide innovative treatment options, as well as specialized tele-pathology and second opinion consultation services for cancer care and transplantation patients around the world,” says Mamdani.

TNMC also provides no-cost, customized training and educational programs, especially for nurses and allied healthcare professionals. “Through our personalized training programs, we facilitate patients around the globe to be the ultimate beneficiaries of the most advanced treatment options and to empower them to receive the latest treatments in their own home countries,” says Mamdani.

For more information about advanced treatment programs, research, training and education, contact nmamdani@nebraskamed.com, www.unmc.edu/international, Tel: +1-402-559-3656.
Getting the exact diagnosis is critical to treating rare and complex blood disorders such as lymphomas and leukemias. The Nebraska Medical Center and the University of Nebraska Medical Center (UNMC) Anatomic Pathology Consult Service is helping many medical centers around the world receive second opinion diagnoses and consultations from our pathologists and hematologists/oncologists. Many of these physicians are internationally renowned experts in diagnosing and treating blood disorders.

The medical center’s Lymphoma and Blood and Marrow Transplant programs draw patients from around the world for treatment and second opinions. It is ranked as one of the busiest adult lymphoma and pediatric programs in the country, averaging over 150 transplants a year. It has performed more than 4,500 blood and marrow transplants since its founding in 1987.

“When it comes to rare lymphomas, you want to be at a place where there are experienced experts in diagnosis and treatment,” says James Armitage, MD, hematologist/oncologist, world renown for his clinical research in lymphoma and bone and stem cell transplantation. “We were early pioneers in this field and have published many articles about treatments for lymphomas.”

Over the last 30 years, Dr. Armitage and his colleagues have been recognized for a number of ground-breaking advancements and improving success rates for patients. As a result, blood and marrow transplants are a more viable and promising treatment options for patients with lymphoma, leukemia, multiple myeloma and other blood disorders.

Consultative services are available from the medical center’s team of 17 hematology/oncology experts that includes Dr. Armitage as well as Julie Vose, MD, one of the country’s foremost experts on lymphoma. Dr. Vose, who is chief of the Section of Hematology/Oncology at UNMC Department of Internal Medicine, has been conducting research into the disease for more than 20 years and is the principal investigator for numerous clinical research trials.

The medical center also has a large team of pathologists who subspecialize in various areas of pathology including hematopathology and transplant pathology. “We become your partners and will work closely with you to ensure you get the right diagnosis to ensure quality care for your patients,” says David Muirhead, Anatomic Pathology director at The Nebraska Medical Center.
“Getting the exact diagnosis requires experience and determines appropriate treatment,” says Timothy Greiner, MD, a pathologist specializing in lymphomas for 20 years and interim director of Hematopathology, Department of Pathology and Microbiology at UNMC. “There are many different types and subtypes of lymphoma. Each subtype can behave differently and may require different treatments which can have a significant impact on outcome.”

The medical center’s anatomic pathology laboratories are pioneers in digital pathology technology, one of the most advanced techniques for transferring pathology microscope slides of surgical biopsies quickly, efficiently and accurately. “Our pathology program and global consultation service is available to provide second opinions for new malignancies, consultation on options and potential diagnostic approaches, coverage during vacations, consensus on a diagnosis, quality assurance and teaching opportunities,” says Muirhead. “We are also available to provide a more comprehensive diagnosis using cytogenetic and molecular pathology testing.”

The medical center’s cancer program is part of the National Institutes of Health/National Cancer Institute Bone Marrow Transplant Clinical Trials Network – a consortium of 16 transplant centers across the United States that collaborate on clinical trials in order to derive data from a larger population of patients and to allow for greater sharing of information between centers.

One of the primary factors contributing to the success of the program is the total commitment a multidisciplinary team. “Our physicians have an international reputation not only for their research but for their clinical successes in blood and marrow transplantation,” Dr. Armitage says. “You get this type of reputation not only from the quality of care delivered, but also because you can offer therapies and treatment opportunities that other programs don’t have the ability or scope to offer.”

“Our leading national and international cancer care and transplant programs enable us to provide the latest treatment to our patients coming to our center for treatment or to provide second opinion and telepathology consultations,” says Nizar Mamdani, Executive Director of the International Health Care Services. “Patients never have to leave their homes to be the beneficiary of UNMC’s latest treatment options.”

Please contact Nizar Mamdani for more information about patient treatment, second opinion and telepathology programs. Tel: +1-402-559-3090, nmamdani@nebraskamed.com, www.unmc.edu/international.
New Heated Chemotherapy Treatment Offers Hope to Patients with Peritoneal Surface Malignancy

*Middle East Health Magazine-January 2013*

Often when people think about cancer and the concept of cancer metastasis, most people think of cancer traveling either through lymph nodes or the bloodstream and involving distant organs like the liver, lung, brain, or bone. A less recognized form of cancer metastasis, termed peritoneal metastasis (PM) or peritoneal carcinomatosis (PC), involves the spread of cancer throughout the abdomen and the surfaces of abdominal organs. Cancers that are more commonly known to develop this form of metastasis include: appendix, colon, rectal, ovarian, gastric, small intestine, carcinoid and mesothelioma. Peritoneal metastasis occurs in approximately 70,000 patients per year in the U.S. and appears to be increasing worldwide. The one thing all of these cancers that develop PM have in common is that they originate from an organ housed in the abdominal cavity. The mechanism for developing PM involves the microscopic shedding of tumor cells from the surface of a tumor and subsequently, these microscopic tumors implant on the surface of other adjacent organs in the abdominal cavity. Once the tumors become established, they can continue to spread on the surfaces that are distant from the primary tumor. Sometimes as these tumors grow, they can invade or obstruct the function of organs in the abdominal cavity, such as the intestines or stomach. Common symptoms that develop for patients with progressive disease include abdominal pain, bowel obstructions, infection, bleeding, weight loss, increasing abdominal girth and unexplained hernias. When PM is not treated, the prognosis and the quality of life for patients is poor, with most patients living less than six months.

At The Nebraska Medical Center, there is a dedicated program for optimizing and improving the treatment of patients who develop PM. Each case requires an individualized approach to care. In general, patients often require a combination of systemic (IV) chemotherapy, surgery and hyperthermic intraperitoneal chemotherapy (HIPEC) to treat PM and for many patients. This course of treatment can result in long-term survival and excellent quality of life. The first step in this treatment is to perform surgery called cytoreductive surgery (CRS). This surgery involves removing all the visible sites of tumor
which often requires multiple abdominal organs to be removed. Essentially we perform many of the routine cancer operations such as colon, gallbladder and appendix all in one operative procedure. Once the visible tumor is removed we then administer HIPEC treatment. It is chemotherapy in a balanced solution, heated to 42 degrees Celsius (108 degrees Fahrenheit), delivered directly to the surfaces of the abdomen. This treatment is performed in the operating room following the tumor removal. The benefit of the HIPEC treatment of 60 to 120 minutes is that it destroys any residual microscopic tumor cells and small sub-centimeter tumor nodules that may remain after CRS. The risk of bleeding and infection with this procedure is similar to other abdominal procedures and patients occasionally can have chemotherapy-related side effects. The recovery time in the hospital is about five to 10 days.

As with many forms of metastatic cancer, not all patients may be cured or achieve long-term remission. The outcome following CRS/HIPEC for each patient is a function of the type of cancer, previous treatments, baseline health and fitness and the intrinsic biology of the cancer. This is factored into patient selection for the procedure and also the magnitude of the procedure that is performed. A key factor in the success of CRS/HIPEC is early treatment when the disease is first diagnosed, typically after the first course of chemotherapy. The other benefit for almost all patients with PM that is less commonly discussed is quality of life; particularly the relief. More importantly, this treatment can prevent symptoms such as bowel obstruction, infection and pain that develop with progressive peritoneal disease. At The Nebraska Medical Center, we strive to achieve improving outcomes and educating all patients about their disease, as well as having patients become participants in the process of optimizing their care. In this current era in medicine our ability to detect metastatic disease in its early stages is improving. In conjunction with the progress and improvements in available treatments, both medical and surgical, we continue to extend the lives of patients with advanced metastatic cancer. The University of Nebraska Medical Center is establishing research to help unlock the mechanisms involved in PM which will lead to the development of new treatment strategies. Ultimately, it is paramount that patients are informed of all of the available treatment modalities and the risk benefits associated with each therapy so they know they have pursued all options.

Patients who have weighed those risks and benefits and decided to move forward with the treatment have shared their success stories publicly. Sue Vincent had been healthy most of her life. When she started gaining weight at an unexplained rate, she suspected something was wrong. Her weight gain was caused by an appendix neoplasm, a large tumor growing in her abdomen. She underwent HIPEC to remove the cancer and give her a fighting chance at preventing a recurrence. Our experience has shown that if we do aggressive removal of the tumor and do intraperitoneal chemotherapy, we can often control people’s disease for decades. The first part of Vincent’s surgery lasted more than 14 hours. Our surgical team removed 20 liters of mucus and tumor from her abdomen. Because of the cancer’s spread, we also removed her spleen, gallbladder, omentum, ovaries, uterus, and portions of her colon, liver and pancreas. The following day, we proceeded with the second phase: instilling the heated chemotherapy solution. During this procedure, our team used catheters and a circulation pump to fill Vincent's abdominal cavity with the heated chemotherapy solution. The chemo was then able to penetrate up to eight millimeters into the tissue and be absorbed in the surfaces where these tumor cells were laying. And the cells that are free-floating will either be killed by the heat or by the chemo itself. Washing away the cancer cells left behind greatly improves a patient's odds of living many more years without a recurrence of cancer. Vincent’s outlook is excellent. Her odds of living another 10 or more years are 75 to 80 percent.

Ann Connealy had survived a previous bout with appendix cancer. Her first treatment involved several surgeries and intravenous chemotherapy. As is often the case, her cancer returned three years after she
completed the traditional treatment. She felt she would never be well again. But a year after her surgery and HIPEC treatment, Connealy is optimistic about her future. With her surgery behind her, the future will hold at least a few traditional chemotherapy treatments.

Patients who are candidates for HIPEC treatment are facing very steep odds. They are typically stage four cancer patients and in many cases have already experienced surgery and chemotherapy. I look forward to a time when more people are aware of HIPEC as an option for cancer treatment. I am hopeful that new applications will be found. There is more research to be done, but maybe one day, this approach can work for other parts of the body as well.

The peritoneal surface malignancy and HIPEC program is a significant option for our international patients who come to our center for treatment. The International Health Services department at the medical center has collaborative relationships with over a 120 health-care institutions in 44 countries. The department coordinates patient referrals, training, education and research opportunities for the healthcare-international professionals. It is also one of the few institutions in the U.S. that provides customized training programs for health-care professionals that best fit the objectives of the individual professionals as well as the health-care centers. For more information about HIPEC treatment or the international program, please call +1 (402) 559-3090 or email oihs@nebraskamed.com.
Expert International Teleradiology Services

Middle East Health Magazine-November 2012

The Nebraska Medical Center Department of Radiology has been recognized as a “Top 25 Connected Health care Facility” in the United States for the past two years by Health Imaging & IT Magazine, indicating a “facilities dedication to connectivity across the enterprise.” This dedication to connectivity extends well beyond the local facility and throughout the world. The Nebraska Medical Center’s Teleradiology services are unsurpassed and provide seamless solutions to access its world renowned medical resources. An expert review of images and consultation by highly specialized and knowledgeable radiologists is at the disposal of any health care facility desiring cutting edge, accurate and rapid radiological diagnosis and care for its patients.

The Nebraska Medical Center has also been nationally ranked in 2012-13 by U.S. News & World Report in five specialties – cancer, orthopedics, neurology and neurosurgery, gastroenterology and nephrology. These are core specialties that require expert and reliable guidance by the radiology department. This national ranking comes with the institution’s as well as the Radiology Department’s absolute dedication to the highest level of patient care, research and clinical outcomes.

Although quality clinical care, advancement of radiological technology, innovative radiology research and the commitment to highly sub-specialized radiological interpretations are of utmost importance to the radiology department, the one factor which really sets The Nebraska Medical Center apart from other U.S. academic institutions is the extreme dedication to service. The appropriate clinical care of patients and interpersonal interactions with its international partners’ healthcare specialists are their utmost priorities. Whether its clinical colleagues practice locally on campus in Nebraska or thousands of miles across the globe, each clinician is viewed the same as an esteemed and valued colleague. The Nebraska Medical Center is committed to the complete satisfaction of all of its patients and participating international specialists and clinicians and strives to accomplish this goal 100 percent of the time.

Founded in 1917, the Department of Radiology at The Nebraska Medical Center is steeped in history as a leading academic radiology department in the United States. The department has set the standard for academic and clinical excellence for decades. As a result, the radiology department and medical center
have become a world renowned referral center for advanced treatment of a variety of critical and complex medical conditions.

The radiology department is comprised of multiple fellowship trained radiologists in every radiology subspecialty. Leading experts in oncologic imaging, neuroradiology, musculoskeletal radiology, women’s imaging, cardiothoracic imaging, body imaging, interventional radiology and pediatric radiology provide the most technologically advanced medical care with rapid and accurate diagnosis of a variety of health concerns. These specialists utilize their intensive training, innovative research and cutting edge technology to advance the field of radiology, setting the gold standard for academic radiology departments.

In decades past, sharing medical knowledge and expertise amongst physicians in separate geographical regions was formidable. However, with the advent of modern technology and connectivity, radiologists have been thrust to the forefront of opportunities in telemedicine in the form of teleradiology. The Nebraska Medical Center is dedicated to providing its teleradiology services to extend radiological expertise at the highest level to even the most remote locations.

The Nebraska Medical Center offers its services to its partners throughout the world. It has collaborative partnership relationships with 123 institutions in 44 countries. It’s technological infrastructure, subspecialty expertise and personalized customer centric service provide an ideal option for medical facilities desiring a comprehensive solution for world class radiological care. The medical center’s teleradiology department reaches across the globe and provides depth of expertise to underserved and understaffed medical institutions all over the world.

In addition to providing cross-border teleradiology services, The Nebraska Medical Center also provides customized training services for international healthcare professionals, including radiology, pathology, oncology, neurology and transplantation. The Nebraska Medical Center is proud to be the teaching hospital for their academic partner, the University of Nebraska Medical Center.

Please contact Nizar Mamdani, executive director, International Healthcare Services of The Nebraska Medical Center for more information on teleradiology, training and education and partnership opportunities, at +1-401-559-3656, nmamdani@nebraskamed.com, www.unmc.edu/international
Until recently, traditional thinking in healthcare training has been focused solely on the areas of concentration that are available at the host institution. That is, in adopting a new process for training healthcare professionals, most institutions deduce that what is being practiced at their home institution will suit the needs and objectives of the guest healthcare professional trainees and their organization. This training process has huge limitations and rarely serves as complete healthcare training solutions.

It is becoming increasingly important for healthcare institutions planning to provide training and education to develop customized training programs, at departmental levels, that would fulfill the needs of the guest trainee as well as the collaborating guest institution. Such personalized programs should be undertaken as team projects, whereby, multiple departments and specialties within the host organization develop and coordinate a comprehensive curriculum.
In order to accomplish this, health organizations must assimilate this concept of customized training and its inherent new processes into the current environment. This often requires a variety of changes in the structure or ways of working - between and within departments. These changes invariably require a formal decision-making process, evaluation phases, as well as planned and sustained efforts, both at implementation and throughout the training period.

Consequently, these varying phases of the customized adoption process require that the leadership at each department level become part of the process. Department heads must help initiate various team-based opportunities in order to facilitate the best and most specialized training experiences.

In its ongoing strategies to develop such training programs and to build stronger programs with its 119 collaborations in 44 countries, the International Healthcare Services at the Nebraska Medical Center (TNMC) inaugurated a series of customized healthcare training programs for the King Fahd Specialist Hospital in Dammam (KFSH-D), Saudi Arabia.

