

# International Health Collective



## 2025 TJP Clinic Report

# MISSION STATEMENT

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**“To improve the health, and by extension the lives, of both those we serve and those who provide service.”**

The International Health Collective (IHC) believes that health is more than the absence of illness. It is a state of complete physical, mental, and social well-being — and it belongs to everyone.

Rooted in the San Diego–Tijuana borderlands, IHC is a youth-driven 501(c)(3) organization run entirely by students, recent alumni, and community members. We bring together people of all backgrounds — medical professionals, engineers, educators, artists, and community leaders — to address health disparities in a way that is culturally sensitive, holistic, and built to last.

We don't just deliver care. We learn, we innovate, and we grow alongside the communities we serve.

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# PRESIDENT'S MESSAGE

Dear IHC Community,

I am proud to introduce our annual report and the incredible work our organization has done this year. Since 2013, the International Health Collective (IHC) has remained committed to one mission: meeting underserved communities where they are through holistic, culturally-informed, community-partnered care. In 2025 - 2026, we have gone above and beyond with this mission in multiple areas, which include expanding a new clinic site and serving many more families, improving access to and the types of health & social services offered, and strengthening our outreach through 17 unique disparity projects that serve populations on both sides of the border. On behalf of the Board, I would like to extend our deepest gratitude and appreciation to those who make our work possible.

To our leadership & organization members: your unwavering passion and innovation in alleviating disparities demonstrate the power we hold to make tangible impacts at the local level.

To our Faculty Advisory Board and Volunteers: your commitment allows IHC to serve patients with dignity, kindness, and contextually appropriate care that addresses our communities' most pressing needs.

To the Sponsors and Friends of IHC: your support has shaped the health experiences and lives of our San Diego-Baja communities. You have made impacts that far extend beyond these next pages, and we thank you endlessly for everything you have given to our nonprofit.

Sincerely,



Han Mai

2025-2026 CEO & President

# Part I: Community Impact

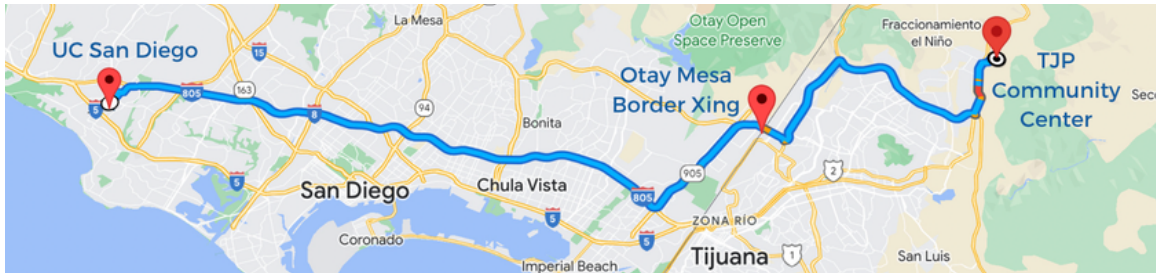
Where do we serve, and why does it matter?

## WHERE DO WE SERVE

# TIJUANA PROGRESO (TJP), BAJA CALIFORNIA

~48 miles  
from UC San Diego

10 Clinics  
in 2025



### Terrain

#### A Community in Nature

East of central Tijuana, the landscape is a striking mix of steep sandy hills, deep canyons, arid mountains, and drought-resistant brush.



### Climate

#### A Landscape of Extremes

Defined by its dry air and volatile shifts, the climate plunges to near-freezing winter nights and reaches scorching summer days above 100°F.



### Community

#### A Rapidly Growing Colonia

Families from diverse regions across Mexico have settled here, blending rich cultural traditions and creating a rapidly growing, close-knit neighborhood.



### Livelihood

#### The Industrial Engine

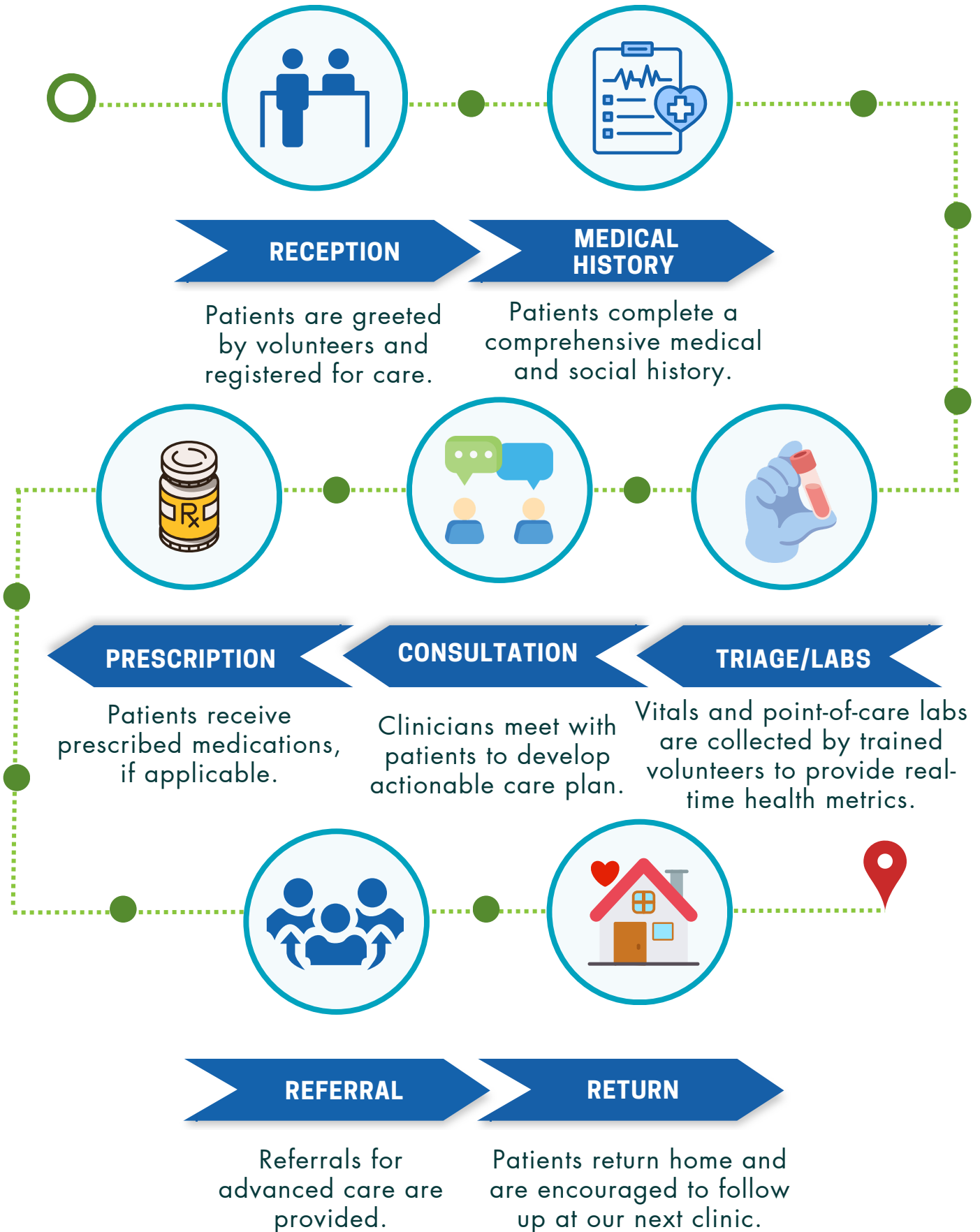
The workforce is anchored by the manufacturing sector. Residents dedicate their days to demanding factory shifts that fuel the region's production lines.

