



• TeamHeart •



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MISSION
To Rwanda



LETTER FROM THE PRESIDENT...

This has been a wonderful year of growth for the Team Heart program. After four years of life saving investments in Rwanda, we are really beginning to hit our stride. We are poised to reach the next level in the mission to develop Rwanda's first cardiac surgery program and, at the same time, detect and prevent the root causes of rheumatic heart disease.

First and foremost, Team Heart completed all the requirements to qualify as a 501(c)(3) Charitable Organization. This will open the door to many more supporters who, without the tax benefits of this status, would not be able to contribute.

Along with our new nonprofit status, we have enlisted an active and committed Board of Directors with medical experience as well as expertise in business, law and accounting -- it is a great team that will only improve through active participation. Over the course of the year, I have come to know the more than 50 volunteers here and in Rwanda who make Team Heart happen. I applaud the extraordinary efforts of every volunteer.

Finally, we began looking for more sophisticated and creative ways to raise funds. We applied for our first peer-reviewed funding, and performed a pilot mail solicitation program. Both are very promising. We shared our experiences at national and international meetings.

What we do is hard work. The logistics involved in simply preparing for the surgical trips are significant. The details of coordinating the selection of patients, surgery, and after-care in Rwanda can seem overwhelming. But as we watch the increasing numbers of lives saved, we know we are on the right course. We will continue to support efforts to screen and select individuals for our partner teams to provide care during the interval we are not in country. And we will continue to work closely with the citizens of Rwanda, the Ministry of Health, the Rwanda Heart Foundation and King Faisal Hospital to help this program grow and meet our mission. We sincerely believe 2011 will be even more productive.

- David Wilson
President, Team Heart



...ABOUT TEAM HEART



Team Heart is a volunteer organization based in Boston, founded in 2007 to provide surgical intervention for young adults and adolescents suffering from critical rheumatic heart disease. Early on, we realized we could be a catalyst to stimulate a program to provide prevention and early intervention in addition to surgical intervention. Our program has evolved in to a comprehensive program that in partnership with our Rwandan colleagues, addresses all aspects of rheumatic heart disease with the goal of reaching more individuals early in the disease process.

In addition to providing surgical intervention to those selected for our surgical trips,

screening of more than 100 patients was completed by our cardiology team led by Harvard Vanguard Cardiologist, Dr. Patricia Challendar Come . The initial screening for potential patients is completed in country by Rwandese cardiology colleagues and partners.

A team of up to 35 highly trained professionals in medicine, nursing, perfusion and other support services travel to Kigali to provide the safest care possible and to teach colleagues at King Faisal Hospital. Each volunteer raises funds or pays for their own travel and donates his or her time. As our partners the government of Rwanda provides meals and hotel accommodations near the hospital.



In addition, Team Heart procures and ships over three tons of highly specialized supplies not available in Rwanda for cardiac surgery.



...OUR MISSION



Working in partnership with the Rwandan Ministry of Health and the Rwanda Heart Foundation, Team Heart will ameliorate the surgical burden of cardiac disease. Our goals are:

- to address the suffering of adolescents and young adults afflicted with advanced rheumatic heart disease in Rwanda with surgical intervention.
- to work with the medical and nursing staff at the King Faisal Hospital in Kigali to establish an enduring regional center of excellence in cardiac care.
- to prevent advanced rheumatic heart disease through a combined effort of surveillance, prevention, education and early intervention as an example of effective countrywide intervention against rheumatic heart disease that can inspire replication in sub-Saharan Africa.

Team Heart 2010

Mission...



In 2010 we completed our third surgical trip, performing a total of 14 cardiac surgeries. In addition, our cardiology team screened over 100 individuals for cardiac disease. Patients do not incur the cost of care and our physicians do not charge the hospital or patient for services.



Patient Education...



Patient education is a critical step for the success of the program. All patients receive individualized patient education booklets. Topics include the causes and prevention of rheumatic heart disease, information about the surgical experience as well as medication and post discharge instructions. Education begins before surgery and continues through discharge.

In addition, Team Heart has partnered with Gisimba orphanage. Gisimba was founded following the 1994 genocide and provides a home for 120 children ages two through 25. Children orphaned during the genocide live on site until education is complete. In 2010, Andrew Willett led a volunteer effort to repair the septic service, replace mattresses and bedding and restock the supply kitchen.



♥ ...Lives Changed in 2010

**Over the course of 8 days
Team Heart performed
14 surgeries**

Number of Surgeries	14
Male	7
Age Range	13-36
# Double Valves	7
Pericardiectomy	1
Subaortic Membrane Resection	1
Number of Operating Days	8



Patient Spotlight: Suzan Pendo...



