



Empowering Our Partners

2019 ANNUAL REPORT

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Dear friends,

We're proud to present our report for our 2019 fiscal year. Thanks to your generous assistance and the work of our medical partners and volunteers around the globe, our efforts to make reconstructive surgery available to all are multiplying worldwide.

As I look back on this year's accomplishments, I'm struck by the degree to which we've empowered our medical partners, donors and even board members to maximize their impact.

In Vietnam, our Surgical Outreach Partner Dr. Le Thua Trung Hau has been a trailblazer at Hue Central Hospital, embracing our Visiting Educator program to provide training to a large number of surgeons in the region and building his hospital's first reconstructive surgery team. What's more, Dr. Le Thua will soon be conducting his own training trips, including to Laos.

In sub-Saharan Africa, we're planning to springboard off the work of the College of Surgeons of East, Central and South Africa (COSECSA) to enhance our training programs. Importantly, this expanded effort will follow priorities set by our local surgical partners. And among our newest Surgical Outreach Partners is a graduated fellow from COSECSA, Dr. Pedro Santos, profiled here.

In Nepal, graduates of our Pioneering Women in Reconstructive Surgery program put their leadership training in action. They recognized that many more hospital staff members could benefit from similar training and asked us to conduct additional seminars at their hospital in Kirtipur, Nepal, thus empowering many new leaders in their hospital.

Our own Board members were aided in their effectiveness with a self-funded trip to Nepal and India, where they saw first-hand the challenges faced by our surgical partners. The children and adults they met and the stories they heard really brought home the impact of our work and will help them in their decision making and oversight in the years to come.



In Whent

Jeff Whisenant President & CEO



the world needs reconstructive surgery

Every day around the world, people are injured in traffic accidents, burned by cooking fires, born with congenital abnormalities or diagnosed with cancer. Reconstructive surgery is a critical step in helping them heal.

But for millions of these patients, reconstructive surgery is out of reach: surgeons are too few, too far away, or too costly. And without surgery many will never recover or lead normal, productive lives.

We're here to change that. With your help, we can make make reconstructive surgery available to all.



What We Do

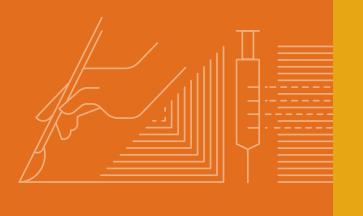
Direct Surgical Care

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



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.



Training and Curriculum

We send teams of Visiting Educators — academic surgeons, anesthesiologies, 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.



Where We Do It



2019 at a glance

People like you donated:

\$3,257,609

So that we could complete:

3,913

surgeries for

2,383

patients in

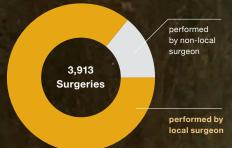
12 countries

Medical professionals donated:

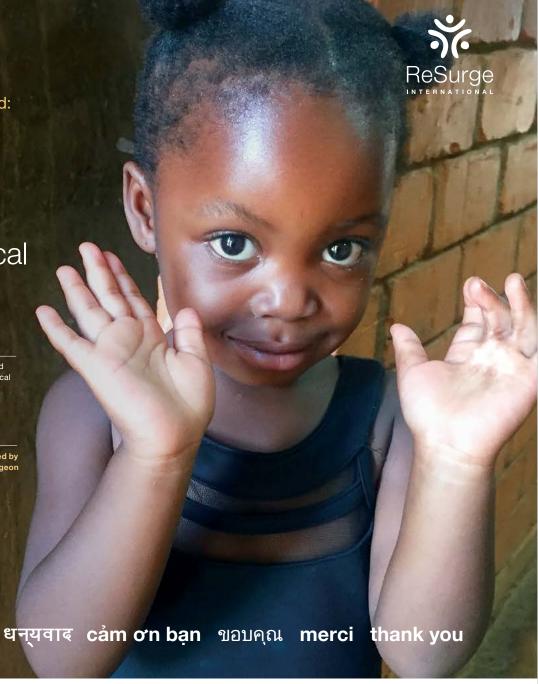
8,040 hours

And trained:

744 local medical professionals



86% of the year's surgeries were completed by the local medical professionals who were trained by ReSurge







Direct Surgical Care

Surgical Outreach Partner **Dr. Pedro Santos**

Our Surgical Outreach Partners (SOPs) are at the center of our efforts across the globe. We provide financial support for their year-round work with patients living in poverty and they treat 86% of our patients.