Our clinic site:  
Tijuana Progreso Community  
Center, Baja California





# CLINIC FLOW

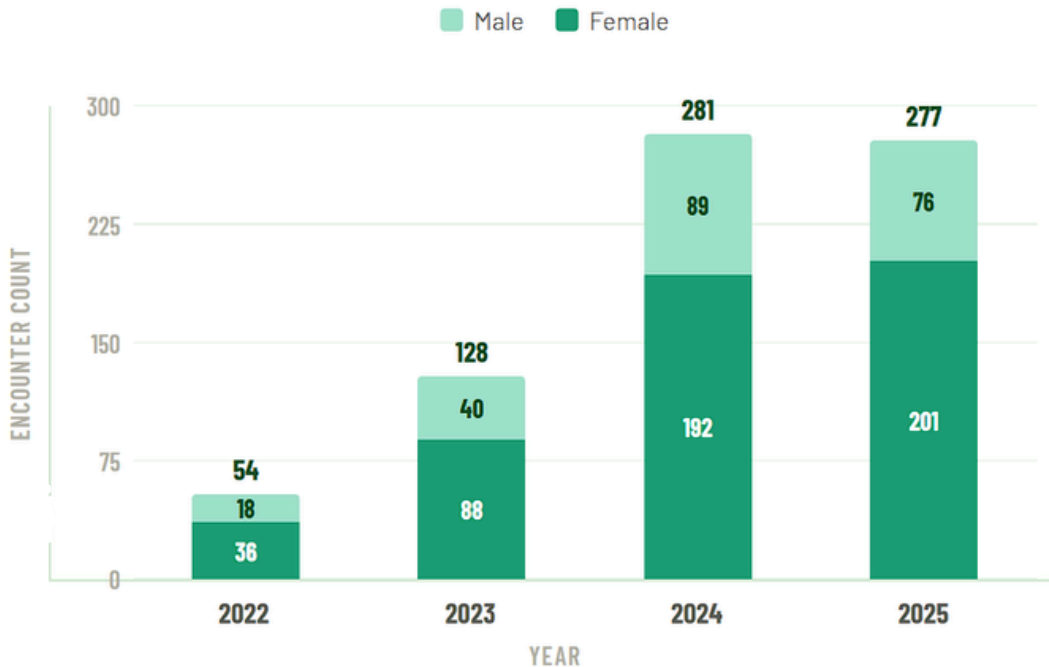


# PATIENT DISTRIBUTION

**745**  
encounters since 2022

**+412%**  
encounters in 3 years

TOTAL ENCOUNTERS PER YEAR // 2022-2025

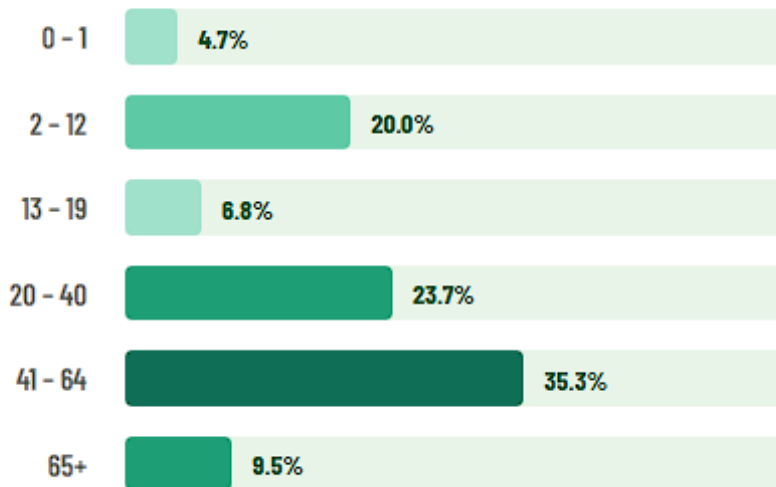


**190 Unique patients**  
Across 277 encounters

**129 Returning encounters**

**~3x More female patients**

PATIENT AGE DISTRIBUTION // 2025



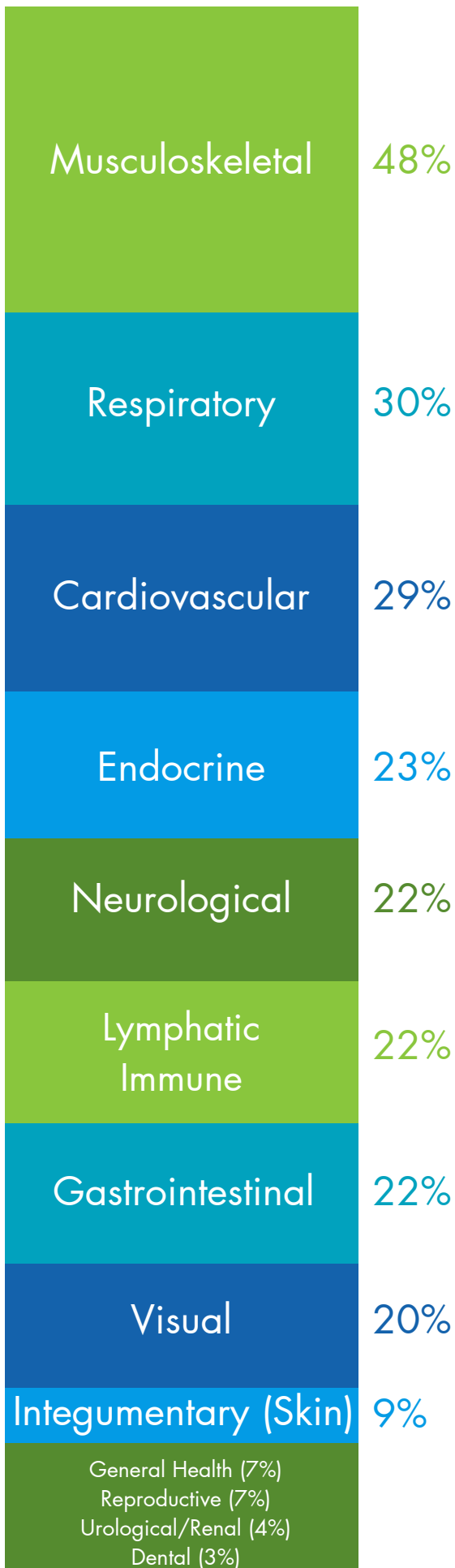
Returning patients drove 46.6% of all encounters. This growing revisit rate every year demonstrates a foundation of accessible, continuous care built on deep community trust.