In the making for over a year, the leadership at both TNMC and KFSH-D worked diligently to formulate their concepts into reality. Each party’s professional teams visited the other on numerous occasions throughout the development of the program. The collaboration was finalized in 2010, forming five-year cooperation for customized healthcare training of KFSH-D personnel at TNMC and on-site at KFSH-D.

The primary objective of this collaboration was to develop viable customized training curriculums, adapted for the specific needs of KFSH-D and its selected trainees. Programs were developed primarily in the areas of pathology, pharmacy, transplant nursing, and secondarily in social services, dietary therapy, logistics, clinical engineering, management, and standards and practices for the development of continuous improvement of healthcare staff processes and implementation. The duration of the training varied from one month up to eighteen months. The secondary objective was to create a healthcare network between the two institutions.

Administrative and logistical matters were successfully addressed before the trainee’s arrival in Nebraska. While this is a painstakingly laborious process, utmost care was taken to make sure that every aspect of a candidate’s training and personal needs were fully addressed. The first group of 29 KFSH-D healthcare professionals launched the progressive training program.

The Process: personnel from various departments at KFSH-D are selected and screened for the training by the international education office at KFSH-D, based on the needs of their facility. Selected candidates and their department heads are asked to submit an application that includes the candidate’s training and educational objectives, why this experience is important to them, and how they plan to use the training once they return to KFSH-D. This ensures that the goals of KFSH-D and the participants are in alignment.

TNMC’s leadership in the accepted candidate’s designated field of training develops a customized training curriculum to meet the needs of each individual student. The international office at TNMC provides the planning and logistical support throughout the process that includes assistance for obtaining the US visa, helping with living arrangements, special meals, a variety of other services and on-going coordination.

Upon arrival at TNMC, candidates are oriented to the hospital and various departments; all mandatory safety and regulatory training is completed before they begin their specialized training. Progress reports for each participant are prepared by their direct supervisor every 4-6 weeks and sent to KFSH-D and the
international offices. The reports also include an assessment of their interpersonal skills, accountability, and development.

On a quarterly basis, the program coordinators, Chairs of respective departments, Executive Director of International Healthcare office and representatives of KFSH-D international office participate in a teleconference to stay up-to-date on the progress of the candidates and for future planning.

The program is augmented by regular tele/video conferencing of grand rounds and monthly department evaluation conferences at Nebraska.

The collaboration has proven to be technically and culturally enriching for TNMC, KFHS-D and the participating candidates. The candidates have integrated well into the program and their assigned clinical departments. “The development of a customized international training program was very challenging, but it has been extremely rewarding for both KFSH-D as well as TNMC healthcare professionals” says Nizar Mamdani, Executive Director of the International Healthcare at TNMC and the architect of this training program.

Nadyah Al Turki, one of the trainees in Pathology department said: “We quickly overcame the stress related to long hours of travel and airport procedures, we were warmly welcomed by the sisters and brothers at the Med Center, which gave us a feeling that we are at home. Everyone is going out of their way to make our stay comfortable and our goals achieved. We had no cultural issues at all, and our colleagues expressed respect to our religious and cultural needs. They even reserved a prayer room and provided copies of the Holy Quran and praying rugs. My nine-year-old daughter who is accompanying me during my stay is going to daycare and happily learning new things”

While Abdalla Bajawi added: “We are so impressed with advanced technology and the state-of-the-art medical advancement here; I feel I’m lucky to have this unique opportunity. I’m training on the HBLC modern equipment in the lab and will transfer the knowledge to my colleagues when I go back. My son goes to school here and we are constantly communicating with our hospital and family back home”.

Dawa Al Dossary got her driver’s license and she’s exploring Omaha and driving her friends around, “It’s a very nice and quite city and Omahans are so friendly” she said. “I’m learning about stem cells technology and will be well trained and ready when the stem cell lab opens in KFSH-D next year”. Arwa Al Saber said she’s quickly learning new procedures and techniques and appreciates the assistance of International Healthcare office staff that met her at the airport and coordinated her communications with the Saudi Cultural Mission.

Ebtessam Al Ghawi and Nihad Al Ahmed trained in Dietary Therapy. They related that they sensed from the first day, the advanced level of experience of the colleagues in their department. They appreciated how the schedules and curriculum were customized to meet their needs. They are impressed with the level of dedication toward patients and will definitely get a lot of benefit from this experience.

KFSHD is a tertiary referral hospital situated in Dammam, Saudi Arabia and it is committed to serving the healthcare needs of the eastern province in Saudi Arabia. KFSHD has the current capacity of 450 patients’ beds with over 120 specialists and over 800 nurses. It provides a variety of specialty services including oncology, hematology, transplant and neurology.

The collaborative efforts help provide KFSH-D the protocols and programs of the highest international caliber and prominence. The efforts also help to deliver the best available international standard patient
care to the patients in Saudi Arabia and neighboring countries. The joint programs assist KFSH-D in developing and administering one of the best Cancer Care, Transplantation, Pathology/Pharmacy and Neurology programs in Saudi Arabia; the program will utilize the latest protocols and technology, while providing on-going, sustainable and effective administrative and patient care support.

Dr. Mohammed Al-Saghir, MD, a Transplant Surgeon and Director of the International Collaboration Office at KFSH-D says, “The program was a new concept to our hospital and the departments in our area. It did excel in the areas related to lab training, pharmacy, and transplant nursing. Also, the program provides opportunities for our fellows to get training in pathology.”

International Healthcare Services at TNMC assists in the management of patient care through the development of collegial relationships that know no boundaries. TNMC’s global collaborations include their country’s leading cancer and medical centers in the private and public sectors. “We form a very important network of international professionals dedicated to excellence in patient care, education and research. I’m confident that our customized training and education programs will enable the patients in their home countries to be the ultimate beneficiaries,” says Nizar Mamdani. “Our program with KFSH-D can be a model for many other healthcare facilities that are seeking global training opportunities.”

For more information please visit: www.unmc.edu/international and www.kfsh.med.sa.
The Mayor Of Omaha And The Nebraska Director Of Economic Development Applaud Nebraska Medical Center’s Comprehensive Agreement With The Saudi Arabian Cultural Mission

OMAHA, NE—September 2011

The Nebraska Medical Center responds to International Hospital Needs for Customized Healthcare Training Programs

In its ongoing strategies to develop customized training and educational programs and to build closer collaborative programs with its 119 partners in 44 countries, The Nebraska Medical Center (TNMC) completed a series of customized training and educational programs for 29 healthcare providers of the King Fahd Specialist Hospital in Dammam (KFSHD), Saudi Arabia, which were sponsored by the Saudi Arabian Cultural Mission (SACM).

At the signing ceremony: Don Leuenberger, University of Nebraska Medical Center’s Vice Chancellor; Mohammed A. Alomar, Ph.D., Assistant Cultural Attaché for Academic Affairs of SACM; Nizar Mamdani, executive director of International Healthcare Services of TNMC; Mayor of Omaha Hon. Jim Suttle; Farid Awanes Tashjian, Senior Advisor, Medical Residency Programs of SACM; Hon. Richard Baier, Director of Nebraska Department of Economic Development

To further expand the model of KFSHD’s successful programs for the Saudi healthcare professionals at TNMC, Mohammed A. Alomar, Ph.D., Assistant Cultural Attaché for Academic Affairs of SACM, Farid Awanes Tashjian, Senior Advisor, Medical Residency Programs of SACM and Nizar Mamdani, executive director of International Healthcare Services of TNMC, signed a Memorandum of Understanding to facilitate bringing more Saudi Arabian students and healthcare professionals to TNMC and its affiliated Mid-Western institutions.

The ceremony was attended by the Mayor of Omaha, Hon. Jim Suttle; the Nebraska Director of Economic Development, Hon. Richard Baier; University of Nebraska Medical Center’s Vice Chancellor, Don Leuenberger; David Muirhead, Director of Anatomical Pathology; many department chairs and senior members of the medical center.

“Today, there are more than 60,000 SACM-sponsored Saudi
students and their families in the United States under various educational and training programs. We are very much looking forward to expanding our close collaboration with the Nebraska Medical Center. The success of the program between KFSHD and TNMC can be a model for many Saudi Arabian healthcare facilities and students that are seeking global customized healthcare training programs and educational opportunities in the US. Special thanks go to Mr. Nizar Mamdani and his team for planning and organizing this program, said Hon. Dr. Mohammed Alomar.

“Traditional thinking in healthcare training has been focused solely on what areas of concentration study are available at the host institutions. In adopting a new process for training healthcare professionals, most institutions deduce that what is being practiced at their home institution will suit the needs and objectives of the guest healthcare trainees and their organizations. This training process has huge limitations and rarely serves as a comprehensive healthcare training solution,” says Nizar Mamdani, executive director of International Healthcare Services at TNMC.

“Hospitals throughout the globe no longer seek canned training programs, which provide limited benefits towards fulfilling the total needs of their institutions. Host healthcare institutions planning to sustain or excel in providing comprehensive training and education with maximum impact, need to develop customized training programs. We have successfully adapted this paradigm at TNMC.

“I’m extremely privileged and excited in embarking on this next phase of our expanded programs for the Saudi students and healthcare professionals with SACM and other medical institutions in the Middle East,” says Mr. Mamdani.

TNMC’s unique approach to international healthcare professional training and education is designed to give international organizations a true competitive edge, while improving patient outcomes at their institutions. Using teamwork, teambuilding, and a personalized approach, TNMC trains medical personnel to evolve and grow. By implementing the strategies of customizing healthcare training programs, hospitals can not only ensure improved patient outcomes, but can also achieve greater opportunities for their healthcare participants, a more cooperative climate of inclusion among hospital management and workers, and a greater success overall.

Hon. Mayor of Omaha as well as the Hon. Director of Nebraska Economic Development stated that Omaha and Nebraska are much richer because of the great work done by the medical center and welcome the opportunity of hosting the Saudi and other international healthcare professionals and students to Nebraska. These professionals add to the foundation of an international community in Omaha, while accelerating the state’s multi-ethnic and multi-cultural dynamics. They congratulated SACM and TNMC for their mutual cooperation and for signing of the MOU.

IHS’s international programs with the Middle East and other countries are also generating millions of dollars thru patient referrals and training programs each and every year, not only for TNMC, but also for the general economy of Nebraska.

SACM and IHS are planning to expand this program for more healthcare professional from many other healthcare institutions in the Kingdom.

For more information on TNMC’s international programs, call: Nizar Mamdani, Executive Director: 1-402-559-3656.
402-559-3656 or visit its website at: http://www.unmc.edu/international
Partnerships between U.S. and foreign hospitals and medical schools are nothing new to the healthcare industry; however, most current partnerships are aimed at expanding education and research opportunities and do not include more formal service line joint ventures or operating agreements. While a few leading academic medical centers have already entered into this space, most health systems have not — and many are beginning to show increased interest in such arrangements.

Why the increased interest?

Traditional revenue streams for hospitals across the country are being challenged, leading hospitals to less traditional methods to generate revenue. International partnerships and joint ventures have the potential to create millions of dollars in revenue for U.S.-based facilities. At the same time, foreign governments and health systems are increasingly seeking out partnerships with American and international health systems to improve their quality of care.

The growth of the middle class in many countries as well as improved transparency through the enhanced exchange of information has spurred this desire to improve healthcare delivery. "While healthcare systems worldwide have unique characteristics, strengths and needs, improvements in care financing, access and quality are universal priorities that can best be addressed using a global best practices approach. Governments and healthcare consumers everywhere are demanding transparency and evidence of progress in these areas," says Michael J. Zaccagnino, president and owner at Lucania Partners, a healthcare consulting firm and a former executive at NewYork-Presbyterian Hospital.

These forces have created a growing interest by a gradually increasing number of U.S. health systems — outside of the early adopters to first enter this space — to provide their clinical and management expertise to foreign systems. However, experts warn the decision to expand internationally should not be taken lightly as it includes many challenges that may be too much to bear for those other than the most sophisticated systems.

A shift in goals

Foreign hospital partnerships took a significant turn roughly five years ago, when the first reports of U.S. and international patients traveling abroad for medical care hit the media. When this occurred, many elite U.S. systems — such as Johns Hopkins, Cleveland Clinic and Partners Harvard — were fielding calls from numerous potential partners asking how they could become more attractive to U.S. and international
patients. A handful of U.S. hospitals answered the calls, realizing they presented revenue and mission-expanding opportunities.

Since then, however, interest from foreign partners has shifted away from attracting U.S. patients to improving health systems for patients within their own country. While this means opportunities for U.S. partners are still widely available, U.S. partners should be aware these partnerships now have markedly different goals.

"People have come to realize that there aren't going to be 3-9 million patients leaving the U.S. for surgery each year," says Dale Van Demark, JD, an attorney specializing in international healthcare transactions with EpsteinBeckerGreen's Washington, D.C. office. "That mad rush to get into the U.S. market has slowed down. What is left is largely a tier of foreign hospitals that have figured out how to successfully attract international patients. What's interesting is that many of these don't have an affiliation with a U.S. health system." Thus, the international partners currently seeing affiliation are most likely to be aimed at improving domestic health infrastructure and access.

Early adopters

The biggest U.S. players today in international hospital partnerships were some of the first to enter the international market as many of these have since expanded their international programs. Harvard Medical International, now known as Partners Harvard Medical International, University of Pittsburgh Medical Center, Johns Hopkins Medicine International and Cleveland Clinic were some of the first to enter the international space. Each system, however, seems to have different strategies behinds its entry — and this lack of similarity beyond initial financial benefits holds true for nearly every U.S. hospital in the international space, says Mr. Van Demark.

The roots of many international programs began in their medical schools. For example, Partners Harvard's precursor was founded to provide a vehicle through which Harvard Medical School could manage the tremendous amount of interest — and requests for assistance and collaboration — that it received from overseas medical schools, says Chris J. Railey, director of communications and marketing for PHMI. "As HMI's work with top medical schools continued, increasing numbers of healthcare delivery organizations sought our help in the areas of clinical program development, workforce education and facilities planning and development," he says.

Another leading international partner — Johns Hopkins — also provides development and management services and features a number of international "affiliates" that receive clinical and administrative oversight from Johns Hopkins. Its international strategy today is much more aggressive than when it first forayed into the international arena. "In our early days, from around 1998 through the early 2000s, the projects we engaged in were largely opportunistic, meaning they came to us," says Steve Thompson, CEO of Johns Hopkins Medicine International. "Over the years, we've really flipped that. Today, two-thirds of our projects are strategic, and one-third opportunistic."

UPMC was one of the first U.S. hospitals to operate a true foreign joint-venture organization through its organ transplant center with the Region of Sicily in Palermo, Italy.

Cleveland Clinic, on the other hand, has the perhaps the most skin in the international game — currently building Cleveland Clinic Abu Dhabi, which is slated to open in 2012.
Perhaps not as quick to jump into the international market, but now a key player, CHRISTUS Health is a majority partner in CHRISTUS Muguerza in Nuevo León, Mexico — an international market that makes sense for the Irving, Texas-based system.

**Hotbeds for partnerships**

U.S. hospital-international partnerships span the globe, but for hospitals looking for new opportunities, a few countries stand out. Many countries in the Middle East, including the United Arab Emirates, Oman and Saudi Arabia, are currently making a "real effort to improve the healthcare infrastructure in their countries so those within the countries don't leave to get healthcare elsewhere," says Mr. Van Demark.

Mr. Railey agrees. "In many countries of the Middle East we have seen and continue to see significant growth in infrastructure: new hospitals, new medical schools, new nursing schools to meet rapidly growing demand," he says. "In these markets there is a big need for the kind of early-stage and middle-stage planning (i.e., pre-construction) to ensure that these huge capital investments result in institutions that are set up for the long term."

The same goes for markets like India where the growth is exponential. Private sector healthcare developers are really pushing the boundaries in terms of quality and innovation — they are benchmarking themselves against international standards. Still they need planning assistance to help them get envisioned hospitals and schools developed in a way that balances cost-consciousness, risk mitigation and high quality.

