



# Transformations

2020 ANNUAL REPORT



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# Dear friends,

It's been a year unlike any other. We're in the midst of the worst public health crisis of our lifetimes, yet in the face of this enormous challenge we're inspired anew by our medical partners and volunteers. All the qualities that have helped them succeed in their mission — resourcefulness, dedication to their patients, inventiveness — are helping us weather this difficult time and even find some new tools that we'll carry with us into the future.

We began the year on a high note, celebrating our 50th anniversary as an organization. We're proud to be the world's first humanitarian surgical organization and we look back on our history with enormous gratitude to our founder, Dr. Donald Laub, for his vision and dedication. We've grown from a small, volunteer-run effort to a professional organization that trains surgeons in 14 countries around the globe.

Although these training trips came to a halt early in the year, our medical experts quickly pivoted to online training to bridge the gap, hosting far more online sessions than we'd been able to provide in person. These sessions have been receiving extremely positive feedback from our surgical partners. And as you'll see in our feature about our Africa programs, they've also become a great way to build and maintain relationships in between Visiting Educator trips. They may even make the trips themselves more efficient when they resume, as our surgical partners will be able to process some of the information ahead of time.

Of course nothing can quite replace in-person training, so we were thrilled to host our third International Partners Conference early this year. We brought 30 surgeons for three days of presentations, roundtables with Stanford University faculty, and feedback sessions with our staff. Their perspective is helping us fine-tune our programs and systems to make them even more efficient.

Efficiency, of course, is a goal of everything we do. At a global level we advocate for surgery because it's one of the most cost-effective public health interventions available. This year's Laub fellow, Dr. Anna Luan, was even able to quantify the return on investment of our training trips to Vietnam over the last five years, in a research paper that we describe later in this report. The numbers are eye-popping.

It's this knowledge that keeps us going and provides inspiration for our future together. Training and supporting reconstructive surgeons around the world means countless lives changed for the better. That's why our board recently set an audacious goal: in the next ten years, we aim to treat twice the number of patients we did in our first fifty years.

We're grateful for your support and generosity, which have built these first fifty years and helped us thrive in 2020. We look forward to working together for the next fifty.



A handwritten signature in black ink that reads "Jeff Whisenant".

**Jeff Whisenant**  
President & CEO





# 50 years of reconstructive surgery

## 50<sup>th</sup> Anniversary

This year was a proud one for ReSurge: It marked our 50<sup>th</sup> anniversary as an organization! We look back with gratitude to our founder, Dr. Donald Laub, and all that he and our many volunteers and donors have accomplished.





In 1969, when Dr. Laub was the Chief of Plastic Surgery at the Stanford University School of Medicine, his mentor Dr. Robert Chase treated a 13-year-old boy from Mexico named Antonio. Antonio had been brought to Stanford by a concerned group of volunteers from the Latin American Mission Program. He had a cleft palate that left him shunned by his local community — he lived away from his parents and had never gone to school.

That one surgery changed the course of Dr. Laub's career. The procedure worked; Antonio returned home and finally enrolled in school, where he thrived. Inspired by their success, Dr. Laub and Dr. Chase traveled to Antonio's home town with the mission program and learned there were many more children in need of surgery. It was then that Dr. Laub had his radical idea: He would return with a medical team to treat more children at the local charity hospital. Interplast was born. It was the first humanitarian surgical organization in the world.

We've grown steadily ever since. In the 1970s our volunteer teams made regular trips to Mexico and Honduras, giving guest lectures at local medical schools

and hospitals in addition to performing surgeries. Our work grew in prominence in the 1980s: Diane Sawyer of 60 Minutes joined us on a trip to Ecuador and President Ronald Reagan granted an award to Dr. Laub for his work. By the end of that decade we were sending teams to nine countries.

In the 1990s we sent our first team to Vietnam, even before the United States had re-established diplomatic relations with the country. We also grew into a professionally managed nonprofit, hiring our first president and CEO. A Story of Healing, a film that followed one of our teams in Vietnam, won the Oscar for Best Documentary Film (Short Subject).

In the 2000s we began empowering local surgeons to treat cleft lips and palates on their own, beginning our shift in focus to a more sustainable model of care. Later in the decade we did the same for burn treatment.

In the 2010s we changed our name to ReSurge and created the ReSurge Global Training Program, developing curricula in surgery, anesthesia and nursing. We recruited

distinguished faculty from US medical schools to deliver the training in our partner countries. We performed our 100,000th surgery! And we began advocating for surgery as a global health priority.