Middle-aged women and children drove 73% of all visits. This multi-generational utilization solidifies IHC's identity as the community's primary public health safety net — Not a temporary, but a permanent medical home for everyone.

8 **>60%**

of residents in underserved communities like Tijuana Progreso have no medical insurance. IHC's free clinic is not a convenience — it is often their only access to care.

# MOST COMMON HEALTH NEEDS



Why the Top 3 conditions are so prevalent in TJP

### Musculoskeletal 48%

- Rough Terrain
- Labor Intensive Jobs
- Sedentary Lifestyle

### Respiratory 30%

- Industrial & Urban Pollution
- Poor Air Quality
- Inadequate Infrastructure

### Cardiovascular 29%

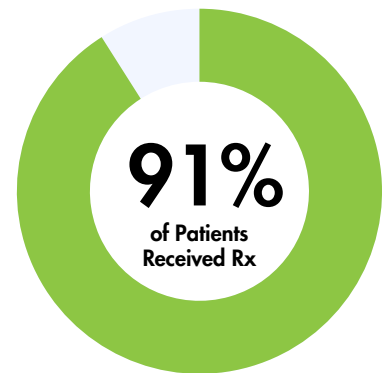
- Processed Food Diet
- Obesity
- Substance Use

Percentages exceed 100% because encounters frequently involve multiple categories

# MEDICATIONS



Encounters included medication  
(3 Rx / encounter on avg)



## Most Frequent Prescriptions by Conditions

### Pain

Acetaminophen · Ibuprofen  
· Naproxen Sodium



### Hypertension

Losartan · Amlodipine ·  
Hydrochlorothiazide



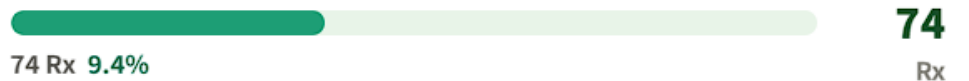
### Diabetes

Metformin · Glipizide ·  
Dapagliflozin



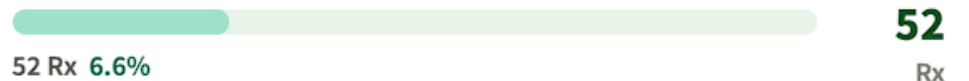
### General Health

Vitamins · Supplements



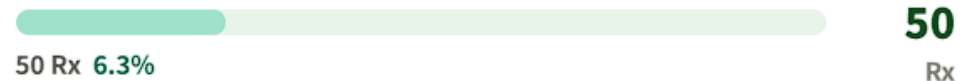
### Digestive Distress

Omeprazole · Ondansetron



### Infection

Amoxicillin · Azithromycin  
· Trimethoprim

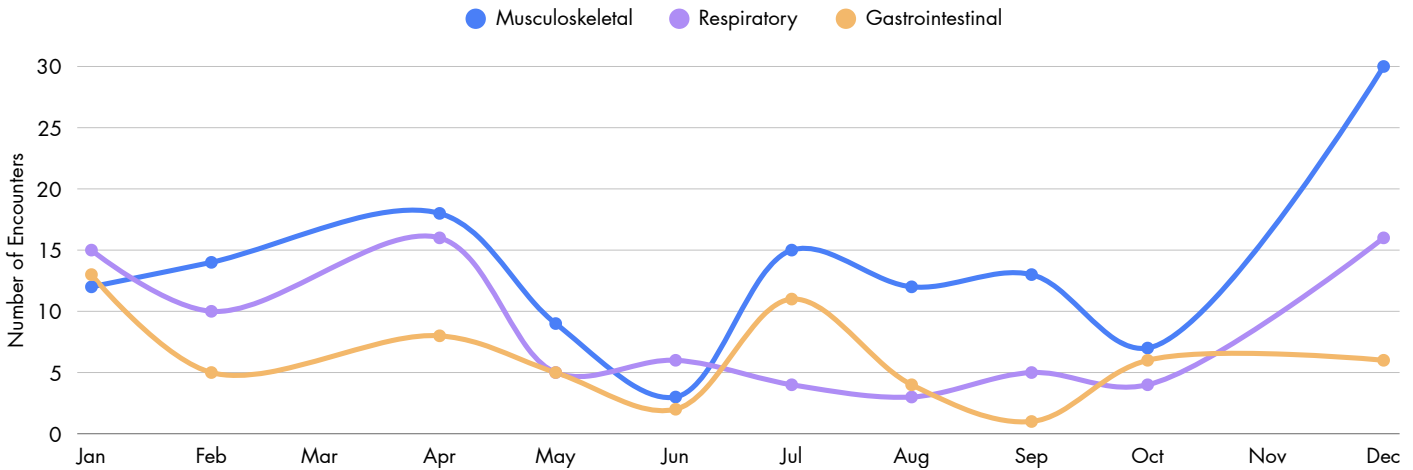


# Part II: Clinical Insights

What is the medical reality of Tijuana Progreso?

# HEALTH PATTERNS AT CLINIC

Encounter Trend Over Time



## Musculoskeletal Epidemic

Unlike respiratory conditions, musculoskeletal (MSK) pain never stops. It is the #1 complaint almost every single month. This consistent volume proves that MSK issues are not just situational injuries, but a chronic occupational burden deeply connected to the TJP population.

This unique lifestyle highlights the importance of IHC’s community outreach initiatives, which connect patients to general health knowledge and build a strong foundation of preventive medicine.

## The Gastrointestinal Spikes

In **January** and **July**, Gastrointestinal (GI) issues spiked. During the winter holidays, changes in diet and sugar intake drove up GI distress. In the summer, severe heat waves increased the risk of dehydration and foodborne illness. This immediate fluctuation in GI patient volume proves that IHC is highly responsive to real-time cultural and environmental shifts within the community.

## Sudden Spike in Winter

**Consequence of November Clinic Cancellation**

November clinic was cancelled. Since clinic does not prescribe medications for multiple months, absence of support also meant exponentially growing health threat for the patients. In fact, encounters across nearly all conditions surged significantly in December.

Compared to other months, there were double amount of patients with multiple categories of health concerns. The delay of care, which caused symptoms to progress quickly, underscores the significance of accessible routine care.