Suzan's shy smile and very soft voice greeted each person entering the room. Her dark yet bright eyes carefully evaluated every face: Would this be the one who would say accept her as a candidate for surgery? A teacher; Suzan's English was better than that of most patients and she provided her history almost apologetically, as if the disease of rheumatic fever was her fault.

She denied remembering having a painful sore throat with fever, but did recall feeling ill and more tired than others for most of her adolescence. She loved school because she could just sit and listen to her teachers.

As she recounted her history, we learned she had family support however, a fiancée had recently left her when she told him she could not have children and needed a major operation to survive. She had loans remaining from her education and needed to return to teaching as soon as possible. She

had dreams of completing a degree. Surgery was her only chance for life. Without it, she would not live much longer. Heart failure which would slowly suffocate her would have characterized her few remaining years.

This is exactly the patient that we were looking for--committed to survival and planning for a future. Suzan had surgery replacing two diseased valves. Her convalescence was marked by expected heart failure, which would take

time to disappear, and by atrial arrhythmia -- common with - enlarged atrium from incompetent and diseased valves.

Following the team's return to the USA, Suzan would periodically send an email sharing her progress. Soon she returned to classroom work. She became a leader among other patients whom she saw during visits to the cardiologist. They soon learned, as we did, that Suzan always looked for the best in the world around her.

She hopes to return to the classroom herself as a student this year and complete her degree in a weekend program, which will allow her to maintain her job and support herself. She is not afraid of hard work. Suzan is the type of patient who clearly illustrates the value of cardiac surgery intervention. Instead of a drain on the health care system from repeated admissions due to end stage heart disease, she gives back to her country and those around her. She serves as a role model to the other female patients

and encourages them to follow their dreams. She volunteers to raise awareness for heart disease in her region of the country. In short, she is a Rwandan symbol of the importance of this national initiative.

Suzan is pictured above a week following her valve replacement surgery in April 2010.



Suzan, left and Agnes, right following surgery receiving discharge teaching from BWH nurse Sara, a volunteer for the second year in a row.

Team Heart needs your help!

Our mission is to bring life-saving cardiac care to children and young adults in Rwanda who cannot live without the surgical intervention otherwise unavailable in their country. In collaboration with the Rwanda Heart Foundation, King Faisal Hospital in Kigali and the *Rwandan* Ministry of Health, Team Heart's mission has three stages: Delivering annual cardiac surgical teams, building a cadre of skilled cardiac doctors and nurses within the country, and initiating broad based public education screening prevention programs.

Look what we have accomplished in four short years! As you read this our screening teams of expert cardiac sonographers are preparing to depart Boston in September, 2011 to screen school age children to identify those with silent rheumatic heart disease. In February, 2012, we will return for our 5th annual surgical trip when fifteen children and young adults pre-approved for cardiac surgery await our services. Our team will spend two to three weeks in Rwanda, operating on these fatally ill patients.

Every single item in the operating room — from the heart-lung machine that keeps the patient alive while the heart is being repaired, right down to the medications and cotton swabs — has been purchased and organized by our team. This year we will begin to transition this monumental task to the Rwandese team who are anxious to take this step toward sustainability.

Our patients from the past 4 years will be present to greet us and receive their follow up evaluations in partnership with the Rwandan team. Reuniting with these patients is one of the incredible joys of this project.

Please help us to help Rwanda establish a program to provide the care needed. Team Heart is well suited to lead this initiative. We need you as our partner.

Ceeya Patton Bolman...
Program Coordinator



How Much Does That Cost???

- \$5 will provide penicillin to prevent strep throat from progressing to RHD.
- \$50 will purchase 2-tablets of penicillin a day for a year to prevent progression of disease in the newly RHD diagnosed.
- \$120 will send a child back to public day school for one year following cardiac surgery.
- \$384 will pay for medications and check ups for one year, following a valve replacement.
- \$800 will pay for one semester in boarding school.
- \$1100 will purchase a European portable suction machine to vastly improve our care (we need two).
- \$1200 will place a child in boarding school, a coveted and safe home for a year.
- \$2500 will provide airfare for highly skilled RN to travel to provide care and teaching.
- \$3000 will send a student to university following cardiac surgery so they can support themselves and give back.
- \$4812 will pay for rent of 2-storage areas in Boston for one year for supplies to pack/ship.
- \$7000 will pay for one surgery -- we plan 15.
- \$4500 will purchase all the IV fluids needed for one surgical mission.
- \$7500 will buy all medications for one trip for cardiac surgery.
- \$10,000 will support a physician while training, for one year and allow for one trip home.
- \$10,000 will send 3-surgical residents with us to help care for patients following surgery AND mentor them to want them to do the same someday.
- \$15,000 will cover shipping door to door of 6 pallets, about 3000 pounds of medical supplies needed for each surgical mission.
- \$27,000 will send an echo tech to India for training and pay them for one year to do screening for RHD prevention.
- \$30,000 will support a cardiologist to be trained outside the country — an effort to maintain sustainability.
- \$30,000 would support an in country administrator to coordinate screening and pre-op patient selection programs.