Mr. Thompson adds "BRIC" countries — a moniker used to describe the similar stage of economic development shared by Brazil, Russia, India and China present tremendous opportunities. While not as "hot," some countries in Southeast Asia, such as Vietnam and Indonesia, also present opportunities due to recent socioeconomic and regulatory changes. Sub-Saharan African countries with money from petroleum are also prospects, says Mr. Thompson.

Many countries not only want to improve delivery in general but also want to address economic and geographic disparities, using population-based approaches that put the patient in the driver’s seat, says Mr. Zaccagnino.

**What foreign partners want**

Generally, foreign governments and health systems initially seek partnerships based on "brand," but this doesn't mean they are completely closed off to other opportunities.

"To some degree [partner selection] is initially driven by name recognition and reputation," says Mr. Thompson. He notes that traditionally academic medical centers have been most involved in foreign collaboration opportunities due to the training and educational activities that drive most collaborations.

Mr. Van Demark adds, "Foreign governments reach out to these world-recognized U.S. centers in part because of the very logical assumption that if I have [a name-brand academic medical center] in my organization, patients will feel more comfort about the quality of care they receive."

In addition, Mr. Zaccagnino notes that healthcare systems everywhere have room for improvement, and many foreign governments and development companies are very sophisticated and savvy with respect to selecting partners and structuring collaborations that allow them to achieve specific strategic and performance objectives.
While it may be more challenging for those outside these early adopter health systems to enter the market, opportunities do exist. Nebraska Medical Center, for example, has found a niche by offering no-cost training to foreign allied health professionals.

"On my visits [overseas], it became clear that most international physicians were generally well trained, but the ancillary, allied health and support personnel really needed specialized training," said Nizar Mamdani, executive director and founder of The Nebraska Medical Center's International Healthcare Services. "And, I thought, 'nobody else was doing this.'" This niche offering makes TNMC stand out as a potential partner in a way that might not have been possible if it had focused on physician training or hospital management. Currently, IHS has entered into strategic partnership agreements with 118 institutions. While it has yet to enter into a formal joint venture, Mr. Mamdani says TNMC is "in serious negotiations to establish such relationships."

**Opportunities for U.S. hospitals**

Hospitals that are able to provide training, management and other services to foreign groups find themselves in an opportune time to expand these services. In many cases, they not only expand the mission of the organization internationally but they also provide additional revenue opportunities. However, hospitals must be willing to commit serious resources to this pursuit in order to be successful.

In most cases, hospitals are paid fees for their services by their foreign partners and in some cases may bill for services provided overseas. Another benefit — one that is especially important for systems like TNMC that provide some training services free of charge — is enhanced international reputation, which draws foreign patients to U.S. partner institutions for specialized care.

"With the increase in medical tourism, our healthcare reforms, adjustments in our reimbursements and realignment of our healthcare resources, more and more U.S. healthcare institutions are seeking additional revenue sources. They are realizing that there is a tremendous potential in developing international relationships to foster their revenue — through international patient referrals, second opinion programs, teleradiology and telepathology programs, and through training and educational programs. All of these can be directly reflected in the improvement of an institution's bottom line," says Mr. Mamdani.

However, Mr. Mamdani believes hospitals will need to offer customizable solutions to each organization they work with. "Irrespective of the size of the hospital, I think that many hospitals can have successful international programs. The key is to understand the needs of the country and the institution and to customize a program that would best help support the partnering institutions," he says.

Mr. Railey agrees. "Hospitals that are willing to do good work internationally will have a good chance to identify and capitalize on international opportunities. Even the largest and most renowned of the U.S. academic medical centers may not have the appetite to respond to or serve every need expressed around the world. So there are opportunities for other U.S. hospitals to carve out a niche that works well for them," he says.

Others, however, counter that international collaboration may be very challenging for some hospitals — at least those without employed medical staffs. "A smaller or non-academic system is going to challenge on doing this; those hospitals almost always have volunteer medical staff, which doesn't provide the hospital with a vehicle to allow [the physicians] to give up private practice to participate in consulting," says Mr. Thompson. "The financial model doesn't work for them."
Challenges with foreign partnerships

Despite the numerous opportunities they present, international programs and partnerships present many challenges. Not only do they require significant financial and human capital, but they also present a number of legal risks.

According to Mr. Van Demark, the most pressing legal considerations for international hospital partnerships include:

- Domestic health regulatory requirements (such Stark Law and the Anti Kickback Statute), which may have application with respect to international activity;
- The Foreign Corrupt Practices Act, which addresses accounting transparency and the bribery of foreign officials;
- The material support statute (§2339B), which prohibits any sort of business relationship with any individuals or entities identified by the government; and
- The venture's impact on a non-profit health system's tax-exempt status.

Final considerations

Any health system considering the launch of an international program should weigh the opportunities against the risks given its situation and expertise in the international healthcare arena before moving ahead with any initiative.

Systems that seek to build partnerships and develop solutions based on global, multi-national collaborations will have the most success. International healthcare is not an "import-export" business, it's much more about fusion than transactions. Most importantly, hospitals must also consider if these partnerships fit within their organization's mission. For example, many health systems define their mission as providing care to a local community, which may not align with international partnerships. Those, however, that define their mission as improving health on a larger level are certainly better positioned to pursue these agreements.

"One of the first things we look at when pursuing a partnership is if it fits within the mission of our organization. We're working with a top-line objective to improve the quality of healthcare, and if the opportunity doesn't fit within that, we're done," says Mr. Thompson.
International Healthcare Program Allows Nurses To Share Their Knowledge And Expertise

Extraordinary Nurse-Spring 2011

Agnar Marwah and Azhar Al-Ghumgham, both nurses from Saudi Arabia, have been soaking in as much information as possible about organ transplantation during their one-year training program at The Nebraska Medical Center. When they return to their country in June, they will share what they have learned with fellow colleagues to improve their own transplant program and expand the role of nurses.

The first couple of months were the most difficult, says Al-Ghumgham, who says she was very homesick. But now it will be just as difficult to leave. “The transplant team is like family,” she says. “It has been a very valuable and educational experience.”

Over the past 12 years, The Nebraska Medical Center has been host to more than 90 foreign healthcare professionals from 27 countries who come here to receive healthcare training and education. “This is an opportunity for us to share our knowledge, help improve the healthcare provided by other countries and form international partnerships,” says Nizar Mamdani, who developed the International Healthcare Services program in 1999. “Ultimately, the patients in other countries become the beneficiaries of our experience and expertise here.”

The international program also includes collaborative relationships with 118 institutions in 44 countries and sends an average of four to five healthcare teams from The Nebraska Medical Center to these facilities each year to provide education and training. The nursing education component of the program has been very popular since nurses in the United States are much more autonomous and play a much greater role in contributing to a patient’s overall care compared to many foreign countries. “This provides an excellent opportunity for nurses to travel to these institutions to teach and learn,” says Mamdani.

Deb Andersen, RN, BSN, CCPC, manager of Liver and Intestinal Transplant, was part of a group that visited King Faisal Specialist Hospital Damman in Saudi Arabia. “Our role was to help them develop a transplant program and assist in the training of their nurses so they could become transplant coordinators,” says Andersen. “It was an amazing experience back and forth. By the end of the day I was mentally exhausted because we were constantly barraged with questions throughout the entire day.” The experience was so valuable that the Saudi hospital sent Marwah and Al-Gumgham here for a full year of training.

Kim Schmit-Pokorny, RN, MSN, OCN, manager/case manager of Blood & Bone Marrow Transplant, was part of a team that went to India to provide nursing education in bone marrow transplant. “The desire to share and learn information from us was huge,” says Schmit-Pokorny, who states that the benefits are
reciprocal. “They challenge you to think about what you do and why you do it. It really makes you think outside the box.”

The exchange program also helps promote diversity. “As nurses, we are exposed to patients of other cultures every day,” says Schmit-Pokorny. “Working side-by-side with foreign nurses gives us a better understanding of other cultures and helps us to be more sensitive to their customs and challenges.”

Theresa Franco, RN, MSN, executive director of Cancer Care, says the program also offers nurses the opportunity to create international collegiality and practice-sharing. “We need to think of nursing in a more global way because that’s what it is becoming,” she says. “The Internet and technology advances like teleconferencing are making it much easier to share information across continents. This program is helping us expand our international exposure as well as our understanding of the challenges of working with all types of populations and cultures. It’s really expanded my knowledge base in nursing. Both sides truly stand to benefit.”
Advanced Epilepsy Treatment And Seizure-Freedom Can Help Millions Of Patients In MENA Countries

"The concept of seizure freedom has become the expectation instead of a hopeless dream." – Deepak Madhavan, M.D.

People often ask Dr. Deepak Madhavan, Director of the Comprehensive Epilepsy Program at the Nebraska Medical Center why he became an epileptologist, or what it is that makes him so very passionate about his work. “I think that the answers to these questions are similar. I feel that in doing my job, I can help make people better. Epilepsy is a disease that can be so crippling to a person's life, leading to loss of driving privileges, missed work and school days, and just overall difficulties with some of the life activities that most people take for granted.”

It is estimated that seizures and epilepsy affect approximately 1% of the world's population, making it one of the most common neurological disorders. This means that in the Middle East and North African countries, with a population of about 381 million people, over 3.8 million people could suffer from seizures and epilepsy. With limited number of institutions offering the latest treatment options to their patients in some of these countries, many millions of patients are denied epilepsy treatment and seizure-free lives.

Advances in modern epilepsy treatment, both medical and surgical, have come a long way over the last several years. The concept of seizure-freedom has become the norm rather than a hopeless dream. “It is
incredibly rewarding for me to see a person achieve seizure-freedom, and return to school, work or society with newfound confidence and security that their seizures are under control, “says Dr. Madhavan.

The Nebraska Medical Center (TNMC) in Omaha, Nebraska provides advanced treatment for patients and offers specialized training programs for international healthcare professionals to combat this serious ailment. At its Level- 4 epilepsy center, it offers the most advanced medical and surgical treatments and diagnostic measures for epilepsy, for both adults and children. Its well trained and dedicated team offers comprehensive epilepsy care for people with even the toughest seizure disorders. With advanced tools and technology such as Magnetoencephalography (MEG), they are able to noninvasively diagnose and localize many types of epilepsy that eluded treatment in previous eras.

TNMC provides epilepsy therapies to patients that were not available in the region even as recently as two years ago, with a large number of those involving multiple-stage approaches, where intracranial EEG electrodes are placed for the most precise localization and resection of epileptic tissue. They also provide other surgical services, including Vagus Nerve Stimulator (VNS) implantation, and more traditional epilepsy surgeries such as Temporal Lobectomy. Availability of implantable brain stimulators and drug delivery devices are on the horizon.

In addition to the advanced medical and surgical treatments for epilepsy, the experts at TNMC specifically focus on the effects of general wellness on seizure control. It may be surprising, but factors like diet, stress management and getting a good night's sleep can be effective added therapies for the control of seizures. Dr. Madhavan explains, “Our patients enjoy a comprehensive approach to their epilepsy, where their mood, sleep, and social situation are seen as critical factors in their overall well-being. In essence, it is not enough for us to stop seizures, but we make it our mission to enhance a patient’s self-worth in the society”.

“The Nebraska Medical Center treats patients from many countries and has a successful history of being an international resource for cancer-care and transplantation. For international patients with epilepsy, we prioritize the diagnostic and treatment methods to make their visits as effective and comprehensive as possible. We offer personalized care for patients and their families, with on-going accessibility to epilepsy center staff and personnel, as well as full-time Arabic-speaking staff to assist patients around the clock”, says Nizar Mamdani, Executive Director of the International Healthcare at TNMC.

TNMC has affiliations with 121 healthcare facilities in 44 countries and is well known for its personalized healthcare training programs for its international partners. “We offer outstanding customized training programs in epilepsy and seizures; cancer-care and transplantation; pathology and pharmacy and healthcare management programs for international healthcare professionals, so that they may in-turn, offer outstanding treatment options to their patients at their own hospitals. These training programs are offered both at our institution in Nebraska as well as at our international partner’s facilities”, explains Mamdani. For additional information contact, nmamdani@nebraskamed.com and visit www.unmc.edu/international.
Program Helps Saudi Arabian Health Professionals Enhance Skills

by Lisa Spellman, UNMC public relations-December 2011

It's the genuine kindness in the people she's met since coming to UNMC and The Nebraska Medical Center (TNMC) in January that impresses Nawar Alabdulqader the most.

"The people here are so nice, helpful and respectful," said the medical technologist from King Fahd Specialist Hospital in Dammam, Saudi Arabia.

From left: Hisham Bukhamseen, training in pharmacy; Mohammed Alomar, Ph.D., assistant cultural attache for academic affairs with the Saudi Arabian Cultural Mission; Mai Alshamlan, training in pathology; Nawar Alabdulqader, training in pathology; Dana El-Hajjar, a molecular lab technologist training in pathology; and Farid Awanes Tashjian, senior adviser of medical residency programs for the Saudi Arabian Cultural Mission.

From her shortened work hours during the month of August so Nawar could observe Ramadan, to colleagues who guided her step by step from the labs at the Munroe-Meyer Institute to the cafeteria, her colleagues helped her feel at home.

A special partnership

Nawar is one of 29 health care providers from Saudi Arabia who received training through a program developed by Nizar Mamdani, executive director of International Healthcare Services at The Nebraska Medical Center.

She was able to come to Omaha through the International Strategic Partnership training program. The program has helped more than 147 health care professionals learn from medical experts at The Nebraska Medical Center and UNMC faculty.

Since January, Nawar has honed her skills in medical technology and molecular diagnostics. Before she leaves this month, Nawar will take the membership exam for the American Society of Pathology.

Program lauded
The success of the program was recognized at a recent luncheon where Mamdani signed a memorandum of understanding with representatives from the Saudi Arabian Cultural Mission, Mohammed A. Alomar, Ph.D., assistant cultural attache for academic affairs, and Farid Awanes Tashjian, senior adviser of medical residency programs.

The approach to customized international health care professional training and education is designed to give international organizations a competitive edge and improve patient outcomes at these institutions.

*New perspective*

For Nawar the experience has not only enhanced her medical training, but given her new insight into American culture and Midwestern hospitality.

"Everything I've learned, the techniques, teamwork and exceptional quality, I will take back and pass along to others at my hospital," she said.
Forgoing Partnerships That Foster The Exchange Of Healthcare Professionals

When he was growing up in Africa and receiving his undergraduate and graduate education in Tokyo, Nizar Mamdani never thought he’d end up a goodwill ambassador in Nebraska.

But that’s fairly descriptive of his work as executive director of International Healthcare at the Nebraska Medical Center /University of Nebraska Medical Center (“TNMC”). Part diplomat, part master negotiator, Mamdani is putting his unique program, not to mention Nebraska, on the map. At the heart of his international effort is a focus to forge partnerships that foster the exchange of healthcare professionals thru his no-cost training and education programs and to bring international patients to TNMC for highly specialized treatment.

With an extensive background in international business, fluency in seven languages and a personal demeanor that’s at once both charming and astute, Mamdani seems just the man to lead such a program.

Mamdani has visited over two hundred medical institutions in 57 countries. He has entered into collaborative strategic partnership agreements with 118 institutions in 44 countries throughout Asia, South America, the Middle East, and Africa. His programs have flourished in providing patient care and no-cost training in cancer care, neurology, orthopedics and transplantation.

During his first overseas visit ten years ago, it became clear to Mamdani that most international physicians were very well trained, but the support staff really needed training. His no-cost training programs have focused around that basic premise of providing allied health and nursing staff with customized training.

TNMC training programs work fairly simply. A partner institution sends specialists, nurses and other allied health professional team for training. While at TNMC, they receive free housing, meals, local transportation, and priceless training. It’s an investment, Mamdani says, that is returned many times over, because the international patients in their own countries are the ultimate beneficiaries of these training programs. 187 healthcare professionals from 28 countries have participated in no-cost programs at TNMC and 52 Nebraska specialists have visited 22 international partner institutions to provide training.
“The relationships Nizar describes are having a strong impact, according to Dr. James Armitage, a world-renowned hematologist at UNMC. “I think anytime you can interact with colleagues around the world to the betterment of patients is excellent.”