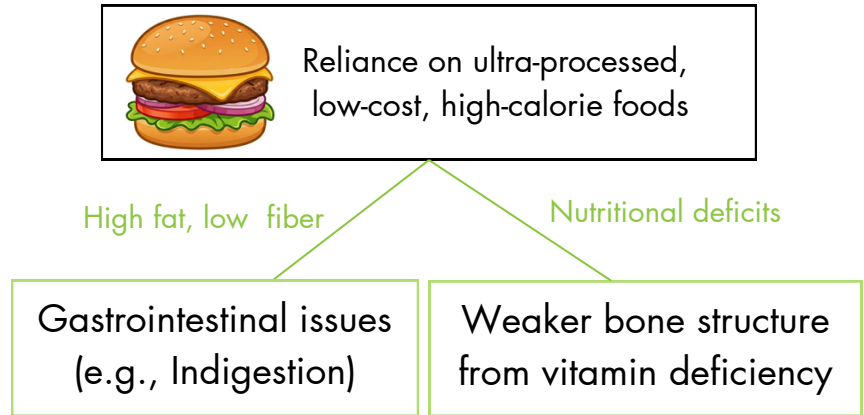
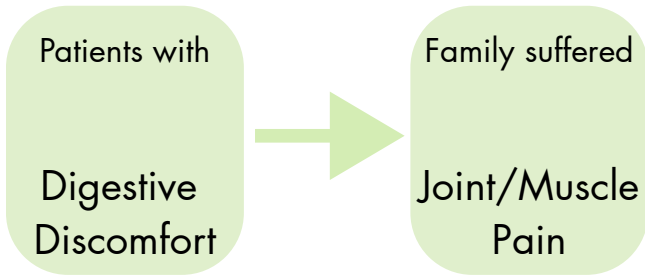
Specifically, respiratory issues comprised nearly half of the clinic throughout winter, while remaining lowest in the summer. Dynamic change illustrates IHC’s role in absorbing seasonal illness at the community level.

# WHEN ONE FAMILY MEMBER IS SICK, OTHERS OFTEN ARE TOO

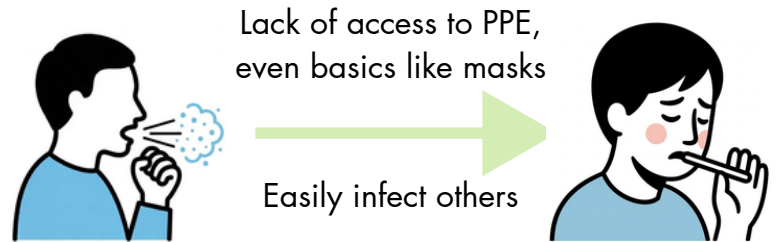
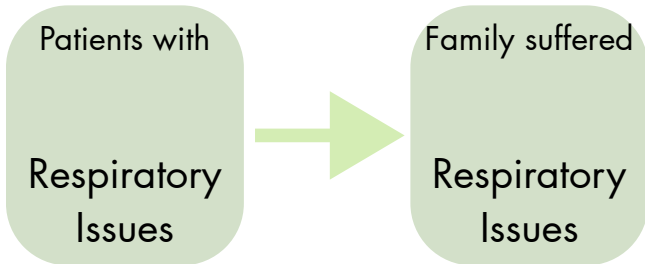
3 Shared Lifestyle/Environmental patterns

Across 22 families in 2025

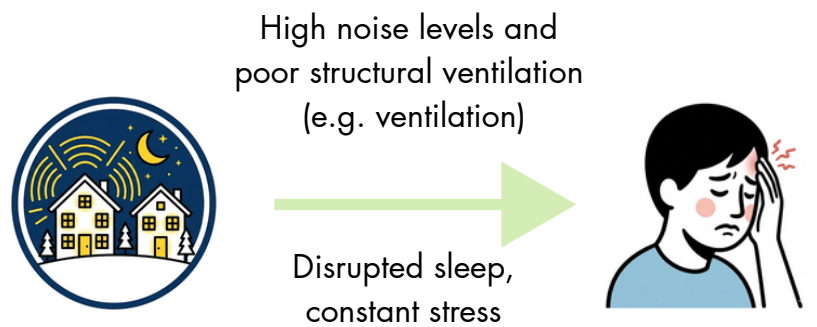
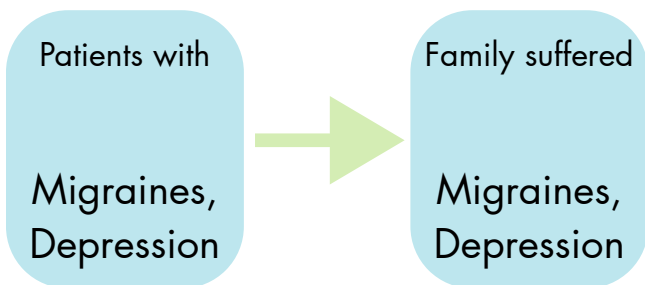
## Pattern 1: Food Insecurity



## Pattern 2: Lack of Protective Gear



## Pattern 3: Crowded Residential Area



# CHRONIC CONDITIONS



**61.6%**

of patients visited the clinic for chronic illness management



Obesity (69%)



Hypertension (39%)



Diabetes (30%)



High Cholesterol (12%)



Allergy (23%)



Acid Reflux (20%)

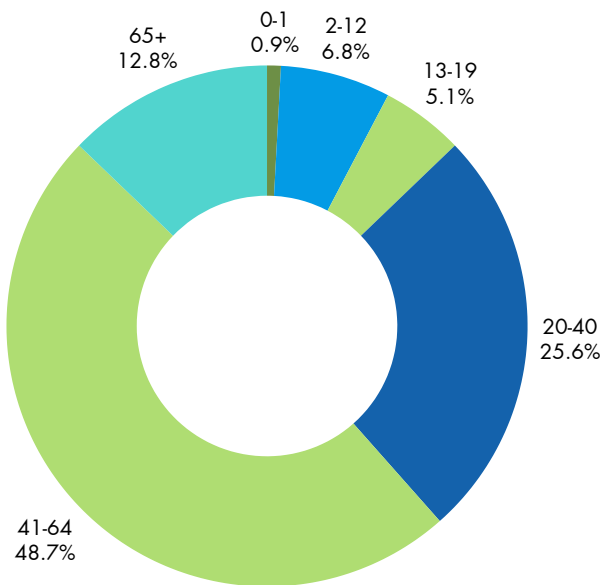


Depression (13%)



Lung Disease (23%)

