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Who's Supporting a Project to Save Limbs and Futures After Traumatic Injury?

Connie Matthiessen | January 04, 2022



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AN IGOT FACULTY MEMBER WORKS WITH LOCAL SURGEONS AT SAN FRANCISCO'S SMART COURSE.

Many people in the West don't grasp the enormity of the suffering that traumatic injuries cause throughout the world—a fact that frustrates physicians like orthopedic surgeon Richard Coughlin.

Coughlin showed a flash of that frustration in a [video interview](#) when he compared traumatic injuries to conditions that receive far more attention. “We know that the global impact of injury in road traffic crashes is more than HIV, TB and malaria *combined*,” Coughlin said. “Did you know that? Nobody knows that. And yet that's the case.”

In fact, traumatic injuries cause 40 million permanent disabilities every year. Poorer regions are disproportionately affected: Eight-three percent of the 4.6 million deaths from injury per year occur in low- and middle-income countries, according to a report by [The Economist](#), and come with an additional estimated cost of \$180 billion annually in lost earnings.

Most traumatic injuries are caused by vehicle accidents, especially in developing countries where traffic controls have not kept up with the rapidly

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increasing number of motorized vehicles on the road. When they are not fatal, these injuries often result in amputations, particularly in areas where there are few specialists to do procedures to prevent infection. The loss of a limb has lifelong social and economic consequences for individuals and the families that depend on them.

In 2006, Coughlin, along with other colleagues at the University of California, San Francisco, founded the [Institute for Global Orthopaedics and Traumatology](#) (IGOT) to address global disparities in orthopedic trauma care. IGOT's Surgical Management and Reconstructive Training (SMART) course provides specialized training to local surgeons in Latin America, Africa and Asia. Based on self-reporting, surgeons who participated in SMART training have been able to save an estimated 3,200 limbs. Along with the SMART training, IGOT provides ongoing information and support through its online [portal](#), and through professional relationships that develop as a result of the collaboration. Local surgeons in turn pass that knowledge on to others.

IGOT started off with seed funding from the [San Francisco General Hospital Foundation](#) and has received ongoing support from the Wyss Medical Foundation. This year, as IGOT turns 15 years old, Wyss renewed its commitment, pledging \$360,000 per year for five years.

Continuity of care

Swiss-born billionaire Hansjörg Wyss may not be a marquee name in the philanthropy world, but he has become an increasingly important champion of environmental causes in recent years, moving money primarily through the [Wyss Foundation](#). In 2018, Wyss pledged [\\$1 billion for land and ocean conservation](#), a commitment he announced in the [New York Times](#). Wyss has also supported land protection in [Africa](#) and the [Amazon](#). More recently, Wyss joined the Protecting Our Planet Challenge, as [IP reported](#).

The Wyss Medical Foundation, which the philanthropist created to address issues related to medicine, doesn't have a website and makes grants by invitation only. Hansjörg Wyss is also a notable funder of progressive policy think tanks like the Washington Center for Equitable Growth and the Center on Budget and Policy Priorities, and backs democracy work and gender equity efforts.

Wyss' successful career in the medical device industry (he started the orthopaedics company Synthes, which he later sold to Johnson & Johnson) makes the partnership with IGOT a natural fit. IGOT "has had an angel in the Wyss Medical Foundation," said orthopedic surgeon Theodore Miclau, who is a professor and international chairman of the UCSF/SFGH Orthopaedic Trauma Institute and a

member of the IGOT board of directors. “Hansjörg Wyss made his fortune from the development and distribution of orthopedic implants, so he has an understanding of the problem,” Miclau said. “He gets it.”

Healthcare investor Melissa Chadwick Dunn gets it, too. Chadwick Dunn, who originally planned to be a doctor, manages mutual funds and specializes in the area of healthcare. Chadwick Dunn met Richard Coughlin in 2017 on her way to the American Academy of Orthopedic Surgeons conference. “We struck up a conversation, and I immediately understood what IGOT is doing, and the need for what it does,” Chadwick Dunn said. “I have a good understanding of healthcare, but I’ve also travelled to over 100 countries and seen the lack of healthcare infrastructure in many places.”

Chadwick Dunn invests in IGOT herself, and makes sure other potential donors know about the organization and its mission. She now serves as treasurer of the board of directors of the San Francisco General Hospital Foundation.

Kim Meredith, the CEO of the San Francisco General Hospital Foundation, used a medical analogy when she described philanthropy’s role in IGOT’s evolution. “In the medical world, we talk about continuity of care; what you’ve got here is continuity of philanthropy,” she said. “There was the

initial seed funding from the San Francisco General Hospital Foundation, the 15 years of support from the Wyss Foundation, which created continuity and sustainability, and now there are next-generation supporters like Melissa Chadwick Dunn, who is bringing in new donors through her work on our board. It's an example of how philanthropy can move issues forward and create transformational change."

An issue of equity

But despite the philanthropic support from Wyss and others, funding continues to be a struggle for IGOT, according to Miclau. He attributes this, at least in part, to the persistent lack of awareness of traumatic injuries and their impact. He pointed out that most people—from government leaders and the media to the broader public—tend to focus more on death than injury. After a terrorist attack or a natural disaster, for example, we tabulate the number of deaths as a measure of the gravity of the incident, and overlook the injured—even though injuries can destroy lives, even when the victim survives.

Accidents, injuries and amputations are issues most of us would rather not think about, but *not* thinking about them is a luxury, Miclau pointed out.

"Traumatic injury is an equity issue," he said.

"Individuals in lesser-resourced environments can't

get the reconstructive care they need, they can't get braces or prostheses. Most of those who sustain these injuries are young men who rely on their physical skills to provide for their families. And in many places, amputees and others with disabilities are looked down upon or even ostracized.”

Miclau would like to see IGOT continue to expand so it can train more surgeons to salvage more limbs—and futures. Felix Mrita, a Tanzanian surgeon, summarized the value of the program in a [video interview](#): “They think they give us a very small knowledge,” he said. “But that knowledge is so precious to us because it gives us power to do more, to help, and to help ourselves.”

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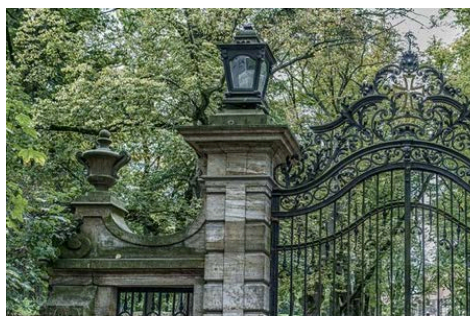
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