Since that spark of an idea fifty years ago, Dr. Laub himself has completed 159 surgical trips and performed 1,500 cleft lip and palate surgeries. Even more remarkably, the organization he founded has treated more than 120,000 patients around the world and each year trains hundreds of medical professionals.

For these efforts, Don received the Surgical Humanitarian Award from the American College of Surgeons in 2013 in recognition of his lifetime of service.

We salute and thank Dr. Laub for his vision, compassion and great energy in building this organization. And we look ahead with hope and determination for the next fifty years.

# What We Do

## Direct Surgical Care

We provide direct surgical care for the poor in low- and middle-income countries via our local medical partners and through surgical mission trips.



## Training and Curriculum

We send teams of Visiting Educators — academic surgeons, anesthesiologists, pediatricians, nurses and therapists, all experts in their field and in teaching — to train local medical professionals, expanding the scope and quality of their care.

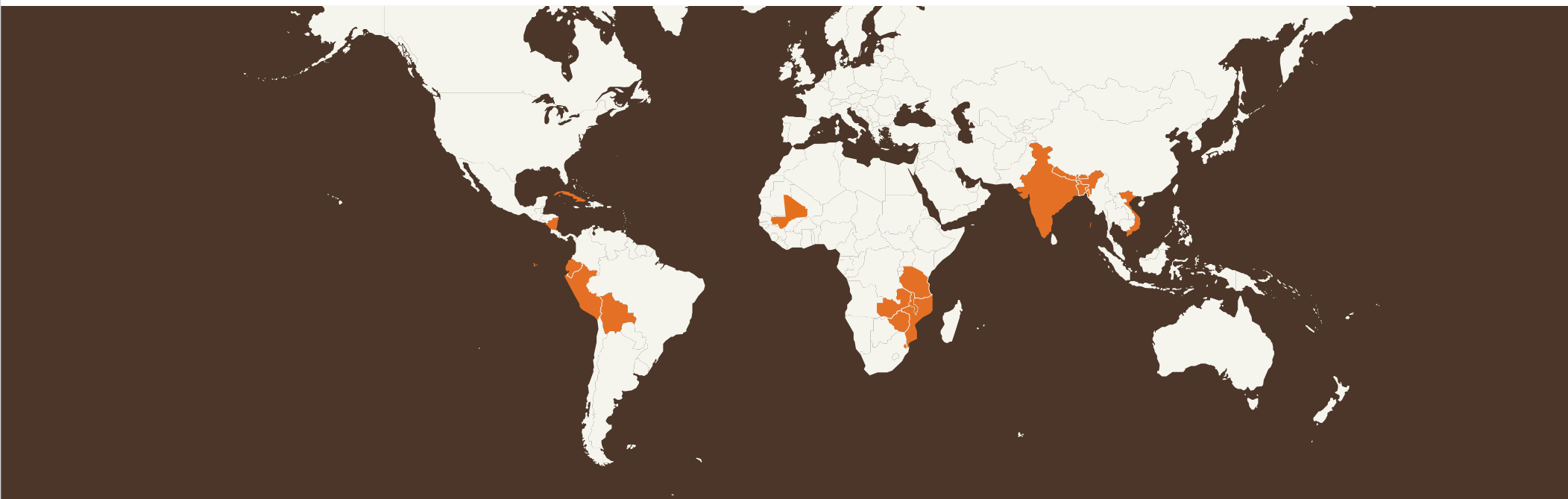


## Advocacy

We urge governments and multilateral organizations to prioritize surgery as a cost-effective and indispensable component of health care, working with international medical societies, academia and surgical NGOs in our efforts.



# Where We Do It



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Bangladesh

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Bhutan

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Bolivia

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Cuba

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Ecuador

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India

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Malawi

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Mali

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Mozambique

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Nepal

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Nicaragua

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Peru

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Swaziland (now known as Eswatini)

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Tanzania

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Vietnam

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Zambia

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Zimbabwe



# 2020 at a glance



People like you donated:

**\$4,156,346**

These gifts made it possible to complete:

**2,587**  
surgeries for

**1,505**  
patients in

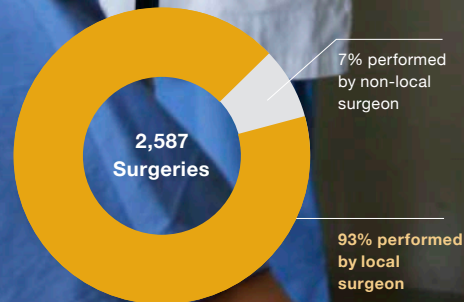
**17**  
countries

Medical professionals donated:

**4,925** hours

And trained:

**636** local medical professionals



93% of the year's surgeries were completed by the local medical professionals who were trained by ReSurge

asante நன்றி gracias उगाडा पन्हाद obrigado धन्यवाद cảm ơn bạn ขอบคุณ merci thank you





# Direct Surgical Care

## Surgical Partner Profile

### Matolase Mtonga

Dr. Matolase Mtonga always knew she wanted to be a surgeon. But as a medical student in Zambia she found her true calling when caring for burn patients. **“I needed to do more for them,”** she realized.