♥ ...Awareness, Surveillance, Advoacy, and Prevention (ASAP)



Patricia C. Come, MD and Sonographer, Marilyn Riley, take a break during screening.

Rheumatic Fever (RF) and its major complication, Rheumatic Heart Disease (RHD), is a potentially deadly cardiovascular complication of unrecognized and inappropriately treated or untreated group A streptococcal

(GAS) throat infections. Left untreated, RF and RHD can result in severe disability and early death among adolescents and young adults. Although there are some estimates from other sub-Saharan African countries, there is no credible evidence about the magnitude and impact of RF and RHD in Rwanda. Recent investigative pro-

jects examining hospital discharge diagnoses suggest prevalence figures could be much greater than in other African countries. There is not only a lack of awareness but also a lack of infrastructure and resources required for early diagnosis and subsequent treatment of RF/RHD. While most industrialized countries have nearly eliminated RF through appropriate medical care and public health programs, no sub-Saharan African country has successfully been able to address the problem adequately.

The ASAP Program will encompass the screening, treating, educating and following of school age children at risk for GAS infections, RF and RHD.

♥ ...Team Heart Supporters Spotlight

Mannie and Cathy Jackson



Cathy photographed with children from Gisimba, Hussein (red shirt), Megan center and everyone's special buddy Joshua (blue shirt) held by Ceeya Bolman.

information is collected, analyzed and distributed the burden is not fully known. Through knowledge we can change the course for people and thus change the course of Rwanda. I wholeheartedly believe in the screening project and hope that it is funded and undertaken

Screening is the only way to count the number of children and young adults affected with untreated strep throat that has burdened them to the point of needing valve surgery. Until this valuable

quickly. This is why we decided to help fund this project. *Cathy Jackson...*

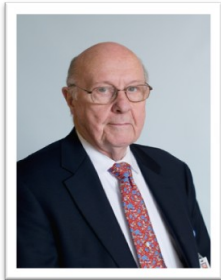
Mannie is the Chairman of Boxcar Holdings, Inc. The company includes sports properties, real estate holdings, supply chain management and Broadway and casino entertainment ventures. As Chairman of the Harlem Globetrotters, which he purchased in 1993, he achieved a corporate turnaround from near bankruptcy to one of the most recognized sports teams in the world.

Cathy sits on a number of Boards and assists in rebuilding and/or establishing non-profit organizations to achieve their full potential. As a friend and donor of Team Heart, she traveled to Rwanda with an investigative team to plan a potential screening program for early detection and intervention in school age children for rheumatic heart disease.

Mannie and Cathy have two daughters and reside in Las Vegas and San Diego with their two rescued dogs.

...Team Heart Supporters Spotlight

J. Warren Harthorne, M.D.



J. Warren Harthorne is a born "Mainer" who is convinced that the majority of conversations can be resolved with three words: "Yup!, Nope!, and Maybe!" An interest in the history of medicine and Cushing's biography of William Osler led him across the border to Montreal, Canada where he re-

ceived his medical degree from McGill University School of Medicine in 1957. Activation of an ROTC commission from college days brought him into the U.S. Army with a tour of duty in a M.A.S.H. Hospital in Korea followed by a second year at Valley Forge General Hospital in Pennsylvania and then medical residency at the Montreal General Hospital. He was as a cardiology trainee at the Massachusetts General Hospital (MGH) from 1961 to 1965 where he worked under the tutelage of Dr. Paul Dudley White. He joined the junior staff of the Cardiac Unit there in 1965 and has remained at this hospital throughout the remainder of his career.

He lives with his wife, Christa, in Wayland, Massachusetts and remains active in teaching the techniques and theory of cardiac arrhythmia device therapy to Electrophysiology trainees as well as conducting a sizeable consulting practice in general Cardiology.

Warren, an icon in cardiology in the New England area, was immediately struck by the amount of undetected rheumatic disease when he visited a clinic in Butare, home of the National Medical University. One patient, Anita, a young pregnant woman, with a soft voice and warm smile communicated through a translator that she hoped she would be able to survive to give birth. The memory of that young woman contributed to his decision to begin a fund to support a rheumatic heart disease screening program in Rwanda.