Age Distribution of Chronic Conditions

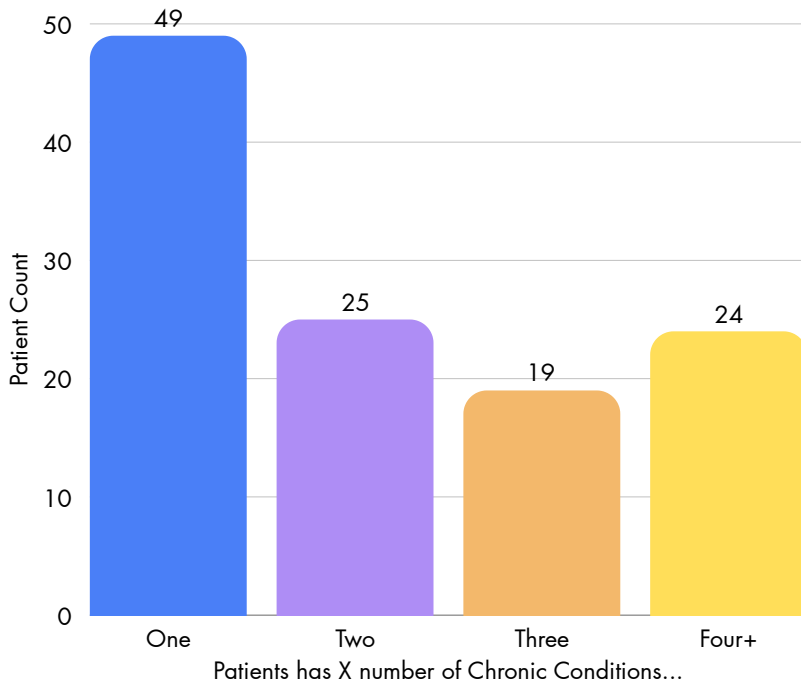


A common misconception is that chronic illness primarily impacts older patients (65+). However, at the TJP clinic, the vast majority—**nearly 75%**—are actually working-age adults and young professionals (ages 20 to 64).

Conditions like obesity, diabetes, and hypertension are taking root much earlier in life. This highlights why early interventions, such as lifestyle education for our younger adult population, are more critical now than ever before.

# COMPLEXITY OF CARE

Chronic Conditions aren't Standalone



Imagine trying to get out of bed every morning with aching knees and a throbbing headache, worrying about your glucose levels while managing the silent threat of high blood pressure all at once. That is the reality for 58% of our chronic patient population who face multiple concurrent conditions.

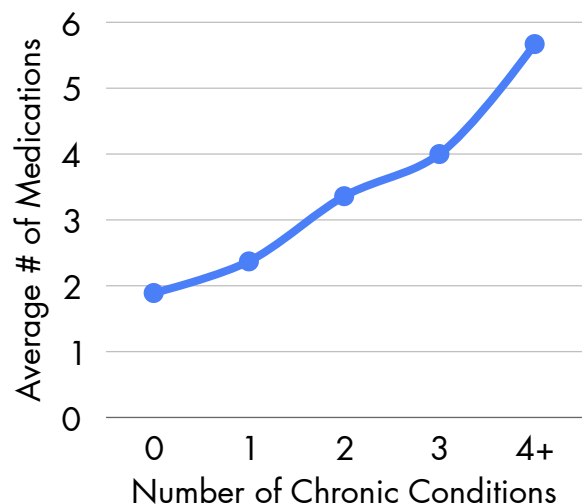
**1 in 5** patients manages a highly complex load of 4 or more concurrent conditions.

## Chronic Conditions Cascading into Secondary Health Crisis

- Patients with "High Cholesterol" : 78.6% also have diabetes and 71.4% have hypertension (**4.2 times more likely** than the average patient)
- Patients with "Diabetes": 77.1% are actively managing hypertension (**3.2 times more likely** than the average patient)
- Patients with "Chronic Lung Disease": 88.9% are diagnosed with chronic allergies (**6.3 times more likely** than the average patient)

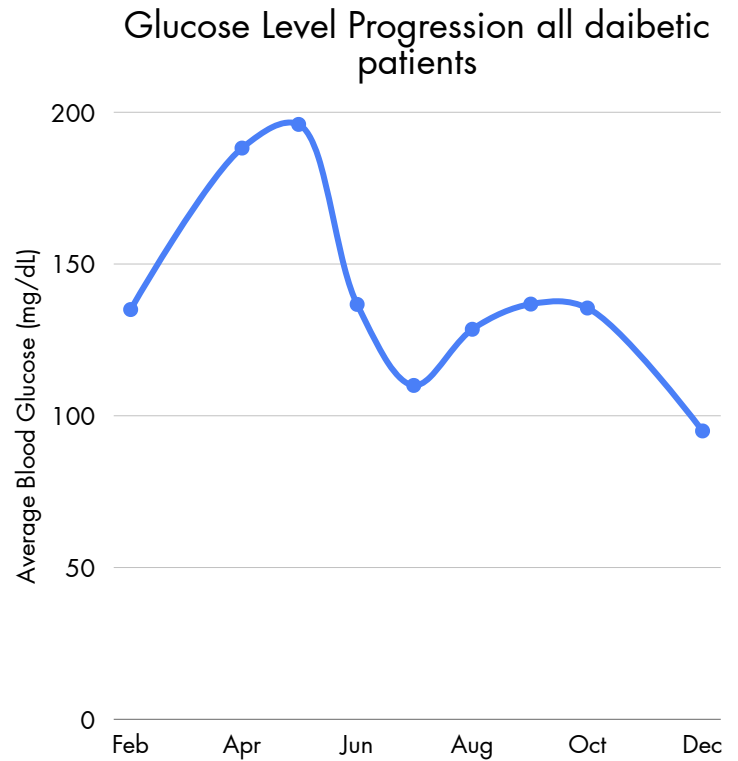
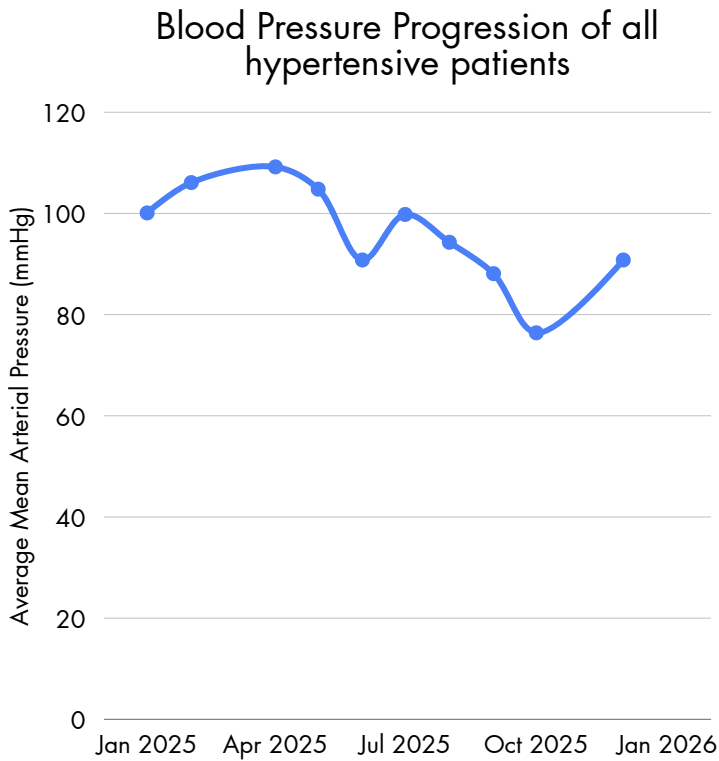
As chronic conditions accumulate, treatment complexity scales exponentially.

Clinicians are no longer just fighting disease; they must carefully manage the pharmacological burden. IHC's research and remote monitoring initiatives are designed to intercept these compounding crises early, transforming emergency interventions into manageable, routine consultations.