Dr. Pedro SantosConsulting Reconstructive Surgeon
Mozambique

We're proud to introduce our newest SOP, Dr. Pedro Santos. He is a Consulting Reconstructive Surgeon at Matola Provincial Hospital in his home country of Mozambique. He earned his MD from the Eduardo Mondlane University School of Medicine in Mozambique, was awarded a specialization in plastic and reconstructive surgery by the Mozambican Medical Council, and is a fellow of the College of Surgeons of East, Central, and Southern African (COSECSA).

In addition to his work in Mozambique, Dr. Santos has trained around the world. He completed reconstructive surgery in oncology training from the National Cancer Institute of Rio de Janeiro, Brazil, was an Operation Smile Fellow in Guwahati, India, and has completed observational fellowships with the British Foundation for International Reconstructive Surgery and Training in Glasgow and Dublin, and in Los Angeles with OhanaOne and ReSurge. It was in Los Angeles where he met and was recommended as an SOP by Dr. David Kulber of Cedars-Sinai Hospital.

Dr. Santos is excited and and gratified to join us as an SOP — a partnership, he says, that has "helped me as a surgeon in all aspects." He's eager to continue improving his skills as he works side by side with our volunteer surgical teams on their visits to Mozambique so that he can offer even better care to his patients.

Volunteer Profile Ingrid Crocco, RN

One of our most experienced and beloved volunteers is Ingrid Crocco, an operating room nurse and perioperative services educator at Yale New Haven Hospital in Connecticut, where she's worked for almost 40 years.



Ingrid has joined over 15 team trips in her 20 years volunteering with us, has been a member of our nursing committee for over a decade, and is currently the committee's co-chair. She's also joined more than 15 trips with other organizations and was a board member of Changing Children's Lives from 2007 to 2018. Her leadership in promoting best practices in nursing care and her strong commitment to volunteerism is a wonderful example for the young nurses she mentors at Yale.

A longtime favorite on ReSurge team trips, Ingrid is always teaching—whether it be to empower the local nursing staff or instruct young surgeons in sterile technique. Her sunny disposition and can-do attitude are admired by everyone she works with.

Ingrid related the following story about a patient in Myanmar that truly touched her heart:

"After setting up the operating room, I made my way to the clinic area to help. And there she was. A young 8-year old girl with a terrible neck contracture—her chin was totally fused to her chest. She was straining to make eye contact so I knelt down to meet her gaze. This child's mother was with her, appearing so anxious. The team was just getting ready to evaluate this patient for possible surgery. All the points were being discussed: if this was a safe procedure for us at this site, did we have the proper supplies, is there proper post-surgical care available to the patient after we leave, how long was it going to take and could we fit her on the schedule the first few days of our two-week trip. While this conversation took place, this child and I were holding hands, looking at the coloring book she was busy with. She offered me a crayon so I could color as well. The decision

was made to move forward in two days with this case and the relief on the mother's face was obvious. After the team moved on, I hugged the mother and daughter and through an interpreter informed them I would be the nurse taking care of her in the OR in a few days."

"In that short period of time I had built a relationship...one that I still obviously cherish. On the day of her surgery, the plan was for her to walk to the OR with the anesthesiologists; she was of course frightened and crying. I went to her and hugged her as I had done the previous day. We held on to each other for a few minutes then walked hand in hand to the OR. She would not get on the OR table so it was suggested that anesthesia could be given while sitting on the lap of the anesthesiologist. Mmmm...that didn't happen. She would not let me go. Together we got ourselves comfortable on the chair and together held the mask preparing for her induction. As she fought the anesthetic, I spoke into her ear and rocked her back and forth until she was asleep. When I turned her over to the anesthesiologist, I almost felt that I had betrayed her trust."

"Thankfully I didn't have much time to reflect on this feeling – I needed to move forward and continue to prepare for her surgery. Once the case was under way I asked for the interpreter to accompany me to see the mother just to let her know things had started and were going well."

"Her mother then shared a quick story – all her daughter wanted in life was to be able to look up at the night sky and see the stars and moon. That broke my heart. I am the mother of two daughters, and to this very day (they are adults now) we promise that we will look at the moon every night as a way to stay connected when we are separated. After all, it is the same moon around the world. Up to that moment, I had always taken that gesture for granted."

"As days passed after the surgery, I rounded with the surgeons to check up on her. She was doing well – the skin grafts were intact and by the end of our stay, she had some head movement. On our last day in Myanmar, my little patient was sitting on the bedside, all dressed to go home. This time I did not have to kneel to make eye contact with her...she could look me directly in the eyes. Her dream of being able to look into the night sky to see the moon and stars had come true.

"Now every time I look at the night sky, not only do I think of my daughters but wonder how my patient in Myanmar is doing – is she too looking at the moon?"