Mamdani has already seen individual program partnerships expanded to include additional clinical areas such as with King Fahd Specialist Hospital in Dammam, Saudi Arabia.

Mamdani always touches on the help his programs provide for patients who come to Nebraska for life-saving treatment – and also the thousands of patients who, without leaving their own countries, will be the ultimate beneficiaries of his no-cost training and educational programs. For more information, visit www.unmc.edu/international.
'New Dimension’ High-Tech House Calls Let Doctors Go Global

By Michael Kelly-May 2010

Just back from Kuwait, the head of the Nebraska Medical Center's international program said Monday that its relationships with other countries have reached "a new dimension."

Nizar Mamdani says the med center now has formal connections with 118 medical institutions in 44 countries and is offering telepathology and electronic second opinions.

Yes, surgeons from Omaha are on the cutting edge. But these new services are cutting-edge, too.

Specialists can view medical records over a secure Web site and give medical opinions to patients in other nations within two to four days. Telepathology, meanwhile, allows docs in Omaha to examine electronically scanned slides of patients' biopsied tissue. The program is starting now under agreements with medical centers in Mexico, India, Saudi Arabia and Egypt.

"This is brand new," Mamdani said. "It's just been introduced in this country." Mamdani (whose first name is pronounced Nee-ZAR) started the International Health Care Services program at the med center 10 years ago. He has traveled hundreds of thousands of miles setting up relationships.

"We establish comfort levels between our specialists and those in other countries," he said. "The idea is the more they know about our institution and programs, the more comfortable they will be in referring patients here." International patients pay cash, either from their own resources or under health care arrangements with their countries.

Hundreds of patients have traveled to Omaha the past decade, with more than 40 from 11 countries this year alone.

A recent success story is Jana Al Yami of Riyadh, Saudi Arabia, who turned 2 years old on May 7. She had intestinal failure at birth and required tube feeding, but her parents brought her to Omaha in November for a small-bowel transplant. She may go home soon.

Besides world-class medical care, patients and families receive what Mamdani calls a full range of personal care – local transportation, translation, special meals and help with financial transactions and sightseeing.

Jana's family was introduced to local Muslims and has worshipped at their mosque. A Presbyterian minister from New Zealand was hooked up with a church in Bellevue while his child was here.

Mamdani, 63, a former businessman, is a native of Tanzania who was living in Atlanta when he brought his wife to Omaha in 1998 for cancer treatment. She died a year later, but he was so impressed with the
skill and compassion in Omaha that he persuaded med center officials to let him start the international health care program. He later married an Omahan, Marsha Davidson, and plans to stay here — except when traveling, which is often. "I'm hooked on Omaha," he said. "I love my work and the people here."
The Med Center’s opening of a center in Tokyo is the latest success for its International Healthcare Services Department and Executive Director Nizar Mamdani. Following the death of his wife from cancer, Mamdani founded the division seven years ago with a ground-breaking idea-free training for international healthcare professionals.

As sunlight from a brilliant Nebraska summer day pours through the third-floor window of his office in the Kiewit Tower of the Nebraska Medical Center, Nizar Mamdani barely seems to notice. As is the case most days, his mind is half a world away.

The genial director of the med center’s Office of International Health Care Services seems a bit downcast as he reports that his upcoming trip to India has been postponed.

“If you don’t travel in this job, you don’t accomplish much,” he says with a sigh.

“Face-to-face contact is essential.”

That’s why Mamdani spends half his year jetting from Omaha to Jakarta or Japan or anywhere he sees an opportunity to pitch the excellent patient care at the med center or the ground-breaking, no-cost medical training program he established at UNMC and the Nebraska Medical Center during the past seven years.

Surviving on ample does of patience and persistence, Mamdani has made the med center a formidable player on the global health stage with his innovative programs.

He has grown its influence and impact with the use of current technologies that expand training to improve patient care around the world.

Push pins in a map on Mamdani’s office wall illustrate the success. After starting from scratch, the office now has partnerships with 103 medical institutions in 41 countries.

UNMC’s expanding international presence was punctuated in September by the opening of a center in Tokyo, the med center’s first overseas office.
“We have truly established the Nebraska Medical Center as a credible organization in the international health care arena,” Mamdani says. “There’s no doubt about it. We’re on a successful, exciting path. It took us a while, but we’re in there.”

Gov. Dave Heineman praised the opening of the facility as a boon for all of Nebraska.

“The Japanese place a high importance on personal relationships and interactions, and having a physical presence is essential to expanding our opportunities for trade,” Heineman said.

Mamdani considers the opening of the facility a milestone for the international health care program, but he knows too well how much more work there is to do around the world.

On days like this, when Mamdani sits restlessly in his Omaha office, his thoughts turn to overcrowded overseas waiting rooms and clinics where cancer patients are lined up around the block.

“It just breaks your heart,” he says, referring to the oncology waiting room scenes. “But when you see this type of thing, especially in the pediatric oncology areas, you really get energized to identify what small role we can play in helping.”

And that’s really all Mamdani was trying to do when this all started. Play a small role.

How small? Try this: He wanted to make sure no relative of a Nebraska Medical Center patient ever had to eat Thanksgiving dinner alone in the hospital cafeteria, as was the case for him and his children in 1998, while his former wife lay in intensive care undergoing cancer treatment.

That’s the moment when a successfully international investment banker from Atlanta decided to re-invest his future in Omaha and the med center.

Nancy Mamdani, Nizar’s first wife, was initially diagnosed with non-Hodgkin’s lymphoma in 1991. After receiving initial treatments, the cancer went into remission, but, as is the case with many cancers, it came back.

The chemotherapy treatments Nancy was receiving at Emory University Hospital in Atlanta weren’t working so the Mamdanis decided to look elsewhere. That’s when they discovered Omaha.

The Mamdani were directed to UNMC cancer specialist Dr. James O. Armitage and came to Omaha for stem cell transplantation treatment in September of 1998.

Unfortunately, the transplant never took place.

Chemotherapy had caused congestive heart failure and Nancy Mamdani developed infections and pneumonia upon arrival in Omaha.

What was supposed to be a six-to-seven-week hospital stay turned into 11 months and she spent most of that time in intensive care on a respirator. She eventually left the hospital without having the transplant in May of 1999 and succumbed to cancer in June of 2000.

During his wife’s hospital stay, Nizar directed his Atlanta business from an Omaha apartment. He ate most meals at the hospital cafeteria, including Thanksgiving and Christmas dinner with his son, Jamil and daughter, Amira.
“Ever since we came to this country, over 30 years ago, my sole goal was to expand our businesses. With God’s blessing, we’ve been quite successful. But being in a hospital for such a long time makes you reflect and it certainly changed some the very basic perceptions of my life. You start questioning the purpose of your life. I wanted to do something positive to help cancer patients.”

Born in Tanzania, educated in Japan and having traveled extensively in Asia and Africa, Nizar wondered how much tougher the plight must be for relative of international patients who travel thousands of miles to receive treatment in a foreign country.

Reflecting on his holiday hospital cafeteria dinners, Nizar says, “When I started the (International Healthcare Services) program, I said, ‘I will never let this happen to someone again.’”

As a result, international patients and their relatives or friends are now taken care of by Mamdani, his staff and med center volunteers, be it going out to eat or taking a trip to the zoo.

“They never have to be alone if they don’t want to,” Mamdani says. “We really take care of the patients who come here, and for me, that’s one of the best things that we do.”

But it’s just a small part. The department has expanded its services greatly since inception, but the program’s calling card remains the same—it provides training to international healthcare professionals at no cost.

If you’re looking for the catch, there isn’t one. The Nebraska Medical Center helps subsidize the training and a foundation set up in the name of Mamdani’s late wife helps pay whatever is not covered by the med center.

That there isn’t a catch has sometimes been the toughest thing to convince international healthh care officials of, Mamdani says.

“Many people go to these institutions with their hand out and say, ‘Give me your patients.’ We tell them that we don’t want your patients,” Mamdani says. “We’re trying to train you to help your own patients, and that’s the unique part of our program.

“It puts us on a totally different platform than other institutions.”

Purely selfless humanitarian motivation convinced Mamdani to stay in Omaha and start the program, and the same sentiment convinced med center officials to give it the go-ahead.

The original plan to train international doctors, however, didn’t include the no-cost provision. That plan was born after Mamdani’s first overseas trip was a failure.

“I went to china and nobody wanted to see me,” he says. “The top institutions already had partnerships and programs set up with other prominent US medical institutions. They’re swamped with work. Why should they spend 15 minutes with a guy from Nebraska who isn’t even a doctor?”

After calling his brother to confess he’d “made a mistake,” Mamdani came up with his free training plan idea on the plane ride home.

“We needed a program that was helpful to patients and one that no one else was doing.”
That plan caught the attention of international health care officials. Since then 87 global health care professionals have taken advantage of the program, which covers all costs, including housing, food and local transportation during a healthcare professional’s stay.

“I know that through our training and education programs, the international patients of our partners will be the ultimate beneficiaries.”

The program also extends to nursing and allied health professionals, for which the need for training is as great, if not greater globally, than it is for doctors, says Anne Marie Fredrichs, Mamdani’s Omaha international healthcare specialist in the med center’s international efforts.

Fredrichs was pediatric a nurse practitioner at UNMC before joining Mamdani in the international department nearly three years ago. While Mamdani covers the Middle East and Asia, Fredrichs focuses mainly on Central, South America, Mexico and Europe.

Both have spoken before conference of thousands of nurses and visited institutions of conferences trying to improve the quality of global nursing care. Education is the greatest deficit, Fredrichs says.

“Nurses in the U.S. take for granted the ability to acquire an education,” she says.

“it’s surreal to go to some of the countries I visit, where many nurses have little formal training and no autonomy.

“I can think of many placed I wouldn’t want to get sick.”

That said, Fredrichs says she deeply admires those who participate in the med center’s programs to get educated.

“I get to meet the most phenomenal people,” she says.

“They’re training to make a difference in the world.”

Unlike Mamdani, Fredrichs came to the program with no background in international business etiquette. She says her travels abroad have only deepened her appreciation for her boss, who speaks seven languages.

“Nizar is an amazing man,” she says. “He’s very compassionate and culturally sensitive.”

That praise is echoed by Dr. Armitage, who collaborates with Mamdani on the international health care program.

“(Nizar) knows people all over the world, and he’s one of the nicest, kindest people you’ll ever meet,” Armitage says. “What’s he’s done is extraordinary.”

For cultural exchanges, Mamdani travels with an entire suitcase full of Nebraska souvenirs, such as the framed state quarter. His goodwill has gone a long way.

With just a staff of three, the international health care program overseas treatment for hundreds of international patients and generates millions of dollars each year for the med center. The department has always been profitable, even in its first year of operation, Mamdani says.
Comfort levels have been established, Mamdani says, so overseas doctors now feel confident in sending patients with complicated cases to Omaha for treatment.

In fact, were it not for travel restrictions imposed since 9/11, he contends the medical center would be receiving hundreds of more patients a year than it already does.

Global politics, especially in the middle East, haven’t made his job any easier, he says.

“It has become more and more challenging for us to work in the international arena,” he concedes.

But he never hesitates to get on a plane when he sees an opportunity to help, as he did when he discovered international medical cases have a misdiagnosis rate of 25 percent.

To address this problem, the Electronic Medical Second Opinion Program was started between the medical center and its partners. It allows international doctors to post cases online and receive a second diagnosis from a medical center doctor within 72 to 96 hours.

“Having something like this for partners and patients is a great service,” Mamdani says. “In fact, it’s become even more important as travel has become more difficult. It’s vital.”

While the global need is great, Mamdani is realistic about how many partners the medical center can service. That’s why he’s curtailed the recruiting phase for now and is focusing on strengthening partnerships and building more facilities, especially in emerging markets.

“We’re looking at a stem-cell transplantation program with a major institution in India,” he says. They’ll co-brand our name for their cancer program and we’ll help train personnel and have an exchange program.

“We’ll be sharing a percentage of the gross revenue of that department. It’ll have a major impact for us and entrench us in that area. India and China are really the emerging healthcare markets for the next 10 years.”

There’s no doubt Mamdani’s passport will get a workout traveling to those two countries in the next decade and, as always, his bags are packed and ready.

“I’ve been in business for years and years, but this has been one the most gratifying things I’ve done in my life,” he says. “I really enjoy this.”
Gov. Heineman Announces State To Open International Business Office In Tokyo

Press Release-September 2006

Gov. Dave Heineman was joined by state officials and representatives of private industry today in announcing plans to open the state’s first international trade office. The Nebraska Center will be located in Tokyo and will be opened for business by Lt. Gov. Rick Sheehy during a trade mission later this fall.

The new office will serve as a hub for Nebraska’s international business operations, including the recruitment and expansion of Japanese-owned companies, agricultural market expansion, and the cultivation of multinational partnerships for economic growth. The center will be available as a public work and meeting space to business partners and Nebraskans visiting abroad for economic development purposes.

“Nebraska has had a strong relationship with Japan,” Gov. Heineman said. “With the opening of this office, we hope to pursue an even stronger partnership over the long-term by enabling Nebraskans to work more closely with Japanese companies on business investment and development efforts. The Japanese place a high importance on personal relationships and interactions, and having a physical presence in the country is essential to expanding our opportunities for trade.”

Working with the Nebraska Department of Economic Development (DED) and the University of Nebraska Medical Center (UNMC), the state has developed a public-private partnership with several Nebraska companies to offset the costs of renting and maintaining the space, in addition to staffing the center. The Nebraska Center will be located in the Shinjuku District.

Gov. Heineman also announced the hiring of Koji Nagasaka, who will serve as executive director of the Nebraska Center. Nagasaka will lead a team working to promote the state’s products and services, connect Nebraska businesses with Japanese business owners, and participate in Japanese trade shows. The office will also conduct market research and help develop marketing campaigns.

“Mr. Nagasaka’s experience will be key to helping Nebraska achieve its full potential in Japan,” Gov. Heineman said. “Companies spend a great deal of time building relationships and developing trust with potential Japanese partners, and he will serve as a important link in helping Nebraska businesses hit the ground running in this major Asian market.”

Nagasaka has been employed for most of his career by Itochu Corporation, the world’s 17th largest company, where he was involved in the aerospace, biotech and chemical, textile, bio-fuels, agricultural, and logistics industries. His management experience includes work in its oilseeds, grains collection and export, soybean, air cargo and real estate sections. He has also worked with Cargill Inc., where he was
stationed in several different cities, including Central City, Neb. Most recently, he served as deputy secretary general for Itochu Shayu-Kai, a nonprofit organization serving retired employees of Itochu Corporation.

Joining the Governor for the announcement were Nagasaka, DED Director Richard Baier and Nizar Mamdani, executive director of the Office of International Healthcare Services for UNMC.

Baier said, “Locating the Nebraska Center in the heart of Tokyo’s business district is a sound strategy that we hope will reap tremendous benefits for Nebraska and Japanese businesses alike. Japan is the third-largest importer of Nebraska products. We knew it would be important to establish a physical presence to facilitate the growth of that market, and now we have one.”

Mamdani said, “The international program at the Medical Center has grown to more than 100 strategic global partners in 41 countries, and each year facilitates bringing in hundreds of international patients for treatment, as well as many international researchers, students and prominent speakers to Nebraska. Having a physical presence in Japan is truly key for the Medical Center to expand its Asian initiatives in the areas of patient care, research, biomedical, biotechnology, education, and training.”