# COMPASSIONATE CARE

How did average blood pressure and glucose levels change throughout 2025 for diagnosed hypertensive and diabetic patients at our clinic?



Despite new diagnoses each clinic, the average blood pressure and glucose levels of all hypertensive and diabetic patients decreased. Our model is working.

Healing is a sustained journey. Through continuous monitoring, lifestyle counseling, and precise medication adjustments, our patients achieved steady, life-saving reductions in their baseline blood pressure and glucose levels. Crucially, this momentum extended to our most vulnerable demographic: the 24 patients managing four or more concurrent chronic conditions. Through holistic, compassionate care that looks beyond the confines of a standard clinic visit, our teams successfully intercepted these multi-morbid cascades and brought critical health metrics back into controlled ranges.

As our IHC team grows and builds deeper trust within the population we serve, our vision expands from managing immediate illness to restoring long-term health equity. Together, we are building a future where healthcare is no longer just a crisis intervention, but a steady, reliable constant in our patients' lives.

# Part III: Project Highlights

How do our student teams deliver healing?

# DESIGNING DIGNITY

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## Tijuana Clinic Quality Improvement (TCQI) Project

The Tijuana Clinic Quality Improvement Project (TCQI) works primarily behind-the-scenes in San Diego to incorporate improvements into IHC's monthly free clinics in Tijuana. Their goals for the 2025-2026 academic year include designing clinic infographics and posters, improving upon our current healthcare referral system, and reaching out to other nonprofit organizations that are dedicated to providing free specialized healthcare services for underserved communities.

- **Clinical Expansion & Training:** Enhanced preventive care at the Mexicali site through organized dental kit distributions and community CPR workshops.
- **Strategic Needs Assessment:** Executed targeted orthopedics and dermatology assessments, allowing IHC to better align clinical capabilities with patient demand.
- **Operational Optimization:** Modernized site efficiency at the Tijuana Clinic by establishing a rigorous, long-term supply inventory and tracking system.
- **Mission Advocacy:** Amplified IHC's impact and donor engagement through visual storytelling and design assets for the annual Kettner Exchange.

## Future Directions



- **Scaling Operational Excellence:** Formalizing a systematic quality improvement framework to optimize every clinical touchpoint, ensuring consistent, high-standard care delivery.
- **Data-Informed Specialized Access:** Launching targeted referral pathways to recruit specialist providers, directly addressing the clinical gaps identified by our EHR analytics.
- **Building a Resilient Care Ecosystem:** Cultivating strategic partnerships with regional healthcare resources to bridge service gaps and guarantee seamless continuity of care for our patients.

# UNDERSTANDING TRUST



**"¡Gracias miya, ni aunque paguemos nos tratan así de bien!"**

(Thank you, my daughter, not even when we pay do they treat us this well.)

— Returning IHC Patient

## Spanish Interpreter Project

In Tijuana Progreso, body language is not enough to bridge the gap between clinicians, volunteers, and patients. To ensure compassionate care, IHC Spanish interpreters support every touchpoint. After rigorous medical training, our volunteers facilitate seamless communication during triage, complex consultations, and medication dispensing. Across every survey and initiative, our interpreters are guardians who speak for our patients—transforming the clinic into a space where they feel truly heard.



"During my first time interpreting, I met a woman who had spent over twenty years believing she had a ruptured eardrum. Relying on a broken hearing aid she could not afford to replace, she suffered from persistent vertigo that made daily tasks incredibly difficult.

When our clinicians examined her, it took less than a minute to determine her eardrum was not actually ruptured. Through interpreting, I was able to facilitate the communication so she could finally ask questions about her care and receive medication to manage her symptoms.

Impact is not only measured by fully resolving a condition. By providing clarity and understanding, we restore a patient's sense of agency over their own health."

— Volunteer Interpreter

# DELIVERING HEALING



## Lab Leads

Often, a conversation with a patient isn't enough. What if they are experiencing vision issues or chronic headaches that they cannot explain? By conducting point-of-care labs directly on-site, our Lab Leads bridge the gap between a patient's history and actionable medical treatment, allowing our clinicians to make real-time, data-driven decisions.

Beyond direct patient care, Lab Leads ensure the long-term sustainability and safety of our clinics by executing rigorous volunteer trainings and spearheading continuous quality improvement for all diagnostic protocols.

## Program Capabilities

- Monitoring the progression of chronic conditions through HbA1c testing and urinalysis.
- Assisting clinicians in evaluating cardiovascular patients through EKGs.

## Future Directions

- Expanding diagnostic panel to capture a wider range of chronic and acute conditions.
- Standardize training curriculums to empower a larger roster of student volunteers with foundational clinical skills.

# DRIVING PRECISION



## Pharmacy Quality Improvement (PQI) Project

In resource-limited settings, every detail in a prescription carries tremendous weight. The PQI is dedicated to maximizing therapeutic efficacy while minimizing reliance on excessive pharmaceutical volume. By rigorously optimizing our pharmacy workflows and diagnostic precision, we ensure that every medication dispensed is purposeful—reducing waste, ensuring clinical accuracy, and keeping care both sustainable for our clinic and affordable for the patients we serve.

**142**

unique medications distributed at the TJP Clinic

### TJP Clinic (2025):

- 28,644 units of medication distributed
- 142 unique medications distributed
- Prescribed a total of 790 Rx
- Saw a total of 190 patients

“Our goal is to make sure that every patient leaves with the right medications because access to quality pharmacy care should never depend on where you come from or what you can afford.”

- Pharmacy Quality Improvement Project Managers

## Future Directions

- Implement after-visit summaries for patients into clinic workflow, improve patient medication adherence and return rate
- More standardization and robust analysis of inventory system
- Increased outreach to pharmacies/hospitals/clinics for medication donations



# RESTORING CLARITY

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Fundraised an  
**Autorefactor**  
this past year!

## Vision Care Project

For our patients, sight is more than a biological function—it is a gateway to opportunity. The Vision Care Project removes the barriers to eye health in Tijuana Progreso, Mexicali, and San Juanico, ensuring that children can focus in school and adults can provide for their families without the burden of preventable visual impairment.

### Main Initiatives

- Distribute free prescription glasses, reading glasses, and eye drops
- Create informational pamphlets and posters about eye health

**“Our goal is to bridge the gap in eye health by bringing free glasses, eye drops, and education directly to our communities”**  
- Vision Care Project Manager

## Future Directions

- Working to establish long-term connections with optometrists and vision care institutions to host more prescription glasses distributions and vision screenings
- Expanding our impact by planning collaborations with local non-profit organizations that also provide vision care services for the community

# UNCONDITIONAL CARE



655

successful overdose  
reversals from  
distributed naloxone.

## Harm Reduction Project

Harm Reduction IHC addresses the overdose crisis through a practical, participant-first lens. Their philosophy centers on removing stigma and barriers to care, utilizing non-coercive education and supplies distribution to meet our community members exactly where they are.