**Dr. Matolase Mtonga**  
Surgical Trainee  
Lusaka, Zambia

Then she met our longtime Surgical Outreach Partner, Dr. Goran Jovic — currently the only licensed plastic surgeon in Zambia — and learned how much more she could help these and other patients via reconstructive surgery. “From there it’s been a steep dive into this love affair,” she says.

In September Dr. Matolase began her final year of surgical training at the University Teaching Hospitals in Lusaka. Dr. Jovic and ReSurge have sponsored her training and helped devise a special focus in plastic surgery for her.

Watching Dr. Jovic work has been an inspiration. “The dedication and enjoyment of what he does is infectious. He manages to do quite a lot despite the limits we may have to contend with, in terms of resources, with the help of partners. I am inspired to bring some of my own brand of hope to many people as well.”

Once she completes her training and receives her certification from the College of Surgeons of East, Central and Southern Africa (COSECSA), Dr. Matolase is eager to help shape the future of plastic surgery in Zambia. “I hope I can grow the plastic surgery fraternity in Zambia, establish top-class burn care MDTs in the country, and increase options for patients for reconstruction,” she says. She’d also like to increase the amount of research being performed in her country. “We see many ‘rare’ conditions but have yet to share these with the scientific community.”

Above all, Dr. Matolase is keenly aware of the impact that reconstructive surgery has on her patients, especially the poor. “In Zambia, thousands would be crippled or even dead without the assistance coming through ReSurge. We would be hard-pressed to reach and offer interventions to patients in the hidden regions we go to without ReSurge and its partners.”

All in all, “You’re molding a world I like to live in.”

## Donor Program Highlight

### The Higgins-Shaw Nepal Microsurgery Fund

None of our work would be possible without the steadfast support of you, our donors — working together, we're changing lives around the globe.



It's a particular joy when we collaborate on a targeted program. One notable example: Longtime donors Dan Higgins and Maiya Shaw have brought state-of-the-art care to our partner hospital in Nepal with their funding of a reconstructive microsurgery initiative.

Reconstructive microsurgery is a highly technical field that transplants tissue from one part of the body to another using operating microscopes and precision tools. It allows surgeons to repair blood vessels and nerves less than 1mm in diameter, restoring function in patients who couldn't be assisted with traditional techniques. But it requires specialized training and equipment that many countries don't yet have. So five years ago, Dan and Maiya established the Higgins-Shaw Nepal Microsurgery Fund with the goal of making microsurgery a standard technique in the region.

Their urge to help was personal: Dan benefitted from microsurgery just a few years ago. Decades-old skin grafts were giving him trouble and he was facing the prospect of losing his legs. But state-of-the-art microsurgery techniques solved his problem with just two outpatient procedures.

"We were so fortunate to have this incredible medical team right at our doorstep," says Maiya. She and Dan wanted to express their gratitude by helping more patients access these techniques, and they knew exactly who to approach: Dr. Shankar Rai at the Kirtipur Cleft and Burn Center in Nepal, with whom ReSurge has worked for over 30 years. "We've been in awe of Shankar's work for years. He is such an incredibly gifted doctor and has always had such a profound vision," says Maiya.



Kirtipur Cleft and Burn Center is a regional training hub for plastic surgery and adept at cleft surgery and general reconstruction. Thanks to this program, they're now Nepal's microsurgery hub as well — difficult cases are regularly transferred there. They have a full team of surgeons, anesthesiologists, and nurses who care for these cases independently, one of only three ReSurge partner hospitals in the world who can do so. They have also become a training hub for microsurgery, with a new hand fellowship that features a large microsurgery component. We've even sent SOPs from other countries to Nepal for training in microsurgery, to begin bringing these techniques back home. The latest group of Pioneering Women in Reconstructive Surgery visited for training too.

Critically, Dan and Maiya worked with ReSurge to create a program that will be sustainable in the long run. The increase in microsurgeries has generated additional revenue for the hospital and its growing international prominence in the field has attracted the notice of other organizations as well. The American Society of Reconstructive Microsurgery (ASRM) now funds one visiting professor to Kirtipur Hospital each year, ensuring that the teaching program will continue even beyond the Higgins-Shaw funding.