Other sponsoring partners of the center include the Greater Omaha, Lincoln-Lancaster and Nebraska Chambers of Commerce, the Nebraska Department of Agriculture, the Nebraska Diplomats, Election Systems and Software of Omaha, First National Bank of Omaha, Oxbow Pet Products of Murdoch, Bruckman Rubber of Hastings, Werner Enterprises of Omaha, the Nebraska Corn Board, Kawasaki of Lincoln, the Nebraska Public Power District, as well as the Omaha Public Power District.

The combined costs of operating the Nebraska Center will run between $85,000 and $90,000 a year. DED and UNMC have pledged up to $20,000 each, which represents roughly half the funds needed. The Nebraska Department of Agriculture plans to contribute at least $3,000 annually, and the remaining funding will come from sponsoring partners.

The office’s computer, telephone, fax, and other services will be available for Nebraskans in Japan to conduct business between meetings and travel. The center will provide a resource to assist in research, contacting and arranging meetings with potential Japanese businesses, providing basic translation and interpreting services, assisting with trade shows and other marketing efforts, and assisting with hotel and travel needs, and coordinating meetings with the Commercial Attaché, the Japanese External Trade Organization (JETRO), Shizuoka Prefecture, and other Japanese partners.
UNMC's Nizar Mamdani was part of a 28-member delegation that joined Lt. Gov. Rick Sheehy on a trip to Japan last week to celebrate the opening of the Nebraska Center, the state's first trade office in a foreign country.

Mamdani, the executive director of the UNMC Office of International Healthcare Services, served as a representative for the medical center, which is one of the key sponsoring partners of the Nebraska Center. He joined delegates from the state's agriculture, business and educational communities as they discussed with Japanese officials ways in which Nebraska’s services and resources could benefit the island nation.

"This trip has been a valuable experience and this office will offer the university a multitude of opportunities," Mamdani said.

UNMC has pledged to give up to $20,000 to the Nebraska Center -- about a quarter of the funding needed to support the new operation. Mamdani, Sheehy and the other delegates joined more than 200 Japanese business and government leaders at a Friday reception to commemorate the center's opening.

The reception capped a five-day trade trip to Japan, which is home to the world's second-largest economy and is the state's top overseas trading partner.

"This office is an important step in our global strategy to market Nebraska to the next generation of entrepreneurs," Gov. Dave Heineman said from Lincoln.
Nebraska To Open International Business Office In Tokyo

Nebraska Development News a publication of the Nebraska Department of Economic Development-September 2006

Gov. Dave Heineman was joined by state officials and representatives of private industry in announcing plans to open the state’s first international office.

The Nebraska Center will be located in Tokyo and will be opened for business by Lt. Gov. Rick Sheehy during a trade mission later this fall.

The new office will serve as a hub for Nebraska’s international business operations, including the recruitment and expansion of Japanese-owned companies, agricultural market expansion, and the cultivation of multinational partnerships for economic growth. The center will be available as a public work and meeting space to business partners and Nebraskans visiting abroad for economic development purposes.

“Nebraska has had a strong relationship with Japan,”

Gov. Heineman said. “With the opening of this office, we hope to pursue an even stronger partnership over the long-term by enabling Nebraskans to work more closely with Japanese companies on business investment and development efforts. The Japanese place a high importance on personal relationships and interactions, and having a physical presence in the country is essential to expanding our opportunities for trade.”

Working with the DED and the University of Nebraska Medical Center (UNMC), the state has developed a public-private partnership with several Nebraska companies to offset the costs of renting and maintaining the space, in addition to staffing the center. The Nebraska Center will be located in the Shinjuku District.

Gov. Heineman also announced the hiring of Koji Nagasaka, who will serve as executive director of the Nebraska Center. Nagasaka will lead a team working to promote the state’s products and services, connect Nebraska businesses with Japanese business owners, and participate in Japanese trade shows. The office will also conduct market research and help develop marketing campaigns.

“Mr. Nagasaka’s experience will be key to helping Nebraska achieve its full potential in Japan,” Gov. Heineman said. “Companies spend a great deal of time building relationships and developing trust with potential Japanese partners, and he will serve as an important link in helping Nebraska businesses hit the ground running in this major Asian market.”
Nagasaka has been employed for most of his career by Itochu Corporation, the world’s 17th largest company, one of Japan’s largest trading houses involved in the aerospace, biotech and chemical, textile, bio-fuels, agricultural, and logistics industries. His management experience includes work in its oilseeds, grains collection and export, soybean, air cargo and real estate sections. He has also worked with Cargill Inc., where he was stationed in several different cities, including Central City, Neb. Most recently, he served as deputy secretary general for Itochu Shuyu-Kai, a nonprofit organization serving retired employees of Itochu Corporation.

Joining the Governor for the announcement were Nagasaka, DED Director Richard Baier and Nizar Mamdani, executive director of the Office of International Healthcare Services for UNMC.

Baier said, “Locating the Nebraska Center in the heart of Tokyo’s business district is a sound strategy that we hope will reap tremendous benefits for Nebraska and Japanese businesses alike. Japan is the third-largest importer of Nebraska products. We knew it would be important to establish a physical presence to facilitate the growth of that market, and now we have one.”

Mamdani said, “The international program at the Medical Center has grown to more than 100 strategic global partners in 41 countries, and each year facilitates bringing in hundreds of international patients for treatment, as well as many international researchers, students and prominent speakers to Nebraska. Having a physical presence in Japan is truly key for the Medical Center to expand its Asian initiatives in the areas of patient care, research, biomedical, biotechnology, education, and training.”

Other sponsoring partners of the center include the Greater Omaha, Lincoln-Lancaster and Nebraska Chambers of Commerce, the Nebraska Department of Agriculture, the Nebraska Diplomats, Election Systems and Software of Omaha, First National Bank of Omaha, Oxbow Pet Products of Murdoch, Bruckman Rubber of Hastings, Werner Enterprises of Omaha, the Nebraska Corn Board, Kawasaki Motors Manufacturing Corp., U.S.A. of Lincoln, the Nebraska Public Power District, as well as the Omaha Public Power District.

The combined costs of operating the Nebraska Center will run between $85,000 and $90,000 a year. DED and UNMC have pledged up to $20,000 each, which represents roughly half the funds needed. The Nebraska Department of Agriculture plans to contribute at least $3,000 annually, and the remaining funding will come from sponsoring partners.

The office’s computer, telephone, fax, and other services will be available for Nebraskans in Japan to conduct business between meetings and travel. The center will provide a resource to assist in research, contacting and arranging meetings with potential Japanese businesses, providing basic translation and interpreting services, assisting with trade shows and other marketing efforts, assisting with hotel and travel needs, and coordinating meetings with the Commercial Attache, the Japanese External Trade Organization (JETRO), Shizuoka Prefecture, and other Japanese partners.
Transferring Medical Knowledge And Empowering Local Communities

By Ambreen A. Delawalla - July 2006

As founder and Executive Director of the Office of International Healthcare Services (OIHS), based at the University of Nebraska Medical Center, Nizar presides over an organization that develops and provides no-cost medical training to physicians and medical support staff practicing internationally. Under OIHS’s programs, medical professionals, from institutions all over the world, come to the University of Nebraska to enhance their training in cancer care, transplantation, orthopedics, and/or minimally invasive surgery. When these professionals arrive, OIHS’s programs facilitate all the trainees’ needs, including housing, meals, sightseeing, translation services, training materials, and legal documentation. In addition, OIHS partners with institutions around the world to provide on-site training programs. The driving goal of all these programs is to share advanced medical knowledge and to thereby provide for early intervention in cancer care in developing countries.

Nizar’s arrival in Nebraska and his establishment of OIHS has been via a circuitous route. Born in Tanzania, Nizar attended college in Tokyo, Japan. Upon completing his education in economics, he began working for his family business, as the President of the Trans-Arabian Investment Company. He moved to the United States, settling first in Palm Beach, Florida and later in Atlanta, Georgia. He became involved in various Jamati economic activities and worked hard, until life unexpectedly changed.

In 1966, Nizar’s wife, Nancy, was diagnosed with lymphoma. After obtaining successful treatment locally for a few years, the Mamdanis were counselled on the need for a stem cell transplant. They consulted with several specialists nationally and found themselves repeatedly referred to the University of Nebraska Medical Center as the forefront facility in the country for such procedures. There, Nancy received treatments for many months, responding well at times. Sadly, the treatment was not entirely successful, and she passed away five years ago.

The loss, however, led to opportunity. Nizar’s experience with compassionate, yet sophisticated, care provided to his family at the University of Nebraska moved him to create a means to help international patients in cancer care and transplantation. Several discussions thereafter with the Dean and the Chancellor of the school resulted in the founding of OIHS.

Today, OIHS has trained more than seventy students hailing from more than seventeen countries. In addition, it has formed more than one hundred strategic partnerships with major cancer institutions in forty countries. On the horizon for OIHS and Nizar lie landmark projects, such as a partnership with a preeminent hospital group in India to provide stem cell transplants locally and the establishment of a joint degree program with the Manipal college of Nursing in India. Under these one-year joint-degree programs, students will receive both classroom and online training, which will culminate in a Bachelor’s degree in the Science of Nursing from both the University of Nebraska and the Manipal College. In addition, Nizar is a member of the team that will establish the Nebraska Center in Tokyo, Japan, a
cooperative partnership between the Nebraska Medical Center, the State Department of Economic Development, and the State’ Department of Agriculture, designed to enhance trade between Nebraska and Japan.

As OIHS and its impact grow, Nizar’s investment in the dissemination of knowledge bears fruitful results. Country by country, and region by region, OIHS’s endeavors serve one of the ultimate goals of knowledge, that of empowering communities to care for their own.
Promoter From Afar Helping Hospital

By Michael Kelly-May 2005

One of the state’s best ambassadors is a guy from the east African nation of Tanzania. He travels the world to link patients and health care professionals with Nebraska.

“I didn’t envision that progress would be made so fast,” he said Wednesday. “In the initial years, it was very tough to get the Nebraska name out there. I find that as we go and show our face all the time, we build a comfort level.”

Nizar Mamdani, who start the Office of International Healthcare Services at the Nebraska Medical Center in Omaha five years ago after the death of his wife, has developed Med Center partnerships with 71 institutions in 32 countries.

That includes bringing doctors, nurses, patients and others to Omaha for training and treatment.

As a byproduct, he estimates, the program has brought between $12 million and $13 million to the Med Center in revenue from foreign patients. Last year alone, he said, about 160 patients arrived from other countries.

Nizar (Nee-ZAR) speaks seven languages and is experienced in international business.

“But this has been one of the best jobs I’ve ever had in terms of my satisfaction level,” he said. “Working with patients---it goes right to your heart.”

The Omaha program itself came from the heart. He and his wife of more than 30 years, Nancy, came to Omaha from Atlanta in 1998 because she needed treatment for cancer.

She died a year later, but Nizar was so impressed with the skill and compassion he saw in Omaha that he persuaded officials to let him start the international health care office. He and colleague Anne Marie Fredrichs, by profession a pediatric nurse practitioner, travel extensively.

Visitors to Omaha need placed to stay, and one of them has received a wonderful renovation because of an unusual Med Center collaboration—with the Omaha Symphony Guild and its annual Designer Showhouse.

Omaha’s top interior designers renovated an 1880’s mansion at 428 S. 38th St., know as Potter’s House. It is owned by the Med Center and is used for families of patients needing care.

It was in need of a face-lift. In a sense, interior design came to the aid of internal medicine.
The house is open for tours Tuesdays through Saturdays from 10 a.m. to 7 p.m. and Sundays from 11 a.m. to 6 p.m. The 30th annual showhouse tours were scheduled to end this Sunday, but have been extended to May 15.

At a party Saturday night, Nizar Mamdani will welcome to the showhouse about 250 guests, many of them from the Nebraska Medical Center, to say thank you.

“Our program is successful,” he said, “only because we have such good help from other departments.”

The international health care office is no large bureaucracy. It operates with a total staff of three, including administrative assistant Ana Chavez.

The partnerships with other institutions include training of professionals as well as “electronic consultation,” a second-opinion service.

Nizar started a foundation in the name of his late wife, and it is used to cover some costs. Patients’ families are watched over—in some cases, the international office even has set up hunting trips or rounds of golf.

When the office was set up in 2000, Nizar said he hoped to stay at least five years. Now he plans to stay.

“I don’t want to retire,” he said. “I enjoy what I’m doing.”
UNMC’s Nizar Mamdani Going Global

B2B Omaha-Spring 2005

He was born in Tanzania, educated in Japan and lived in New York City, Palm Beach and Atlanta. He speaks seven languages, English and Swahili included.

For all is worldliness, though, Nizar Mamdani drew something of a blank when back in 1998 it was first suggested he travel to Nebraska.

“I said, ‘where?’” Mamdani recalls. “I had heard of Mutual of Omaha and that was the extent of my knowledge about Omaha.”

Okay, Berkshire Hathaway rang a bell, too. Mamdani, though, was told to come to Nebraska for health, not wealth. Specifically, he was advised to see the University of Nebraska Medical Center’s Dr. James Armitage for treatment for his wife, Nancy. In the early 1990s Nancy Mamdani had been diagnosed with non-Hodgkins Lymphoma, beating the disease into remission through treatments at Emory University in Atlanta, where the Mamdanis lived. About six years later, though, “it came back with a vengeance,” Mamdani says. Additional treatments at Atlanta didn’t do much, and so the Mamdanis began researching stem cell transplantation treatment.

The couple looked into Memorial Sloan-Kettering Cancer Center in Baltimore and the MD Anderson Cancer Center at the University of Texas. “And then a friend of mine at Memorial Hospital suggested that if it has anything to do with lymphoma we need to go and see Dr. James Armitage, who is the leading authority. I was very lucky that Dr. Armitage had an opening very quickly.”

Nancy liked what she saw of Dr. Armitage and the hospital and decided upon UNMC for her treatment. The couple came for what was to be a 7-to8-week transplant program. Complications developed, though: Nancy developed congestive heart failure, leading to a one-year hospital stay, five months of which was spent in the ICU on a respirator. “Everyone told us that she wasn’t going to make it,” her husband recalls. “But we had hope in God.”
Their hope proved true. Nancy was taken off the ventilator, went through rehabilitation and made it out of the hospital, living in an Omaha apartment for a year. Sadly, in 2000, Nancy passed away.

“We met when we were very young,” says Mamdani of their coming together while students at a Japanese university. “We were married for 30-some years, had two wonderful children, and she was my friend, she was my partner. We were one person, so it was a devastating loss for me and my family.”

Five years later, though, Mamdani remains.

Prior to her passing, Nancy had encouraged Nizar to approach UNMC about a sort of hospitality program for patients hailing from far-flung places. For more than a year the couple had spent the better part of most days in the hospital, far away from family, friends and home. Their children, daughter Amira and son Jamil, also spent time on watch with their mother. Thanksgiving would come and go without a place to celebrate. Christmas, too. “We were all alone,” Mamdani says. “It’s a very, very frightening feeling.”

And so was born the idea for a program to support such patients and their families, especially those from overseas.

Nizar resisted the idea at first. He and his brothers were self-made businessmen who, with the backing of investors had established TAIB Bank in Bahrain and affiliate companies involved in real estate development and management. Mamdani pursued net wealth, not necessarily health. “That’s how we were geared,” he says. “This wasn’t something that I can successfully do or want to do.”

Time in the hospital, though, “sort of changes your perception about life.” As he discussed the idea with Nancy, “I agreed that she was right and that was something that we needed to do.”

Mamdani approached Armitage with his idea of helping international patients come to UNMC and adjust to life once they arrived. He also hoped to help international patients who weren’t able to make it to UNMC by providing training for health care professionals in those countries. “And I wanted to do it for free” through a foundation established in his wife’s name.

UNMC administrators were intrigued, and asked for a business plan. Now Mamdani was getting into know territory.

The plan today has become UNMC’s Office of International Healthcare Services, of which Mamdani is executive director. Its mission statement focuses on “the provision of the highest quality patient care and access to the expertise of internationally renowned healthcare providers” at UNMC and “the collaborations, education, research, and consultation with the members of our International Strategic Partnership Program in an effort to share our knowledge and expertise that patients around the world might have access to the best healthcare available.”