Harm Reduction IHC's weekly outreaches are the main way they connect with clients: In 2025, they recorded distribution of over 4,000 doses of intranasal naloxone, over 1,200 doses of intramuscular naloxone, over 3,000 packages of sterile syringes, and over 10,000 clean pipes. Participants reported 670 attempted overdose reversals using distributed Narcan; with 655 of those attempts successful, we achieved a 98% reported reversal rate.

**"Our goal is to push back on the stigma and culture of shame around drug use by providing participants with information and options to reduce the risks and negative health outcomes associated with drug use."**

**- Harm Reduction Project Managers**

## Future Directions

- Providing public transit passes for participants to commute to referred providers
- Providing more essentials for unhoused community including snacks, underwear, socks, tents, and tarps
- Hosting "Food and Feedback" sessions, which involve providing hot meals to participants, at which they can solicit feedback on the program
- Providing incentives for continuous community needs surveys, recruiting advisory board of community participants



# EMPOWERING AUTONOMY



100+

birth control and period packing kits donated to our clinic communities

## Sex Education Project

Reproductive autonomy is a fundamental health right. The Sex Education Project eliminates systemic barriers to menstrual and contraceptive health, ensuring that dignity and bodily autonomy are never compromised by financial or housing instability.

Birth control kits include 6 condoms, 3 pregnancy tests, lubricant, hand sanitizer, 3 wipes, 3 spermicide, emergency contraceptives (plan B) and one box of 1 month supply of birth control.

Period packing kits include 2 light pads, 3 regular pads, 2 overnight pads, 1 Light Absorbency tampon, 2 Regular Absorbency tampons, 2 Super Absorbency tampons, 1 wipe and a hot pack.

**“Our project is focused on teaching the clinic and local communities on the importance of sexual and reproductive health in a fun & interactive way.”**

**- Sex Education Project Managers**

## Future Directions

- Strategic Outreach: Expanding our reach via campus health fairs to distribute increased supplies and educational resources on HIV and sexual health.
- Clinical Education: Developing and delivering comprehensive workshops on reproductive health and cancer prevention, specifically tailored to the TJP community.



# KNOWLEDGE AS CARE



## 2025 Topics

Infectious Diseases  
Health & Aging  
Healthy Eating Habits

## Sister League Project

With a commitment to health equity, the Sister League Project curates educational programming on critical wellness topics. Our team delivers these presentations to residential homes affiliated with the Sister League of San Diego—a shelter network supporting women navigating trauma, mental health challenges, and housing instability.

Topics include menopause, mental health, nutrition, health insurance, drug use, and prescription medicine. Each presentation included interactive elements including games, creating mini cookbooks, a Q&A Panel, etc. Additionally, they started a “resources binder” to leave at homes for women to refer back to at any point.

“We aim to improve health literacy and empower women with knowledge and skills to make informed decisions about their health and well-being.”

— Sister League Project PMs

## Future Directions

They hope to translate past presentations to Spanish and present them at clinics to make resources more accessible. In addition, they hope to potentially collaborate with the Women’s Center at UCSD to expand their impact on the community.



# NURTURING FUTURES

## The Motherhood Project

The Motherhood Project aims to address maternal and pediatric health by raising awareness and creating informational resources. The project is currently organized into specific workgroups that our members can choose to be a part of.

### Vaccine Resources

The Vaccine Resources workgroup compiles children's vaccination information and timeles into a laminated card as a resource to be distributed to new mothers.



### Infant CPR

In collaboration with the Emergency Response Project, the Infant CPR workgroup hosts workshops to teach infant CPR to families and community members.

**15+**  
infant supply kits  
distributed

Supply Kits included diapers, soap, shampoo, baby blankets, lotion, etc. Patients expressed gratitude for the items, especially diapers which were one of the most financially burdensome essentials for them to afford.

# NOURISHING RESILIENCE



**40+**  
yoga mat donations

received from the local businesses Soul of Yoga, Ritual Wellness Collective, & OG Yoga.

“Our goals are to provide our community with accessible nutritional materials and events that allow them to create sustainable lifestyle changes.”

— Nutrition & Fitness Project PMs

## Nutrition & Fitness

The Nutrition & Fitness Project aims to support community health by providing accessible nutritional resources and wellness-focused events that support sustainable lifestyle changes. In 2025, they primarily focused on preparing for a February clinic initiative combining a yoga flow and obstacle course to promote both physical movement and stress relief in a supportive environment.

## Future Directions

Their team hopes to host this yoga and obstacle course workshop again. They also hope to create a platform consisting of yoga flow videos for patients to watch virtually.



During IHC’s February Clinic, they prepared a yoga and obstacle course session. They collaborated with a trained yoga instructor focusing on trauma-informed practices to lead the workshop.

# ROOTS OF WELLNESS

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**33**  
community  
members

interviewed to determine how to equitably distribute garden supplies.

**“IHC’s Community Garden Project aims to reduce disparities in access to affordable, nutritious food by conducting community needs assessments, distributing gardening supplies within clinic communities, and providing gardening education to children at local elementary schools.”**

**— Community Garden Project Manager**

## Community Garden

Community Garden aims to help reduce food insecurity in our local and TJP/Mexicali clinic communities. They have been trying to do this by hosting gardening workshops for children to teach them how plants grow, and through their latest initiative to provide gardening supplies.

## Future Directions

They hope to grow food in Roger's community garden to distribute locally, and possibly create garden spaces at local elementary schools.



# Part IV: Our Team & Financials

Who builds and sustains our mission?

# CLINICIAN TEAM

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“To every clinician on this roster — thank you. You showed up, month after month, and made a difference in people's lives that no statistic can fully capture.”

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## Medical Director & Faculty Advisor:

- Dr. Jia Shen, MD, MPH
- Dr. Weena Joshi, MD
- Dr. Maryann Betty, MD

## Attending & Resident Clinicians:

- Akshat Kumar, MD – Internal Medicine (Resident)
- Aleksandr Robbins, MD – Internal Medicine (Resident)
- Babak (Robert) Afshinnik, MD – Family Medicine (Resident)
- Christine Xue, MD – Internal Medicine (Resident)
- Cindy Yang, MD – Internal Medicine (Resident)
- Daniel Pearce, MD – Internal Medicine
- Ehtisham Mahmud, MD – Cardiology
- Gerard Boss, MD – Internal Medicine
- Jia Shen, MD – Cardiology
- Joseph Ortiz, MD – Internal Medicine
- Joycelle Martinez, NP – Cardiology & Family Practice
- Julia Weston, MD – Internal Medicine (Resident)
- Laura Aughinbaugh, NP – Women's Health
- Leah Kern, MD – Pediatrics
- Leonid Slavin, MD – Cardiology
- Larry Lyle, DO – Family Medicine
- Megha Shankar, MD – Internal Medicine
- Natalie Colaneri, MD – Internal Medicine
- Noemi Leon Ruiz – Psychologist
- Oscar Levine, MD – Internal Medicine (Resident)
- Vanessa Liu, MD – Internal Medicine (Resident)

# BOARD OF DIRECTORS

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Transforming a vision of health equity into a reality requires more than just clinical intervention. Our organizational board is the engine that drives IHC.