“We recognize how lucky we are, to have benefitted from these techniques and to have the financial resources to share them with others,” says Maiya. “It’s been so gratifying to work with ReSurge and Dr. Rai to help give our thanks in such an impactful way.”



## Patient Profile

### Jacob

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Little Jacob, a 10-year-old from Tanzania, was home alone one day when his t-shirt suddenly caught fire — he'd gotten too close to an open flame in the kitchen. His burns were horrific and incredibly painful, covering much of his body.

Jacob's mother found him and took him straight to a traditional healer. For a week the healer treated his wounds with natural salves, but Jacob's condition only grew worse when they caused severe infections. Almost a month passed before Jacob was finally brought to Dr. Seif Nuru, our Surgical Outreach Partner in Tanzania. By that point, Jacob's wounds were septic.

Dr. Nuru knew he had to do something quickly. Unfortunately, Jacob was burned so badly he did not have enough healthy skin to use for grafting. But his mother didn't hesitate — she offered her own skin for the grafts her son desperately needed.

Jacob has been returning regularly to Dr. Nuru for more surgeries and skin grafts. His autoimmune responses are causing him to reject some of his mother's skin, but Dr. Nuru is committed to healing Jacob, no matter how long it takes.





# Training & Curriculum



## International Partnership Conference

Remote training has become a critical component of our program this year, but nothing can quite replace in-person training and team-building. So we were thrilled in October 2019 to host 30 of our surgical partners from 14 different countries for our three-day International Partnership Conference. It was the third such conference we've held and the first since 2013.

The surgeons — many of whom who had just attended a burn symposium in Chicago hosted by the American Burn Association — had a packed schedule. They spent a full day at Stanford University discussing burn surgery, giving presentations of case studies from their home countries. They participated in roundtables with experts from Stanford on pre- and post-operative concerns in burn surgery, as well as nursing and therapy issues. They attended a presentation on social entrepreneurship, learning how other SOPs have managed to bring reconstructive services to those with little or no access. And together with our staff at our offices in Sunnyvale, California, they brainstormed ways to make our partnership more effective.

Feedback from the surgeons about the conference was uniformly positive, and we hope to hold another one again in the near future. In the meantime, the attendees built a unique bond during their time together that has continued long after the end of the conference.



## ReSurge International Program in Africa

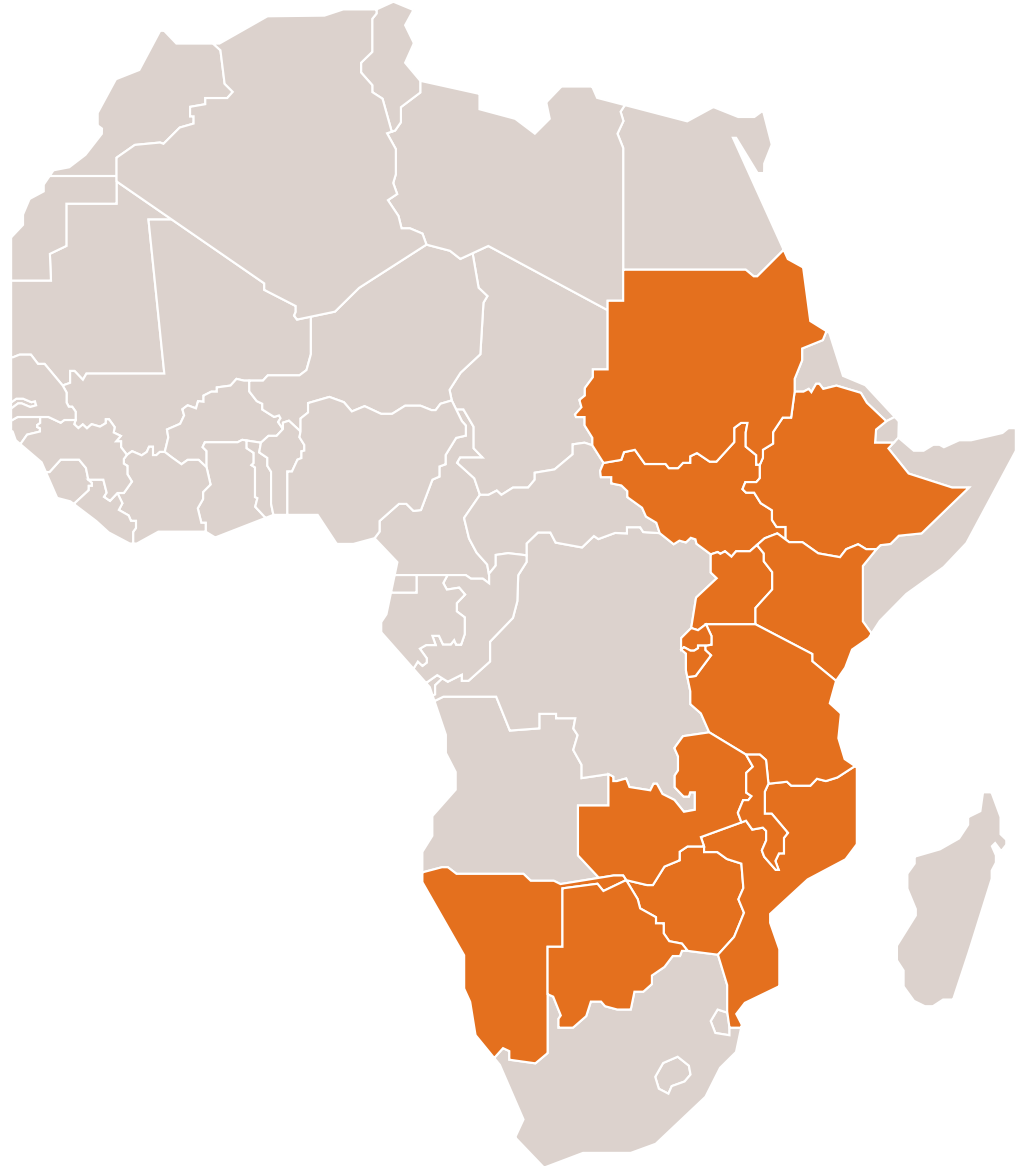
Sub-saharan Africa has perhaps the most acute shortage of plastic surgical care in the world. Many countries have high rates of accidents like burns and traffic injuries, yet 93% of people lack access to safe and timely surgery. This profound hardship leads to an enormous loss of productivity each year.