The former mission includes more than help just for cancer patients and their families. The Office of International Healthcare Services now supports patients at UNMC for transplants, epilepsy and even Whiplash and second opinions. The patients come from all over the world, as is indicated by its Web site, translatable in 13 languages.

The latter mission entails electronic consultations, provision of free software, and more. That includes hopes for online nursing education to debut soon in India.
All of which has meant plenty of frequent flyer miles for the 59-year-old Mamdani. His bio notes that he has visited more than 160 institutions in 40 countries and has entered into strategic partnership collaborations with 69 institutions in 39 countries throughout Asia, Africa, South America and the Middle East. He’s accompanied former Nebraska Gov. Mike Johanns on five trade missions and met with heads of states, ministers of health and other prominent international dignitaries. And, continues his bio, the efforts have meant “millions of dollars to Nebraska in revenue.”

This never was about the money, though.

“When I look back now,” Mamdani says, “the people of Omaha are very generous. They have very good hearts. But we didn’t have a system in place that could do all these things.”

Nancy Mamdani put the right man on the job.
The Medical Center Opens The World To Nebraska

Metro Monthly Magazine-March 2005

The Office of International Healthcare Services of the Nebraska Medical Center/the University of Nebraska Medical Center has unquestionably changed Nebraska’s international healthcare recognition. Over the past five years, it has helped bring hundreds of patients from around the globe to Omaha for treatment of cancer, stem cell transplantation, orthopedic procedures and epilepsy care. 160 patients have traveled to Nebraska from even as small a country as Sweden for whiplash-related surgeries.

The international department has established collaborative partnerships with 69 leading healthcare institutions in 32 countries and has generated millions of dollars in patient revenue and electronic consultations for the Medical Center. It has also opened doors for the Medical Center to global education and research opportunities.

The international department was established by Nizar Mamdani in late 1999 after his wife, Nancy, was treated in Omaha for recurrence of non-Hodgkin’s lymphoma. They arrived here from Atlanta to seek care under the expertise of internationally-renowned lymphoma specialist, Dr. James Armitage. The goal was a desperate effort to extend Nancy’s life through a possible stem-cell transplantation.

However, complications from Nancy’s previous treatment caused a hospital stay that extended over a year, five months of which was in the ICU on a respirator. During this long ordeal, Mamdani recognized that they should have come to an expert center earlier in Nancy’s treatment.

“Ever since my family moved to the US, over thirty five years ago, we focused all our energies on expanding our investment and banking businesses. However, having lived day in and day out for over a year at Nancy’s bedside in the hospital, my perceptions changed and I wanted to expend my international expertise to help cancer patients in other countries,” says Mamdani. “It was the highly-skilled and compassionate care Nancy received at the Medical Center that inspired me to establish a program that could benefit patients from all parts of the world.” Mamdani, who speaks seven languages, was born in Tanzania and educated in Japan. A savvy international entrepreneur, Mamdani has established successful projects in Asia, Africa and the Middle East.

Mamdani conceived an idea for creating a No-Cost training program for healthcare professionals. This program enables doctors and nurses from around the globe to enhance their professional skills. By providing a collaborative platform for professional exchange, consultation, training, education and research, international patients are the ultimate beneficiaries of the latest treatment options without leaving their countries. “The highly qualified healthcare professionals at the Medical Center have a great
wealth of experience to share”, says Mamdani. Already over 67 international healthcare professionals from 19 countries have traveled to Omaha to participate in this unique training program.

Although Nancy passed away in June of 2000, a foundation in her memory was established by the Mamdani family and friends. The Nebraska Medical Center, The University of Nebraska Medical Center, The Nancy Mamdani Cancer Care and Training Foundation and various philanthropic organizations cover the costs of the no-cost training programs, which provide the much-needed training and education to healthcare professionals from around the globe.

The international department provides a level of service beyond expectations. Comprehensive and culturally sensitive services for the international and US patients include all aspects of patients' and their families’ medical needs and personal comfort. “I know first hand how traumatic it is for patients and their families to be in a foreign place for treatment. We provide everything to make their stay here as comfortable as possible, including assisting them with translation services, shopping, sightseeing and many other concierge-type services,” says Mamdani. “Healthcare providers and all of the employees at the Medical Center have a tradition of putting patients and their families first — treating them with warmth and compassion — just as anyone would want their own family members treated,” says Anne Marie Fredrichs, MSN, International Program Coordinator.

The 2005 Omaha Symphony/ASID Designer Showhouse, “Harmony for Hope,” is yet another example of the level of commitment of the International Department to the visiting patients and their families. This collaboration is the first of its kind in the 30-year history of the showhouse. Mamdani says that the Symphony and the ASID designers have worked tirelessly to provide Potter’s House resident patients, families and international healthcare professionals with a wonderful home-like setting of sophistication and comfort.

Through the fundraising efforts of the Medical Center and for the first time in Showhouse history, all furnishings, selected with this special population in mind, will remain in the home at the conclusion of the Showhouse.
"Astounding!"

That's how Toomas Vali, M.D., described his recent visit to UNMC, and its hospital partner, The Nebraska Medical Center.

"In just two weeks I observed five transplants - adult and pediatric," Dr. Vali said. "In Estonia we only do a few a year."

Dr. Vali, a liver transplant surgeon specialist, is one of three visiting physicians from Tartu University in Estonia who recently spent 14 days observing, training and learning about how medical procedures are performed at UNMC.

"It's been a very good experience here," Dr. Vali said.

Joining Dr. Vali from Estonia were Jaanus Kahu, M.D., a kidney transplantation specialist from Estonia, Hele Everaus, M.D., chief of hematology and oncology at Tartu University, and Nizar Mamdani, executive director of the Office of International Healthcare Services.

who trained with the peripheral stem cell transplant team of physicians, nurses and laboratory technicians. Alejandro Menant, M.D., a surgeon specialist in liver transplants, from Hospital de Clinicas in Buenos Aires, Argentina, also was at UNMC.

Dr. Everaus spearheaded the stem cell transplant program at Tartu University hospitals after Estonia was granted independence when the Soviet Union disbanded in 1991. She single-handedly went door-to-door in the business and medical communities raising donations to open her program.

The four physicians were able to come to UNMC through the No-Cost International Strategic Partnership Program training program, started by Nizar Mamdani, executive director of the Office of International Healthcare Services. The program has helped more than 60 doctors, nurses and administrators learn first-hand the innovative medical procedures available at The Nebraska Medical Center.

Anne Marie Fredrichs, international program coordinator at The Nebraska Medical Center, develops individualized training programs for each partner institution and physician.
Each trainee has the opportunity to observe physicians in clinics, surgeries and transplants, and interact with nurse coordinators and staff nurses and laboratory specialists in pathology with the goal of building long-term collegial relationships and research opportunities.

While the training is provided at no cost, the return to the medical center is great, Mamdani said. "The international program has built relationships with more than 70 institutions in 31 countries around the world, drawn international patients from around the globe and has generated millions of dollars since its inception five years ago," he said.

Physicians who participated in Mamdani's no-cost training programs referred many of those patients, who have come from other countries to seek treatment at the medical center.

"There have been hundreds of patients from 29 countries treated at UNMC during the past four years," Mamdani said. "Our no-cost training programs have not only helped us generate profitable international patient referrals to UNMC, but have also helped build a solid foundation for long-term relationships by developing comfort levels between health care professionals at UNMC and our partner institutions."

While this is a fantastic accomplishment, what really makes Mamdani smile is knowing that patients who can't travel to the United States for medical treatment, because of cost or cultural issues, will still benefit from the training and knowledge the visiting physicians take back with them.

"It's a humanitarian effort," said Mamdani, "to try to help people around the world by reaching out to their doctors and offering our knowledge and training."

Dr. Kahu is especially thankful he was able to come to UNMC. "I learned a lot more about how laparoscopic procedures are done," he said. "It's so much better for the patient and less invasive."

Volunteers from the community provided tourism opportunities to enable the physicians to experience a bit of the Midwestern American culture and traditions.

While here, they attended River City Roundup, and visited Joslyn Art and Western Heritage museums, the Henry Doorly Zoo, DeSoto Bend Wildlife Refuge, Fort Atkinson, the Old Market and many other sites.

Dr. Kahu also enjoyed the balmy fall weather. "It's much colder and rainy in Estonia," he said.

Over the next nine months, the Office of International Healthcare Services is expecting more than 30 additional doctors, nurses and administrators from 11 countries.
Nebraska To Put On Best Face At International Conference

By Stacie Hamel-October 2004

Nebraska's first international diplomatic conference is intended to showcase the state Wednesday for a slate of 42 dignitaries representing 31 countries.

"We can shatter a lot of stereotypes if we can bring (foreign officials) to Nebraska," said Secretary of State John Gale, who planned the trade event in his role as the state's chief protocol officer. "We are a very progressive, a very dynamic, a very cutting edge state in many ways."

Ambassadors of the Republic of Belarus, the Ukraine, Ghana, Indonesia and Vietnam will be the highest ranking of the visitors.

The first secretary of China's embassy - "a high-ranking representative for the People's Republic" - will attend, Gale said.

"International relations start with personal relationships. And personal relationships start with one-on-one," he said.

Gov. Mike Johanns, who has visited Japan, will start the day off as the breakfast speaker at the invitation-only event. About 160 people are expected overall.

Potential is strong for beginning or broadening trade relationships, Gale said.

The Vietnamese ambassador, for example, has requested three more days of meetings after the conference. With the ambassador will be that country's economic and trade consuls.

"Vietnam is one of those newly emerging countries with tremendous potential for trade with Nebraska," Gale said. "The same is true of Indonesia. It's one of the largest countries in the world, and it just had a democratic election. . . . We see great potential in Indonesia."

The eastern European countries of Belarus and the Ukraine also hold potential as they seek to establish international trade, he said.

This will be the second time Ghana has sent a representative to visit Nebraska, and the country holds promise, Gale said, "as a stable, democratic country in Africa, with solid economic growth."

The conference also will help solidify relationships with such major trade partners as Canada, South Korea, Mexico, Japan, China, Taiwan and the Netherlands, he said.

Concrete results could grow from Wednesday's event because ambassadors and other high-ranking dignitaries will attend, another state official said.
"This is attracting the decision makers," said Merlyn Carlson, director of the Nebraska Department of Agriculture.

Consul generals as well as consuls, deputy consuls, cultural attachés and representatives with similar titles are expected from 16 more countries.

The remaining 10 countries will be represented by honorary consuls, who are American citizens designated by countries to represent their interests in states where they don't have an official presence. Some countries are represented by more than one official.

Presenters will be officials from ConAgra Foods, the University of Nebraska Medical Center, Valmont Industries Inc., Gallup University, NU's Peter Kiewit Information Science, Technology and Engineering Institute, the Nebraska Department of Economic Development and the Omaha and Lincoln Chambers of Commerce.

Dignitaries will be offered bus tours to three sites, where other companies and organizations will present information:

• ConAgra Foods corporate offices and Valmont's plant in Valley, presenters from Cargill Sweeteners North America, Henningsen Foods, Farmers National Co., the Nebraska Cattlemen and Omaha Steaks.

• Kiewit Institute and NU Medical Center.

• Strategic Air and Space Museum, presenters from systems security companies Science Applications International Corp., Northrop Grumman Corp., Booz Allen Hamilton, and Lockheed Martin Corp.

Keynote speaker at lunch will be Ronald Roskens, former president of the University of Nebraska and former administrator of the U.S. Agency for International Development, who also serves as honorary consul for Japan.

To end the day, First National Bank will host a reception. Its chairman, Bruce Lauritzen, also represents Denmark as honorary consul.

Two members of Gale's advisory committee for the conference also serve as honorary consuls: former U.S. Rep. John Cavanaugh for Canada and Omaha attorney Virgil Johnson for Norway.

Other honorary consuls will travel from such cities as Kansas City., Minneapolis and Chicago.

Carlson, of Nebraska's Department of Agriculture, will accompany the Vietnamese delegation during its meetings Thursday through Saturday.

The focus of that group's extended visit - and possible future trade - is diversified and broad, Carlson said. The possibility for exports include agricultural as well as processed products and technology.

"Obviously, if we're going to export, we need to import some things as well. They're a developing country and a country that is changing its world influence very quickly," he said. "Of course, we'd like to sell more than we buy."

Potential imports generally would be household goods, garments and electronics, he said.
The Vietnamese delegation's Thursday meetings will include Omaha Mayor Mike Fahey; Greater Omaha Chamber of Commerce and business leaders; Ken Stinson, chairman and chief executive of Peter Kiewit Sons' Inc.; and Steven Silver, president of International Nutrition Inc.

On Friday, the delegation will meet with Johanns; Speaker of the Legislature Curt Bromm; and Nizar Mamdani, executive director of UNMC's Office of International Healthcare Services.

"That's a busy schedule," Carlson said.

Previous delegations from Vietnam have looked at Nebraska's agriculture and food products "but never had the broad focus of this one since it's a diplomatic and consular meeting," Carlson said.

He credited the secretary of state with planning a program that has attracted some high-level interest.

Gale gave the credit to Nebraska business and industry.

"We've had tremendous support," he said, "all across the state. . . . It's definitely an all-Nebraska event."
Transplant Program Receives National Spotlight

The Nebraska Medical Center and four of its patients were recently spotlighted in People magazine. The following article is reprinted from the Oct. 18 issue. The family also appeared on the “The Early Show” on CBS and will also be guests on “The Jane Pauley Show.”

One Family Gave These People the Gift of Life

Joyce Falsey is in the midst of a daylong battery of examinations--blood work, stress tests and psychological assessments--when she and her husband, Tom, sit down with Dr. Lucile Wrenshall to discuss her upcoming operation to donate a kidney. "It feels like old home week having you back," says Wrenshall, co-chair of The Nebraska Medical Center's kidney and pancreas transplant program. "Gosh, you probably don't have any questions. You've been there, done that, almost."

That's because she's had plenty of company. When Joyce, 60, had the surgery this fall to give her left kidney to a stranger, she became the fifth member of her extended family to donate a kidney--an extraordinary record that exceeds any other family, according to the United Network for Organ Sharing. "Being an anonymous donor in itself is a leap," says Catherine Paykin of the National Kidney Foundation. "To have a whole family that has undertaken this is very exceptional. It's a heroic thing to do." To the Falseys it just makes sense. "I'm just an ordinary guy," says Tom Falsey, 49, a project engineer for a health-care company, "who saw a need and did something about it."

The Falsey family's surgical crusade began back in 1990, when Rich Schurman's son Aaron, then 17, went on dialysis after years of chronic illness. His father, now 57, the brother of Joyce, was ruled out as a donor because his blood type wasn't compatible. So Aaron's mother, Joan, stepped forward, undergoing what was then a complex surgery requiring five days in the hospital and six weeks recovery and leaving a nearly six-inch scar. Still, "you'd do anything for your kids," says Joan, 57. "I just didn't want to lose him."

Eight years later Aaron's kidneys began to fail again and he became gravely ill, losing 50 lbs. "He looked like he was 70 or 80 years old," says Joan. "He was gray, his face was wasted."

Watching that deterioration got to his uncle, Tom Falsey, who without being asked offered in 2001 to donate his own kidney. "That was just overwhelming," says Rich Schurman. "We were at the point where we were starting to grasp at anything. So when Tom offered, we were willing to accept."

But just 48 hours before the surgery, final tests ruled out Tom as a suitable match. "He was devastated," says Joyce Falsey. Meanwhile, against her brother's wishes, Aaron's sister Michelle, then 33, had secretly gotten tested. Months later, in April 2002, she gave her brother her left kidney. "Something needed to be
done," says Michelle, a medical-research technologist, "or we were going to be putting him in the ground."