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## **Executive Leadership**

Han Mai – President

Neal Jha – Vice President

## **Clinical Operations**

Adriana De Paz & Raul Gonzalez – Co-Directors, TJP Clinic

Hailey Min & Rocio Silenciaro – Co-Directors, Baja Clinics

Eric Nguyen & Raymond Li – Co-Directors, Pharmacy

## **Community Engagement & Action**

Ian Fosth & Esther Na – Co-Directors, Community Health

Ramya Ukkan & Shreya Dhanala – Co-Directors, Local Action

## **Administration & Organizational Support**

Robert Nasanbat – Administrative Director

Harshitha Palacharla – Secretary

Prisha Desai – Fundraising Chair

Dhwani Kharidia – Recruitment Chair

Aruna Ananthanarayanan & Emily Hong – Co-Directors, Social Media & Marketing

# PROJECT MANAGEMENT

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Leadership at IHC is not about titles; it is about service. Behind every patient encounters is a team of leaders building the infrastructure of care and empathizing patient's need. Project managers guides a sustainable foundation for an unconditional care.

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## Project Managers

**Baja Clinics Quality Improvement (BCQI)** – Nataly Saucedo Bobadilla, Julissa Ulloa

**Community Engagement** – Adriana De Paz, Emily Garcia Martinez

**Community Garden** – Vincent Huang

**Electronic Health Records** – Jaewon Kim

**Emergency Response** – Bansal Gandhi, Allyson Youde

**Fundraising Leads Program** – Rati Garyali, Emily Hong, Harini Karthikeyan

**Harm Reduction** – Shae Atkins, Robert Nasanbat

**Medication Education** – Shreya Dhanala, Alyxandra Kuykendoll

**Motherhood Project** – Surabhi Pandey, Nandita Valiveti

**Nutrition and Fitness** – Samantha Fernando, Belem Osorio

**Pharmacy Quality Improvement (PQI)** – Raymond Li, Eric Nguyen

**Sex Education** – Kavya Biederman, Adriana Medina

**Sister League** – Lisa Neumeister

**Spanish Interpreter** – Hailey Min, Alexa Orozco

**STEM Education** – Janica Basa, Isabella Zhen

**Suicide Prevention** – Adeline Sackin, Saurabi Sakthivel

**Tijuana Clinic Quality Improvement (TCQI)** – Esther Na

**Triage Leads Program** – Raul Gonzalez, Neal Jha, Jaewon Kim, Harshitha Palacharla


**Vision Care** – Kylee Hu

# OUR VOLUNTEERS

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Understanding and caring for countless encounters is impossible without volunteers who choose to be there. Thank you for turning IHC's mission into tangible impact. You didn't just 'help a patient.'  
You saved someone's friend, family, and future.

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**109**

**IHC Volunteers**

**2421**

**Volunteer Hours**

**21**

**Clinicians**

**300**

**Hours Contributed**

# YOUR DOLLAR AT WORK

As of May 15th, 2026, IHC operates on an August–July fiscal year cycle.

Out of **\$59,406.29** raised,  
**\$11,983.39** was used for TJP clinic.

\* Cost not included below are used as clinic operation for other clinics, Supporting Community Health Workers and outreach initiatives, etc.

**\$11,983.39 (44%)**

## Clinic Operations

Travel, supplies, logistics, medications, and on-site operational costs for every monthly clinic

**\$9,730.12 (36%)**

## Shared clinic infrastructure

**Lab equipment**, diagnostics, triage tools, and reusable clinical supplies shared across sites

**\$2,846.62 (10%)**

## Customized Medications

Purchasing uncommon medications on need basis to deliver treatment that fits patients the most

**\$2,977.86 (10%)**

## Admin & organizational

Storage, EHR system, digital tools, compliance, and leadership development

**\$46.81** To deliver full TJP clinic visit

**Every dollar** you give bypasses administrative overhead and goes directly to the frontlines. Whether you contribute \$5 to stock our pharmacy or \$50 to fully fund an entire patient encounter from triage to treatment, your gift **directly translates into immediate, life-sustaining care.**



90% of Tijuana Progreso spending went directly to clinical care, medications, and the infrastructure that makes care possible. **Less than 10% covered organizational overhead** — reflecting IHC's commitment to keeping every dollar close to the patient.

# INVESTING IN HUMANITY

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Looking ahead, IHC aims to continue strengthening and formalizing the **sustainable, community-centered** healthcare framework it has developed across the San Diego–Baja region. Over the coming years, we hope to further invest in organizational infrastructure, longitudinal care systems, volunteer training, community health worker partnerships, and data-driven quality improvement to support the long-term sustainability of our clinics and initiatives.

As we continue refining and documenting our operational model, IHC also hopes to thoughtfully explore opportunities to adapt this framework to other underserved communities **globally** through careful needs assessments, strong local partnerships, and intentionally designed pilot programs. While future growth remains an exciting possibility, our priority will always remain preserving the integrity and community-driven mission that have allowed IHC to serve patients with compassion and empathy.

At its core, **IHC has always been about people**: patients, families, students, clinicians, volunteers, and community members coming together in service of one another. Every clinic, initiative, and partnership reflects a shared belief that healthcare should be accessible, culturally sensitive, and free of judgment. In a time of increasing division across our world, IHC remains committed to approaching our greatest challenges with humanity and compassion. We remain incredibly grateful to everyone who has contributed their time, trust, knowledge, and support to help make this mission possible.



**Neal Jha**  
Vice President & CFO  
International Health Collective

To our **321** partners who funded operation costs and supplies: Thank you for walking this journey with our patients.

# JOIN THE JOURNEY

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**Volunteer:** Our clinic capacity is dictated by diversity of volunteers. Drivers, Spanish interpreter, clinicians, and more. Join our clinical roster to deliver the care where it is needed the most!

E-mail: [admin@ihcucsd.org](mailto:admin@ihcucsd.org)

**Become a Partner in Care:** A gift of just \$50 fully sustains a patient's medical encounter and medication for a month. Turn your compassion into immediate, life-saving action.



**Witness the Impact:** Follow our journey to see behind-the-scenes clinic updates, hear our community's stories, and watch unconditional care in action.



[internationalhealthcollective.org](http://internationalhealthcollective.org)



[internationalhealthcollective](https://www.instagram.com/internationalhealthcollective)

# Because Health Belongs to Everyone



- Copywriting & Editorial Direction: Han Mai, Jaewon Kim, Neal Jha
- Data Analysis: EHR Project
- Graphic Design: EHR Project
- EHR Project Members: Benjamin Ngo, Jaewon Kim, Jamie Luo, Pranav Gunda Naga, Stephanie Tsai, Tiona Truong