We are very proud to have nurses like Ingrid Crocco among our volunteer corps. She represents the best that nursing has to offer the world and generously uses her talents and knowledge to better the lives of those who have limited access to surgical care.



Patient Profile **Sheeba**

Sheeba has always been a diligent student.

One night five years ago, when she was eight, the power went out while she was doing her homework. Sheeba didn't want to stop working so she lit a small oil lamp for light. Tragically, the lamp accidentally tipped over and the flames burned her from her neck down to her shoulder and chest.

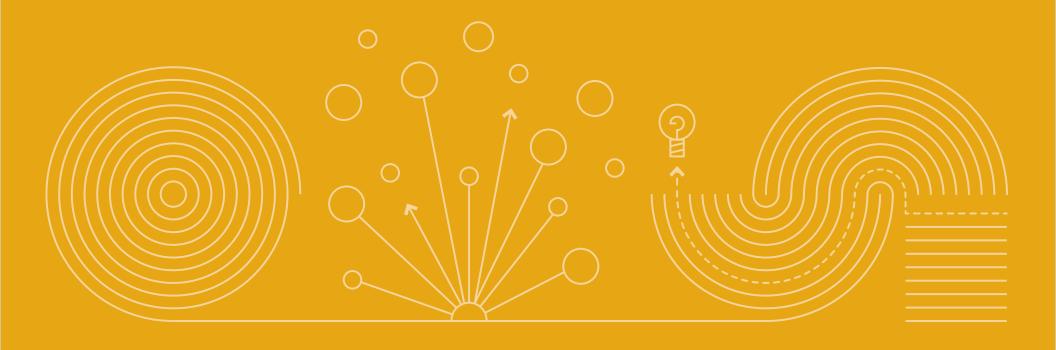
She missed four months of school, but she was so dedicated to her studies that her school sent a teacher to her home so she could continue learning.

Healing on her own, though, created thick burn scars that contracted and greatly affected her health and mobility. She's had five surgeries so far, and for this sixth travelled three hours by bus with her mom and dad to our clinic in Dehradun, India.

With such determination and the help our surgery can provide to restore her health, there's no telling how far Sheeba will go.







Training & Curriculum



Empowering Local Surgeons to Become Educators

Our Visiting Educators program is a critical component of our work to make reconstructive surgery available to all.

By training local physicians in advanced techniques we can permanently increase access to reconstructive surgery in their countries. We're thrilled to see our program evolve in Vietnam, with our first surgical partner who is becoming an educator in his own right.

Dr. Le Thua Trung Hau of Hue Central Hospital in Hue, Vietnam, has been one of our most active Surgical Outreach Partners since meeting ReSurge Consulting Medical Officer Dr. Jim Chang at a medical conference at Stanford University in 2012, which Dr. Le Thua attended as a Traveling Fellow of the American Association of Plastic Surgeons. He then earned his Ph.D. in Biomedical and Pharmaceutical Sciences from the Université Libre de Bruxelles in Belgium, and upon returning home to Vietnam began working closely with Dr. Chang to organize Visiting Educator trips to Hue.

For each trip Dr. Le Thua identified training topics that were a priority for his surgeons and invited scores of attendees. The training programs have been an enormous

success, deepening the skills of local surgeons to expand the scope of their care and attracting new surgeons to the field.

"Thanks to the cooperation with ReSurge," Dr. Le Thua notes, "my hospital has built a team of five plastic surgeons in a real plastic department. We've successfully performed complicated and large-scale surgeries and become the leader for plastic surgery in central Vietnam."

Best of all, Dr. Le Thua has developed his knowledge of training techniques as well, and will soon be conducting training missions of his own. He's currently planning programs for physicians in more remote areas of Vietnam as well as neighboring Laos, turning Hue Central Hospital into a true regional hub for reconstructive surgery. By training local physicians in advanced techniques we can permanently increase access to reconstructive surgery in their countries. We're thrilled to see our program evolve in Vietnam, with our first surgical partner who is becoming an educator in his own right.

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PWRS Graduates Take Flight

We're proud to see the graduates of our Pioneering Women in Reconstructive Surgery (PWRS) program, created in partnership with SkinCeuticals, charge forward in their communities and careers. The program advances first-generation women reconstructive surgeons in underserved parts of the world with surgical training, leadership coaching and mentorship. Our newest graduates are Dr. Wone Banda of Malawi, Dr. Shikha Gupta of India, Dr. Matolase Mtonga of Zambia, Dr. Tinage Nyoni of Zimbabwe, Dr. Leeza Pradhan of Nepal, and Dr. Ugyen Wangmo of Bhutan.