Witnessing the change in his nephew only made Tom Falsey, who has no children of his own, more resolute. "I knew I would be an acceptable donor," he says, "but I did not have anyone to donate to." He contacted The Nebraska Medical Center, but Dr. Brian Stevens, who directs the transplant program with his wife, Dr. Wrenshall, told him the facility had no anonymous donation program. Undeterred, Falsey offered to donate a kidney himself and, with help from his employer, gave a few thousand dollars to create a fund to defray the cost of donor testing. "Tom was a thorn in my side--a pleasant thorn," says Stevens. "It was a very good thing."

Particularly, as it turned out for Jordan Shaw of Omaha, whose childhood cancer had led to such severe kidney problems that in January 2003, at 15, he joined the transplant list. Six months later, in the middle of a dialysis treatment, he got the news a donor had been found. "I literally wanted to jump for joy," says Shaw. "But I was hooked up to the machine."

Just as excited was the donor: Tom Falsey. Rather than the more invasive surgery that Joan went through, with large incisions cut through her back and stomach muscles, doctors used a laparoscopic procedure developed in 1995 that required just three dime-size incisions in the abdomen. Locating the kidney with a tiny camera on the laparoscope, they removed the fist-sized kidney through a 3- to 4-inch incision. Tom says it was so painless that he awoke from anesthesia and thought the surgery hadn't happened. He fully recovered within three weeks. (Not everyone is so fortunate. Recovery can still be painful and take six weeks.) Afterward Shaw sent him a letter: "Now that I have your kidney, I have a chance to have a normal sophomore year." Tom wrote back: "God blessed me with two healthy kidneys. . . . I couldn't help everyone on the waiting list, but I could help one."

He could also provide inspiration. A couple of months later Tom got a call from his brother Jim, a Catholic priest in Au Gres, Mich. "If you can do it, I can do it," he told him. Father Jim, now 59, spent six months studying up on organ donation and then, on April 21, had the surgery to remove his left kidney. "We don't own anything," says Jim. "Everything is a gift on loan."

His recipient keenly understood that outlook. Nine years earlier Karen Bryce, now 43, of Rochester, Mich., had donated her own right kidney to her ailing father. Though she says doctors assured her that she was at low risk for kidney problems, she developed high blood pressure and by 2001 went on dialysis. Says the former waitress, a single mother of two girls, of her donor: "There are no words to express the gratitude you feel."

Given that nearly 60,000 Americans are awaiting kidneys--and that, according to UNOS, about 6 percent of those people will die waiting--"I don't understand why more people don't step forward," says Tom Falsey. "It's a rare opportunity where you can save someone's life at virtually no risk to yourself."

Though kidney donation surgery is indeed relatively safe (with a mortality rate of 3 in 10,000 and just 1 percent of donors developing complications such as infection), anonymous donation--in which someone gives a kidney to a stranger--is still at the frontier of medicine. Between 1988, when figures were first collected, and the end of July, some 64,224 living donors gave kidneys; only 228 did so anonymously (all since 1998). "People on dialysis are truly suffering and often facing death," says the National Kidney Foundation's Paykin, who coordinates its transplant program. "For the recipient, [organ donation] gives them the possibility of living a fruitful life."
After watching her sister-in-law, niece, husband and brother-in-law donate kidneys, Joyce Falsey came to a decision last April. "I want to do it," she told Tom. Mostly she was inspired by watching Aaron recover so robustly. "He was so sick he could hardly walk," she says. "A year later he looked great. You can't not react to that." Though she experienced a bit more postsurgical pain than her husband and brother-in-law, Joyce also felt the satisfaction--as did her recipient, Regina McDonald, 38, of Omaha, who had been on dialysis for six years after lupus caused kidney damage. Still recovering from the operation, McDonald is the only recipient who hasn't yet met her Falsey donor. But she intends to. "I'm thankful to God that he allowed her to donate to someone she doesn't know," she says.

Could there be more Falseys donating kidneys? Rich Schurman, Aaron's father, a corn and soybean farmer, is the latest family member contemplating donating--sometime after the annual harvest ends in November. Though Tom Falsey has tried hard not to pressure anyone, he can't hide his enthusiasm for the results. "It's certainly an incredible feeling," he says, "to change a person's life."

Reprinted from PEOPLE Magazine by special permission; © 2004 Time Inc. All rights reserved.
Apollo Hospitals Installing Rs 30-Cr Scanning Device

Hyderabad-August 2004

APOLLO Hospitals is setting up a Rs 30-crore PET-CT scanning device next month, in association with the Singapore-based Gleneagles group, at its Hyderabad centre. It is the first such installation in entire Asia.

Announcing this here on Friday, Dr Prathap C. Reddy, Chairman of Apollo Hospitals group, said the image taken from the scan gives detailed anatomy and biological processes at the molecular level of internal organs and tissues from one single non-invasive diagnostic procedure.

A combination of PET (Positron Emission Tomography) and CT (Computed Tomography), the new device makes it possible to produce a biograph image and measurements.

The device would trigger a revolution in cancer management by reducing the number of diagnostic tests.

It would also have applications in cardiac problems and neurosciences. Initially, the hospital would charge Rs 25,000 for a test.

Ms Sangita Reddy, Director of Apollo Hospitals, said the hospital would get the Joint Commission International (JCI) certification in the next 12-18 months. The hospital has allocated Rs 8 crore to upgrade the facilities in order to achieve the JCI standards. "We have already spent Rs 6 crore," she said.

It has targeted to achieve Rs 7 crore from patients from abroad this financial year.

"We will increase the bed strength to 8,000 beds by the end of 2005," Ms Sangita Reddy said.

The hospital has tied up with the Nebraska Medical Center of University of Nebraska for exchange of medical knowledge.

Mr Nizar Mamdani, Executive Director (International Healthcare Services), said the centre would offer educational programmes for the Apollo group.
Meanwhile, the hospital has launched a campaign to reduce road accidents, marking the 16th anniversary of its Hyderabad centre.

It has also tied up with traffic police and TV9 (a 24-hour Telugu news channel) in this regard.

© Copyright 2000 - 2006 The Hindu Business Line
Overman Joins Delegation In Diplomatic Trip To China

By Roger Holisinger-July 2004

From the statues of Buddha to the many bicycles and smog, Don Overman said memories of his trip to China are something he’ll always treasure.

Overman was part of a delegation that accompanied Gov. Mike Johanns on the trip last month.

He said he spent nearly 18 hours in the air and covered 17,500 miles but it was well worth it.

Overman said he had been invited to attend a similar event two years ago when he was president of the Nebraska Diplomats. However, two weeks before the group was to leave, Johanns had to cancel to attend another meeting. Last year, Overman was unable to go because of personal reasons. This year, he decided he’d go and pay for the trip himself.

He thought it was important that the Diplomats were represented, even though I am no longer the president.” He said.

As he turned the pages of the itinerary and guest list, Overman said he was amazed at the number of people who went on a trip and how many of them have businesses in China.

The Nebraska Pork Producers, Beef Council, Corn Board, Department of Agriculture where all represented along with an official with Union Pacific Railroad, the Nebraska Department of Economic Development, the University of Nebraska and the University of Nebraska Medical Center.

Overman said one of the most exciting events was when the delegation met with the Vice Premier of the Peoples Republic of China, Lang Yu Hui. The event took place at the Great Hall of the People.

Among the other events Overman attended included the ceremony where Johanns signed an agreement with the Guizhou Province that established a province-state relationship.

Guizhou Province is located in southwest China, covers approximately 176,000 square kilometers of land, and is home to 35 million people. Nebraska has 300,000 square kilometers and approximately 2 million people.

Nebraska currently has a trade agreement with Guizhou, where a government-operated hog farm import swine from the state. This agreement is expected to open the doors to additional Nebraska agricultural exports.

Overman said a delegation from Guizhou is expected to visit Nebraska next year.
In addition, Johanns announced that four agreements have been signed during his trade mission to the country that establish education, research and patient care partnerships for the University of Nebraska Medical Center (UNMC) and The Nebraska Medical Center.

Overman said it was his first trip to China and admitted he had some preconceived ideas about the country. He said while he thought the country might be a bit “backwards,” he was amazed to see how many advancements are being made in a country that has 4,000 years of history.

Overman said traffic and smog is a problem in cities as there are often 14 to 16 lanes of traffic, including lanes for bicycles.

“The smog is something like you’ve never seen. The first time I saw blue skies was when we went to The Great Wall” said Overman.

He said the group also visited technology park and the Baptist Hong Kong University. Twenty students from the university were scheduled to arrive in Omaha Thursday. The students will study in Nebraska for two months, he said.

Overman had a hard time getting used to meals.

“We were served 11-to sometimes 13-course meals and I still lost two pounds,” Overman said laughing. At one point, Overman went in search of something more western.

“I told the lady that all I wanted was a cheeseburger and french fries. She pointed at the children’s menu because everything else has multiple patties. I got to pick a prize for ordering off the children’s menu and then there was another one that came with the meal. So my grandson received two prized instead of one.” Overman joked.

Overman believes China is moving more towards western ideas and government.
Johanns To Promote Nebraska Business During Trade Mission To China In June

Nebraska governors have devoted real efforts to China during the past decade, and Gov. Mike Johanns plans to start his second trade mission to China on June 8.

“Gov. Nelson was in China a handful of times, which I mention to underscore the significance we place in the China market,” Johanns said. “China has a large population which needs goods and services including ag products.

“over the past decade the Chinese have sent signals that they want to be part of the international community, and that’s very much a two-way street. It’s amazing how quickly the trade numbers are improving, and it picks up year after year.”

This year’s trade mission will run through June 18, making stops in Hong Kong, Beijing and Shanghai. Johanns will attend meetings with government officials as well as promoting trade between China and companies in Nebraska.

“Last time we went to more rural areas because of an interest in selling hogs to those areas,” Johanns said. “Although we’re going to larger cities, we continue to focus on agriculture because we’re the fourth largest exporter of ag products in the United States.

“Typically our trade missions have two major areas of focus—agriculture and manufacturing. We work with a number of companies and try to match that company with existing or prospective customers.”

Traveling with the governor will be representatives of Nebraska businesses and organizations: Behlen Manufacturing, Concept Marketing, F3 Solutions, Greater Fremont Development Council, Isco Inc., Jensen Money Management, Kelly Klosure Systems, Lester Electrical, Lucky Agri and Food Inc., Nebraska Beef Council, Corn Board, Farm Bureau, Pork Producers, Soybean Producers, New Century Development, Phillips Manufacturing, Sampson Law Firm, Target Logistic, Technology Development, Tran-Tech Corp., Transgenomic, University of Nebraska Medical Center, Union Pacific Railroad and Valmont Industries in Shanghai.

“Every time we announce a mission to China, we get great response,” Johanns said. “A number of these companies and organizations are already doing substantial business in China.

“We went to Japan last year and had hoped to hit China as well, but the SARS problem forced us to delay the china trip for a year.”

China is a significant opportunity for business in Nebraska, Johanns said.
“China’s willingness to be involved in the international community has broken the dam,” he said. “For so long the country was absolutely closed. An internal policy choice to reopen the borders has provided opportunities to us.

“The Chinese are very entrepreneurial, so once the signal was sent from the central government, the people readily marched into international trade. China is ready to do business and has maintained an ongoing relationship with Washington, regardless of who is president.

“Any state ignoring China is ignoring it at their peril. The market continues to grow and the opportunities are too numerous to ignore.”

Born in Iowa and raised on a dairy farm, Johanns graduated from S. Mary’s college in Minnesota. After receiving a law degree from Creighton University he clerked for State Supreme Court Justice Hale McCown and practiced law in O’Neill and Lincoln.

He was elected to a four-year term on the Lancaster County Board of Commissioners in Lincoln in 1982 and to the Lincoln City council in 1989. Two years later he successfully challenged the incumbent mayor of Lincoln and was mayor until he was elected governor in 1998. He was re-elected in 2002.

He has led six delegations of Nebraska government, business and agriculture leaders on trade missions to several nations, including Japan, Taiwan, China, Hong Kong, Australia, Korea, Singapore, Malaysia, Brazil and Chile.
Nebraska Medical Center Takes The Lead In Fostering International Collaborations

The University of Nebraska Medical Centers’ Office of International Healthcare Services (OIHS) was formed in 2000 and under the leadership of Mr. Nizar Mamdani given the mission of opening doors for international institutions and individual partnership programs with The University of Nebraska Medical Center/The Nebraska Medical Center.

Their focus is to customize outstanding no-cost training programs that best suit their partner’s local health care market, so that a greater number of their patients can be beneficiaries of their advanced cancer care, transplant, orthopedics, minimally invasive surgical programs and technology.

OIHS has enjoyed tremendous success. OIHS has helped their institution to establish 46 collaborative partnerships in 25 countries. In the Telemedicine area, OIHS has agreements with 56 institutions in 36 countries. The innovative software that they have developed enables overseas medical institutions and individual doctors to collaborate with doctors at the UNMC in real-time.

In Japan, OIHS has been very active. OIHS has helped to establish collaboration agreements with the National Cancer Center of Japan, Nagoya University Hospital, Osaka Hospital and they are in discussions with the newly opened Shizuoka Cancer Center. The Nebraska Medical Center has had trainees on three different occasions from the National Cancer Center of Japan.

In September 2004, OIHS plans to continue their efforts to build collaborations with Japan by attending the Midwest-U.S. Japan Association annual meeting and BioJapan trade show in Tokyo. They also plan another visit to the Shizuoka Cancer Center as a part of this trip.
Dr. Richards Treats Bahrain Royal Family

By Walter Brooks, UNMC public affairs-December 2002

In October, Alan Richards, M.D., FACS, head and neck surgeon in UNMC's department of otolaryngology, performed surgery on a member of the royal family of the Kingdom of Bahrain, who had been diagnosed with thyroid cancer. Nizar Mamdani and the Office of International Healthcare Services (OIHS) made arrangements for Dr. Richard's first medical mission to the Middle East.

"I have a lot of experience in treating thyroid cancer," Dr. Richards said. "The royal family did not want to send the teen-aged female patient overseas, so Nizar Mamdani was asked to arrange for a specialist to come to the International Hospital of Bahrain and do the surgery there." A native of South Africa, Dr. Richards has lived in the United States for five years.

Medical background

South Africa follows the British medical school system. Dr. Richards completed his six-year course at the University of Witwatersrand Medical School in 1966 and received his M.B., B.Ch., which is equivalent to M.D. Dr. Richards was a lecturer in surgery for more than 20 years in South Africa. He was chief of the head and neck tumor clinic at Johannesburg Hospital for 14 years and served as a fellowship examiner at the College of Medicine of South Africa in oral and maxillofacial surgery, radiation oncology and otorhinolaryngology. He joined the faculty of UNMC as an associate professor of surgery in July 2000.

Head, neck oncology surgery

Head and neck oncology surgery involves cancer of the mouth, throat, larynx, sinuses, thyroid, upper part of the esophagus, skin cancer on the face and salivary glands. There are a wide variety of tumors in these areas – especially the mouth, throat and larynx due to tobacco use, and skin cancer, due to exposure to the sun. Dr. Richards has patients from across Nebraska, as well as Iowa, South Dakota, Missouri, Kansas – and now Bahrain.

The visit

"Quite frankly, I didn't know what to expect when I went to Bahrain," Dr. Richards said. "I thought I'd find a hostile environment with strange kinds of foods that I wouldn't be able to eat. It was totally the opposite. The people were the most welcoming and friendly and the foods were out of this world. I had a car and driver 24 hours a day during my three-day stay and I was accommodated at a most luxurious hotel."
"The medical professionals in Bahrain practice western-style medicine because most of them are British-trained. They all speak excellent English and their oil rich economy affords them the ability to purchase the best facilities and equipment to be found in America. The hospital I served at had everything. I was quite surprised."