That's why we're proud to partner with the College of Surgeons of East, Central and Southern Africa (COSECSA) to ramp up our efforts in the region.

COSECSA was founded in 1999 to enhance postgraduate education in surgery and create uniform training standards. A surgeon who is certified in one member country can practice in any of the other member countries too. With our new partnership, we'll build out their training in reconstructive surgery and create multiple plastic surgery training hubs in the region.

This year we hired a new Africa programs director, Natalie Meyers, MPH, who has extensive experience in Africa, along with two local administrative staff members in Zimbabwe.

Our plans for several Visiting Educator trips had to be shelved due to the global coronavirus crisis but we quickly pivoted to virtual trainings, which have been a huge success. Monthly COSECSA-wide Zoom lectures are attended by 45 surgeons from 9 countries. We also designed three virtual







training sessions for Tanzania to replace planned trips, and in Zimbabwe Dr. James Chang has been holding monthly mock board exams with trainees.

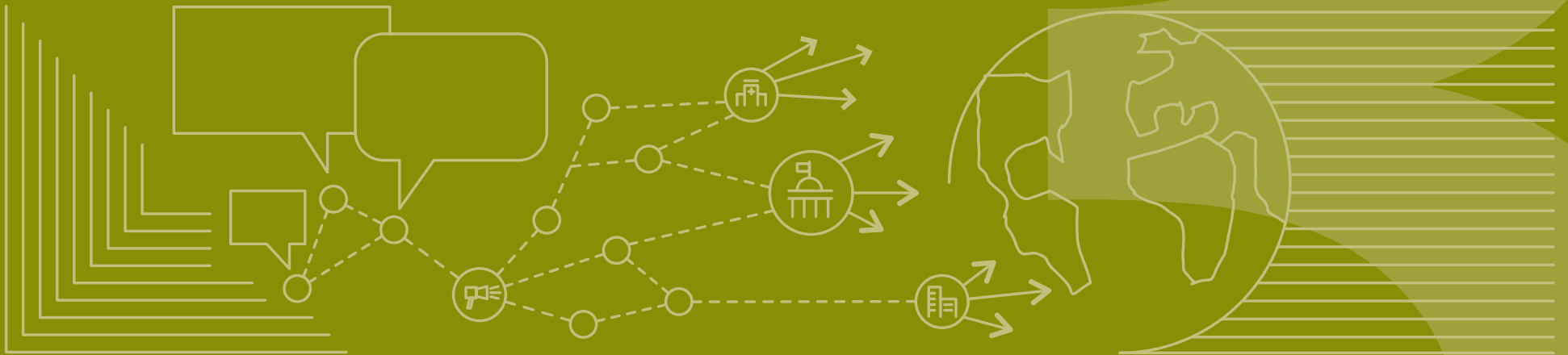
We're thrilled to see these surgeons building strong relationships with one another, as they continue their education — it will make in-person training even more effective when it resumes.