Accompanied by sonographer, Jennifer Neary, from MGH, Warren realized that they could have stayed for days to see patients who had no other opportunity for cardiac evaluation. Warren left Rwanda with a commitment to help establish a screening program, critical part of a comprehensive program to address rheumatic heart disease. On his return he shared the experience with patients and launched the Warren Harthorne Fund to support screening.



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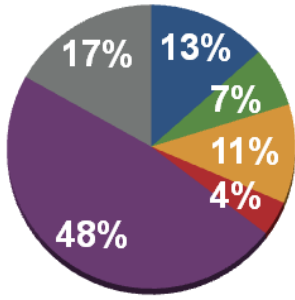
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FY 2010 Income



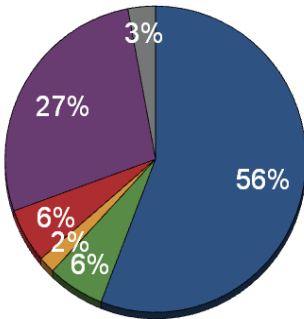
- Patient Support and Education
- Individual Unrestricted
- Travel
- Corporate Unrestricted
- Corporate In-Kind
- BWH Development Funds

Operating Results

Patient Support and Education	\$63,100.00
Individual Unrestricted	\$32,117.88
Travel	\$53,219.45
Corporate Unrestricted	\$18,759.82
Corporate In-Kind	\$225,298.50
BWH Development Unrestricted Funds	\$79,390.00
TOTAL OPERATING INCOME	\$471,885.65



FY 2010 Expenses



- Patient Support and Education
- Legal, Outside contract, Bank Charges and Fees
- Operational Supplies
- Shipping
- Travel
- Development

Patient Support and Education	\$231,965.74
Legal, Outside Contract, Bank Charges and Fees	\$25,210.41
Operational Supplies	\$7,377.34
Shipping	\$23,963.64
Travel	\$114,196.45
Development	\$12,264.48
TOTAL OPERATING EXPENSES	\$414,978.06

BALANCE FORWARD

\$56,907.59

Supporters FY 2010...

Team Heart gratefully acknowledges the individuals, foundations, and corporations whose generous financial and in-kind contributions provided critical support for our 2010 mission as well as the screening program between January 1, 2010 and December 31, 2010. We are pleased to recognize the leading contributors and express our gratitude. Please accept our apologies if we have omitted anyone.

\$50,000

St. Jude Medical Foundation

\$10,000-\$25,000

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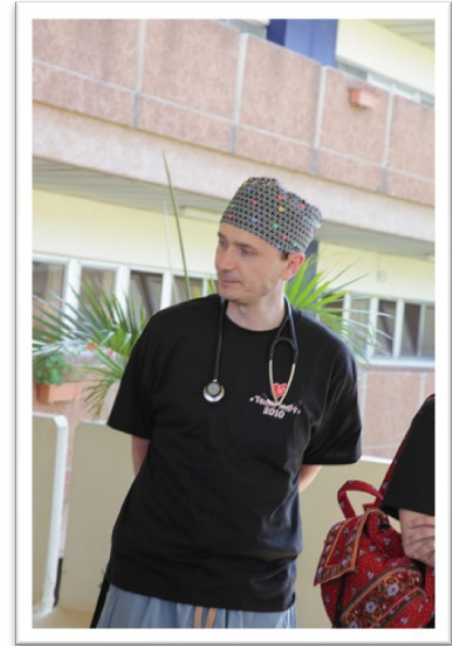
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Gifts-In-Kind: The named individuals and companies have supported our trip in travel or critical supplies. We could not do it without your help. We apologize for any omission.

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Stryker Sternal Saw



volunteers

The following individuals have generously given 50 or more hours of their time this year to assist Team Heart in accomplishing our mission.

Delphine Aligno, RN
Natalie Strokes
Kristin Barbarics

Pamela Sullivan, RN
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Sara Stankiewicz, RN
Ceeya Patton-Bolman, RN
Maria Steelman, RN
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Online donations: <http://www.teamheart.org/support-team-heart/>

Team Heart, Inc. is a registered 501(c)(3)...Tax ID/EIN is 27-1435443...

Your donation is tax deductible within the federal guidelines.



Thank you **Peter Vanderwarker** for providing us with all of the images used in this report. Please visit Peter's Web site to view his recent Rwanda collection at www.vanderwarker.com.

Peter is making a special offer to help support Team Heart. You may purchase an 11x17 from the Team Heart Rwanda collection for \$150, plus shipping and handling. Please visit the Web site for all of the details. All proceeds will be donated to Team Heart.

Thank you Peter for all of your contributions and support for Team Heart. Peter can be reached at Phone: 857-231-1466 or email peter@vanderwarker.com.



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