**About Bahrain**

Bahrain is a small island nation (only 50 miles by 20 miles) in the Persian Gulf just east of Saudi Arabia. Bahrain is considered the most liberal nation in the Middle East. The population is 600,000, most of which lives in Manama, the capital city. The majority of women in Bahrain wear western style clothing, although many still choose to wear the traditional full-length total body coverings. A six-lane causeway connects Bahrain to Saudi Arabia and brings thousands of Saudis across the water each weekend where they are free of conservative social restraints and can partake of nightclubs and alcoholic beverages. Although Bahrain was the first country in the gulf area where oil was discovered, today the economy earns more money through the refining and transporting of oil, than its production. It also is a major center of international banking.

Dr. Richards: "An exceptional experience"

"Health professionals are very eager to learn in Bahrain," Dr. Richards said. "I had quite a large audience during my operation. People were snapping photos all over the place. I gave several lectures and they were crushed with attendees. It was really like giving a lecture in America. Everyone understood every word and the whole trip was quite enjoyable.

"I really recommend other physicians work with OIHS. Check out what is being offered, the facilities that they will be working at and then give it a try. I really found it to be an exceptional experience and would do it again."
OIHS Hosts Bangladesh's Top Health Minister

By Walter Brooks, UNMC public affairs-November 2002

Nizar Mamdani, director of the NHS/UNMC Office of International Healthcare Services, hosted campus tours and a special dinner for Fazlur Rahman, M.D., Minister of Health and Family Welfare for Bangladesh, and his delegation, on Dr. Rahman's first visit to Nebraska.

In addition to Dr. Rahman, the delegation included M.R. Khan, M.D., the senior physician in Bangladesh and founder of the largest children's hospital in the nation; Zakir Sikder, M.D., director of the Telemedicine Reference Center, Ltd., and Abdul Hossain Sikder, M.D., director of the Local Initiative Program.

Bangladesh is the size of the state of Wisconsin, but has more than 132 million people, making it one of the world's most densely populated nations. Surprisingly, Dr. Rahman said that, in Bangladesh's case, this density is actually a good thing.

"Bangladesh has one of the biggest potentials to break loose from poverty than any other nation in the world," Dr. Rahman said. "We are the largest population with the highest degree of homogeneity. Our entire nation speaks Bengalese. In fact more than 200 million people in the region speak Bengalese.

"Our people are hardworking and have extraordinary resilience, when one considers the recurring cyclones and floods that we endure," he said. "Today, we are almost completely self-sufficient in rice and wheat. In addition, Bangladesh has set a standard for the use of model development banks in which groups of five women are extended credits as small as $100-$400 and they start independent business activities. Our people are finding numerous ways to succeed against poverty."

Bangladesh is making good progress against infectious diseases and 70 percent of the population is inoculated. The United Nations Population Fund has rewarded the nation for its successful family planning programs. Primary education is compulsory and education is free for girls up to the 12th grade. Although 90 percent of the population is Islamic, Bangladesh is a very tolerant culture that has had female prime ministers for the last 10 years.
Dr. Rahman said that Bangladesh wants to develop an even more effective health system, to reduce productivity losses from debilitating diseases and save some of the $200 million Bangladesh citizens spend traveling overseas for more advanced medical care. He is particularly interested in NHS/UNMC’s advances in telemedicine and medical management. Nebraska's expertise in delivering rural medical services is badly needed in Bangladesh because so much of the population lives in hard to reach areas.

"I was very happy to learn of the collaboration agreement between Bangladesh and the Office of International Healthcare Services," Dr. Rahman said. "We have much to learn from each other and I came to Omaha personally to express my support for this new venture."

Among the guests at the dinner honoring the Bangladesh delegation were Glenn Fosdick, NHS president and CEO; James Armitage, M.D., dean of UNMC College of Medicine; Sam Cohen, M.D., Ph.D., UNMC professor of oncology, pathology, and microbiology; Ward Chambers, M.D., executive director of UNMC/NHS Community and Multicultural Affairs; John Gollan, M.D., chair of UNMC College of Medicine department of internal medicine administration; Ake Nystrom, M.D., UNMC associate professor in department of orthopaedic surgery; Tom Gottierre, UNO dean of the department of International Studies; Carlos Montero, M.D., hematologist/oncologist from Panama who is in Omaha for six-month exchange program at the Lied Transplant Center; Al Wenstrand, Nebraska state director of economic development; Ron Ross, Nebraska state director of health and human services; Stan Garbacz, Nebraska state director of agriculture; and Mearlin Carlson, Nebraska state secretary of agriculture.
From Pain, Something Positive

By Chamber of Commerce-Omaha, NE

Nizar Mamdani came to Omaha out of necessity 12 year ago. He stayed to pay tribute to a remarkable woman—and serve a global good. Mamdani is the architect of a successful international healthcare program at the Nebraska Medical Center/University of Nebraska Medical Center.

“With God’s blessing, we had been quite successful in our businesses in the US and internationally, so I not only wanted to start an international patient program which would directly help the patients coming to Nebraska for treatment, but more importantly, I also wanted to start training and educational programs for international healthcare professionals,” said Mamdani.

International Healthcare Services (IHS) was established in August 1999 just months after Mamdani and his wife Nancy conceived the idea. Mrs. Mamdani, at the time, was undergoing intensive cancer treatment at the University of Nebraska Medical Center. The couple, who came to Omaha form Atlanta, set their goal—to make that same type of outstanding care available to patients from around the world.

To date, IHS has established partnerships with over 118 institutions from 44 countries and has provided training for over a hundred healthcare professionals. With world-wide outreach offering advanced patient care, specialized educational and for fee and no-cost training programs, and electronic second opinions, Mamdani said the world is starting to take note that a serious program for international health care exists in Omaha.

“What people, especially in Omaha, should remember is that though this is a program with international dimensions, it’s really about Nebraska,” said Mamdani.

A native of Tanzania, Nizar Mamdani never heard of Nebraska growing up. Now, he’s promoting to the world-class health care available in Omaha. He credits mush of IHS, as well as its promising future, to his wife of more than 30 years. Sadly, Nancy Mamdani did not get to see the program flourish. She passed away in June 2000.

In addition to IHS, Mamdani established The Nancy Mamdani Cancer Care Foundation to financially support deserving international medical professionals training in Omaha.
Nebraska Health System/University of Nebraska Medical Center’s Office of International Healthcare Services
“Reaching Out to the World”

By Chris Hay-December 2001
While he was growing up in Africa, Nizar Mandami never thought he’d end up a goodwill ambassador.

But that’s fairly descriptive of his work as executive director of the Office of International Healthcare Services (OIHS) at the Nebraska Health System/University of Nebraska Medical Center. Part diplomat, part master negotiator, Mandami is out to put his unique program, not to mention Nebraska, on the map. At the heart of his international effort is a focus to forge partnerships that bring foreign patients to NHS/UNMC for highly specialized treatment and to foster the exchange of staff for training, education and research.

With an extensive background in international business, fluency in seven languages and a personal demeanor that’s at once both charming and astute, Mandami seems just the man to lead such a program. And, of course, there’s the other reason—more commonly known as Nancy. Nancy Mandami, Nizar’s wife of 30-plus years, was treated by James Armitage, M.D., for a recurrence of non-Hodgkin’s lymphoma at the University of Nebraska Medical Center in 1999.

“She came here for a stem cell transplant and they started with high-dose chemotherapy,” Mandami says, sadly recounting his wife’s treatment and condition, “and because of earlier chemotherapy she had received, including high doses of Adriamycin, she developed congestive heart failure.” While she was in the hospital, Nancy’s heart wasn’t the only one hurting. Throughout this ordeal, family members held an emotional daily vigil, from 7 in the morning until 9:30 at night, Mandami says.

After 10 months in University Hospital, including five months in intensive care on a respirator, Nancy Mandami came home to an apartment in Omaha. As she recuperated, Nizar’s respect and confidence for the Nebraska healthcare professionals involved in his wife’s care grew and led to an idea—to make the same type of outstanding treatment available to patients from around the world. So he talked with Dr. Armitage, the dean of UNMC and Louis Burgher, M.D., then president and CEO of NHS, about taking advantage of his experience as an international businessman, not to mention his very personal experience with the healthcare system.

“The first time we came here and Nancy wanted a bottle of shampoo, I had to take a taxi to Target,” says Mandami, providing a classic example of the inconveniences that long-distance patients and families often encounter. “We wanted to change that, and provide patients who come here with every type of comfort in addition to their professional care.” The program, as Nizar and Nancy envisioned, would assist with appointments, billing, transportation, translations and daily living needs, as well as provide valuable support and companionship for those undergoing critical treatment far away from home. Mandami personally takes his patients to dinner, shopping at the mall, the movies and even to the zoo. “I’ll do anything to assist patients and their families receive the much needed relief from their monotonous and emotionally draining routines at our Center.” On the other hand, Mandami also realized that for every foreign patient who can afford to come to the United States for treatment, there are thousands of patients who cannot, not only for financial reasons, but also for cultural, business, religious or for other reasons. Mandami sought to establish a program that would help these patients, as well as those who can manage to come to the U.S.

Their idea was well received by Dr. Armitage, as well as NHS/UNMC administrators, and OIHS opened its doors for business in August 1999. But it was a disappointing start. After his first visit to promote bone marrow transplant services to hospitals in Asia and the Middle East, Mandami was ready to throw in the towel. “On my flight back, I
was totally devastated. No one wanted to see me,” recalls Mamdani, who had made a five-year commitment to the program. “I couldn’t even get in to see the managers of departments in some areas.” It was on the long flight home that Mamdani brainstormed the idea of adding training to the international program, provided at no cost to the partner institutions.

“On my visits (overseas) it became clear that most international physicians were generally well trained, but the ancillary personnel really needed specialized training,” remembers Mamdani, explaining what seems obvious now. “And, I thought, ‘Nobody else is doing this.’” He thought right. Though high-profile institutions like the Mayo Clinic and Johns Hopkins had been catering to international patients for years, in some cases decades, no one had yet established Mamdani’s approach. The NHS/UNMC program had found its niche. Today, niche is quickly becoming a misnomer. Mamdani has visited over 100 medical institutions in 25 countries and has entered into strategic partnership agreements with 38 institutions from 20 countries throughout Asia, South America, the Middle East and Africa. Creative educational, research and biotech initiatives for UNMC have also been established with some partner institutions. The OIHS program has flourished, and now seeks arrangements on behalf of NHS/UNMC in cancer care, orthopedics and transplantation programs. Mamdani sees unlimited potential in the relationships that have been created.

OIHS’s training programs work fairly simply. For example, a physician at a foreign partner institution sends a patient to NHS/UNMC for a bone marrow transplant. The attending physician and a team from his or her institution accompany the patient to Omaha for the transplant. Usually, the physician leaves shortly after the transplant, but the team of nurses and other staff stay for up to four weeks, observing post-transplant care and recovery. As the partner institutions start their own programs, additional training occurs as NHS/UNMC staff visit the partner country and share techniques and knowledge with an even larger number of the partner institution’s staff.

“Having just one exchange is not enough,” Mamdani admits, adding that his office encourages partners to send team members to Omaha for additional training throughout the year. While here, foreign healthcare professionals receive free housing, meals, local transportation at no cost and priceless training. It’s an investment, Mamdani says, that is returned many, many times over to his institution and to the Omaha
medical community. "You've got to get patients and the specialists from our partner institutions here so they can go back to become our ambassadors and tell good things about us and our programs," Mamdani says matter-of-factly.

The training and educational exchange aspects of the program, he says, are what create that long-term comfort level. Mamdani dismisses the notion that by providing training the program is systematically putting itself out of business. "I don't think that will happen for a couple of reasons. There is an affluent client base in every country we work in. No matter how good the local programs are in their own countries, these wealthy individuals often choose to receive their treatment in the U.S. Through our relationships, many of these patients will be referred to UNMC/NHS. We are already experiencing this important trend. Secondly, the medical science is evolving so fast," he says, "there will always be new medical procedures and discoveries that our partners will want our help with on an ongoing basis." The relationships Mamdani describes are having a substantial impact, according to Dr. Armitage. "I think anytime you can interact with colleagues around the world to the betterment of patients is good," says Dr. Armitage. In fact, Mamdani has already seen individual program partnerships expanded to include additional clinical areas or, in some cases—such as with King Faisal Hospital in Saudi Arabia—entire institutions.

"They tested us and satisfied themselves that what we delivered was even more than we had promised," he says, obviously proud of the OIHS partnership with perhaps the leading medical center in the Middle East.

Why do work internationally, when there's so much in Nebraska to do? Why offer the training for free? Mamdani has heard the questions and has a ready and real answer. "Basi-
cally, there was not a program like this anywhere, one that combines patient care as well as free extensive training programs for the healthcare specialists and presents it with the sincerity and the manner in which we do,” he says. With almost 40 partnerships established, Mamdani says the world is starting to take note that a serious program for international healthcare exists in Omaha—one that has value for both the NHS/UNMC and for the state of Nebraska. Directly, international programs are quite profitable for NHS/UNMC and they bring millions of self-pay foreign dollars into the state.

But the larger impact is in terms of reputation and international recognition. “International patient marketing is a huge business,” Mamdani explains, with close to 60,000 patients from other countries treated each year in the United States. “Our programs are designed to help us achieve a fair share of such patients. What we need to keep in mind is that though this is a program with international dimensions, it’s really about Nebraska,” he says. Proof of that is Mamdani’s inclusion as a member of a trade delegation led by Governor Mike Johanns to Southeast Asia last fall and to South America in August. “We have several medical institutions here that are remarkable,” Mamdani says, ticking off multiple key clinical and educational programs across the city.

Though Nancy Mamdani died in June 2000, the program has continued to thrive under Mamdani’s leadership. His multidimensional program, which was inspired by this tragedy, remains an intensely personal campaign.

International patients, foreign exchange of professional staff, training and research is the big, global picture. “This program is sort of an export trade, creating awareness of Nebraska internationally,” says Mamdani. Aware as he is of the potential impact that joint partner research and educational projects will have, Mamdani also stresses the program’s other recipients. He always touches on the help the program provides not only for hundreds of patients who will come to Nebraska for lifesaving treatment, but also for the thousands of patients who will be the
ultimate beneficiaries through OHHS’s training and educational programs, without having to leave their own countries. Joe Graham, the chief operating officer of NHS, echoes Mamdani’s thoughts. “The program has educational, research and patient care components,” Graham observes, that all ultimately benefit patients at NHS, as well as people throughout Nebraska and the world.

“I think the program is essentially about helping international patients both at our center in Omaha, or in their own countries through our unique training programs, really helping them with the much needed personal and professional support,” he says. He tells the story about how Nancy helped to shape this program, as well as the separate foundation, he established in her memory. The Nancy Mamdani Cancer Care and Training Foundation financially supports the needy foreign medical professionals in selected training programs in Omaha. In fact, he credits much of the program, as well as its promising future, to Nancy. Over the next several months, Mamdani expects to travel to several countries in South America, which he believes are very open to partnerships because of his existing personal relationships, as well as geographic proximity to the United States.

Still, when he was growing up in Tanzania, East Africa, Mamdani hadn’t heard of Nebraska and much less thought he’d end up living and promoting its medical programs. Mamdani first left Africa to attend college and graduate school in Tokyo, Japan, where he met Nancy. They returned to Kenya to marry and live in Tanzania until the country adopted socialist policies in the late 1960s. It was then that Nancy and he moved to New York City. While operating successful investment companies in New York and Palm Beach, they settled in Atlanta, the same city where Nancy received her initial cancer treatment in 1990.

Now with two years under the program’s belt, a man who has traveled tens of thousands of miles to tell the story of the world-class healthcare available here in Omaha now feels very much at home. “What we’re doing, really, is building a foundation,” says Mamdani. “I know that five years from now, we will have a solid international program.”

Mamdani signs first tri-lateral collaboration partnership agreement with Peking University People’s Hospital. Seated L to R: Nizar Mamdani; Dr. Houshan Lu, president, Peking University People’s Hospital; and Dr. Kent Mao, president, Beijing Hua Mei Medical Center. Officers from the U.S. Embassy in Peking were also present at the ceremony.