We're supporting trainees in other ways too. In Tanzania, surgeons are using WhatsApp to send regular case questions to their mentors in the United States. In Mozambique, we partnered with Ohana One to explore the use of smart glasses to support trainees during surgery.

We're continuing to grow our Surgical Outreach Partner program too. We've added three new SOPs this year and are also looking at opportunities for Dr. Seif Nuru, a longtime SOP in Tanzania, to conduct trainings of his own. We're proud that the second class of Pioneering Women in Reconstructive Surgery includes three surgeons from this region as well.

Despite the year's challenges we're excited about the growth we've achieved already, and thrilled for the future we can build, thanks to your support.





# Advocacy

## Global Surgical Need

Every year, more than 5 million people go without needed reconstructive plastic surgery.

A daughter living in a remote village is badly burned by a cooking fire. A mother in a poor neighborhood gets cancer. A son is born with a cleft palate.

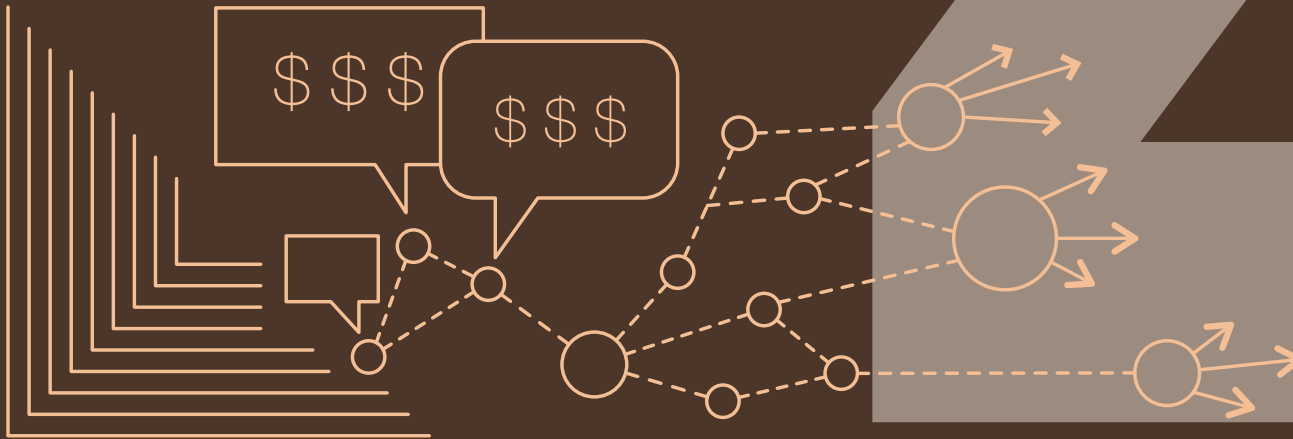
None of them receive the surgical treatment they so desperately need because it's too costly or too far away.

We're here to change that.

For fifty years we've provided reconstructive surgical care to the people who need it most. This care is life-changing: Our patients go on to lead normal, productive lives at work, school and home.

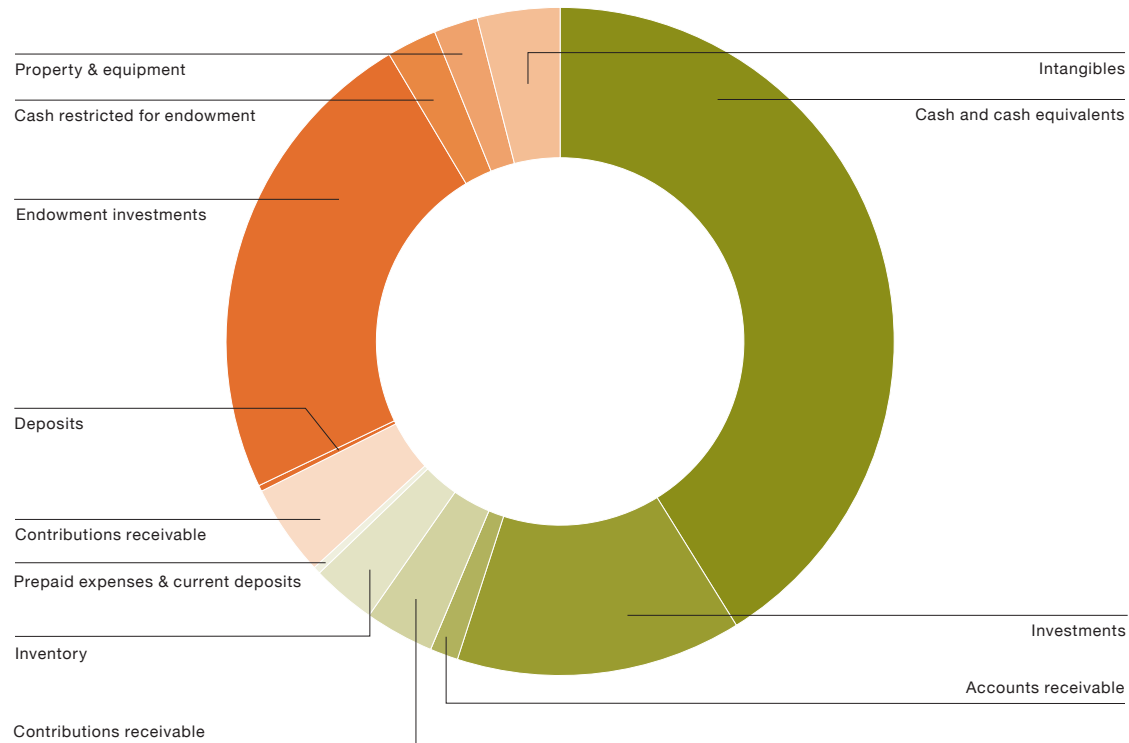
And thanks to your generous support, our surgeons care for more and more patients every day.





# Financial Report

## Assets



### CURRENT ASSETS

Cash and cash equivalents	\$1,877,553
Investments	\$630,510
Accounts receivable	\$62,180
Grants receivable	-
Contributions receivable, current portion	\$153,200
Inventory	\$142,159
Prepaid expenses and current deposits	\$16,129
<b>Total current assets</b>	<b>\$2,881,731</b>

### OTHER ASSETS

Contributions receivable, net of current portion	\$202,548
Deposits, net of current portion	\$13,240
Endowment investments	\$1,074,545
Cash restricted for endowment	\$110,440
Property & equipment, net	\$97,217
Intangibles, net	\$182,381
<b>Total other assets</b>	<b>\$1,680,371</b>

**TOTAL ASSETS** **\$4,562,102**

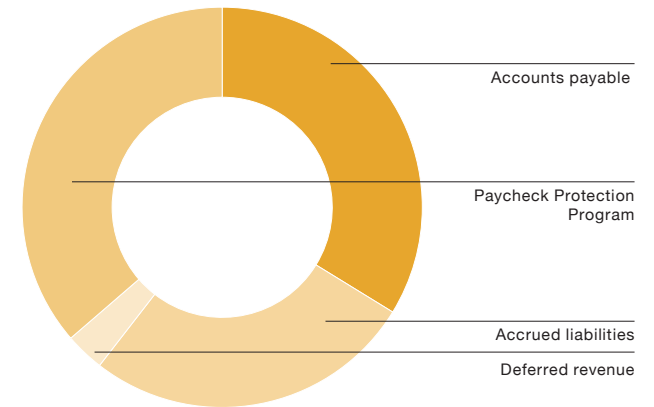


## Liabilities & Net Assets

### Current Liabilities

Accounts payable	\$135,848
Accrued liabilities	\$107,543
Deferred revenue	\$12,715
Deferred rent, current portion	-
Paycheck Protection Program	\$146,195

**Total liabilities \$402,301**



### Net assets

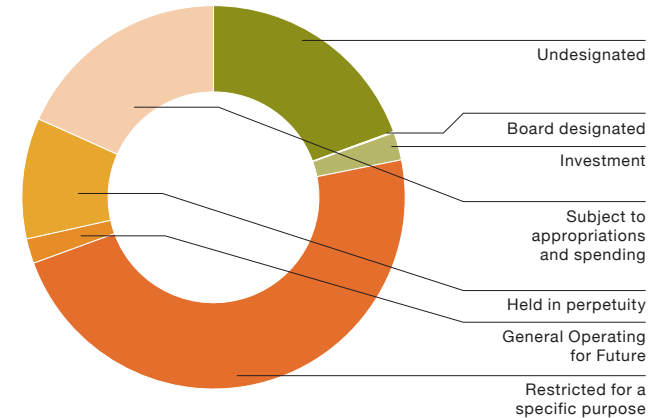
#### Without donor restrictions

Undesignated	\$807,835
Board designated	\$4,400
Investment in property and equipment, net	\$97,217
<b>Total without donor restrictions</b>	<b>\$909,452</b>

#### With donor restrictions

Restricted for a specific purpose	\$1,978,435
General operating for future years	\$86,929
Subject to appropriation and spending policy	\$423,940
Held in perpetuity	\$761,045
<b>Total with donor restrictions</b>	<b>\$3,250,349</b>

**Total net assets \$4,159,801**



**TOTAL LIABILITIES  
AND NET ASSETS**

**\$4,562,102**

# Activities

	Without Donor Restrictions	With Donor Restrictions	2020 Total	2019 Total
<b>Support and revenue</b>				
<b>Support</b>				
Grants and contributions	\$2,184,919	\$1,341,300	\$3,526,219	\$4,626,522
In-kind contributions	\$3,050,494	-	\$3,050,494	\$4,723,351
Special event	\$621,129	-	\$621,129	\$538,779
Less: special event costs	(\$273,976)	-	(\$273,976)	(\$219,126)
Operating investments realized and unrealized (losses) gains, net	(3,760)	-	(3,760)	\$15,684
Operating investment interest and dividends, net	\$26,499	-	\$26,499	\$17,008
Endowment realized and unrealized gains, net	-	\$38,987	\$38,987	\$63,412
Endowment interest and dividends, net	-	\$22,408	\$22,408	\$22,667
Other revenue	(\$4,108)	-	(\$4,108)	\$44,403
<b>Net assets released from restriction</b>	<b>\$1,057,788</b>	<b>(\$1,057,788)</b>	<b>-</b>	<b>-</b>
<b>Total support, revenue and net assets released from restriction</b>	<b>\$6,658,985</b>	<b>\$344,907</b>	<b>\$7,003,892</b>	<b>\$9,832,700</b>
<b>Functional expenses</b>				
Program services	\$5,151,200	-	\$5,151,200	\$7,226,282
Support services				
Management and general	\$511,762	-	\$551,762	\$553,135
Fundraising	\$613,186	-	\$613,186	\$595,637
Total support services	\$1,124,948	-	\$1,124,948	\$1,148,772
<b>Total functional expenses</b>	<b>\$6,276,148</b>	<b>-</b>	<b>\$6,276,148</b>	<b>\$8,375,054</b>
<b>Change in net assets</b>	<b>\$382,837</b>	<b>\$344,907</b>	<b>\$727,744</b>	<b>\$1,457,646</b>
<b>Net assets, beginning of year</b>	<b>\$526,615</b>	<b>\$2,905,442</b>	<b>\$3,432,057</b>	<b>\$1,974,411</b>
<b>Net assets, end of year</b>	<b>\$909,452</b>	<b>\$3,250,349</b>	<b>\$4,159,801</b>	<b>\$3,432,057</b>



ReSurge  
INTERNATIONAL

Thank you



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### New Board Chair Meredith Taylor

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We're excited to welcome our new chair, Meredith Taylor (starting in Fiscal Year 2021), to continue this important work. Meredith is a board member and advisor to several restaurant/food service industry companies, and was previously the president and CEO of Black Angus Steakhouse. She also served as president of San Jose's Tech Museum of Innovation (a not-for-profit organization), and was president and CEO of two venture-backed startups: SeniorSurfers, which provided computer and internet training to older adults, and CookExpress.com, which produced and delivered gourmet meals. She has held C-level positions at Spectrum Foods, Saga Corporation and Marriott Corporation.

Meredith has an MBA from Santa Clara University, where she has been a guest lecturer in its graduate entrepreneurship program and served as an adjunct professor, teaching ethics and finance. She also served on the boards of MentorNet, a not-for-profit e-mentoring organization, and Make-A-Wish Foundation.

Meredith was introduced to ReSurge at our 2014 Gala. "I was deeply moved by the patient stories and by the commitment of the doctors, nurses and staff that made their life-changing surgeries possible," she says. Recognizing the life-changing work performed by our surgical partners and volunteers, she joined the board in 2015 and became Vice Chair in 2017.

We're excited to work with Meredith building a better future in the countries we serve, fulfilling our goal of treating double the number of patients we helped in our first 50 years by 2030.



"I was deeply moved by the patient stories and by the commitment of the doctors, nurses and staff that made their life-changing surgeries possible"

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Public and private sector partnerships play a significant role in ReSurge's work, enabling us to strategically develop and invest in programs rooted in the local communities of Asia, Africa and Latin America. To learn how your organization can partner with us, please call (408) 673-4980.


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