Two ReSurge Nepal surgeons from our first graduating class, Dr. Pramila Shakya and Dr. Shilu Shrestha, put their leadership skills to work this year by arranging a special workshop for every employee of Kirtipur Hospital in Nepal.

The objective of the training was to empower each employee to take leadership, no matter his or her role. It was conducted by Anna Maria Casas, executive leadership coach to SkinCeuticals and other organizations, and her colleague Marsha Hughes-Reese.

Toward the end of the three-day session each participant "painted their vision", creating a painting of where they hope to be as a leader in three years. In small groups, the trainees explained their vision and set goals for how to achieve it. Going forward, the trainees will provide peer coaching for each other and receive a follow-up video coaching session from Anna-Maria and Marsha.

"The training was so successful," noted our longtime surgical partner Dr. Shankar Rai, "that everybody in our organization as well as many from universities as well as from political areas are requesting similar training. This could bring a big social change in Nepal. We thought the training not only helps us to become a better leader but also a better human being. Thank you very much for this great gift."







Strengthening Our Work in Sub-Saharan Africa

We've worked for many years in sub-saharan Africa, where many nations have some of the highest rates of injury but also the fewest number of reconstructive surgeons per capita available to treat them. To help combat the shortage, this year we began an exciting new initiative to leverage the work of the College of Surgeons of East, Central and Southern Africa (COSECSA) to speed the pipeline of training in reconstructive surgery techniques.

COSECSA was founded to advance the practice standards of surgeons in the region. They've created a common training program and certification system so that surgeons certified in one member country can practice in any of the other 14 member countries as well.

In 2018 we began exploring the feasibility of an expedited training program in Zimbabwe and Tanzania to increase the number of reconstructive surgeons, residents, and general surgeons trained in reconstructive surgery techniques. Developing training for one or two vetted locations streamlines the program, and thanks to COSECSA, surgeons trained either of these locations would be able to practice in any member nation. The program would also build e-learning resources for continuing education, improve patient safety and outcomes, and help current reconstructive



Training & Curriculum



surgeons become better trainers themselves, thus empowering them to train local surgeons on their own.

In November of 2018 we sent a team to meet with medical professionals at the two hospitals we identified as potential training hubs: the University of Zimbabwe in Harare and Comprehensive Community Based Rehabilitation in Tanzania (CCBRT). Our local partners were deeply enthusiastic about the plans, and we've begun organizing two workshops for the coming year that will train 20 to 25 attendees each. The workshops will focus on educational priorities set by our partners, with full-scope training to follow.

We're excited for the prospects of this initiative and its leveraging of local programs and priorities, and look forward to sharing our progress in the future. We've worked for many years in sub-saharan Africa, where many nations have some of the highest rates of injury but also the fewest number of reconstructive surgeons per capita available to treat them. To help combat the shortage, this year we began an exciting new initiative to leverage the work of the College of Surgeons of East, Central and Southern Africa (COSECSA) to speed the pipeline of training in reconstructive surgery techniques.

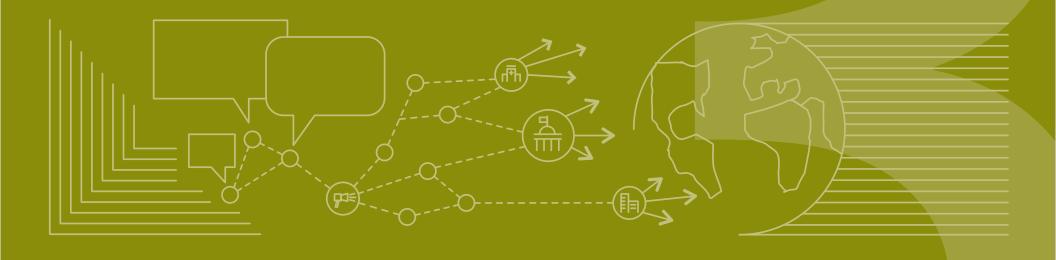
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Advocacy

UN Recognizes the Necessity of Surgical Care

Our advocacy work has long focused on having surgery recognized as a necessary component of global health care. This year we celebrated a critical milestone in these efforts.

On September 23, 2019, the United Nations adopted the high-level UN Political Declaration on Universal Health Coverage (UHC), the most comprehensive health agreement ever made. The declaration asserts the importance of universal health care to sustainable development. Critically, it includes "essential surgery capacities" among the required components, recognizing that UHC is not possible without surgical care.

We're tremendously gratified to see our advocacy efforts together with the global surgery community succeed in transforming surgery from "the neglected step-child of global health" to inclusion in the UHC declaration. This change will help increase the attention paid to surgery by governments and multilateral institutions worldwide.







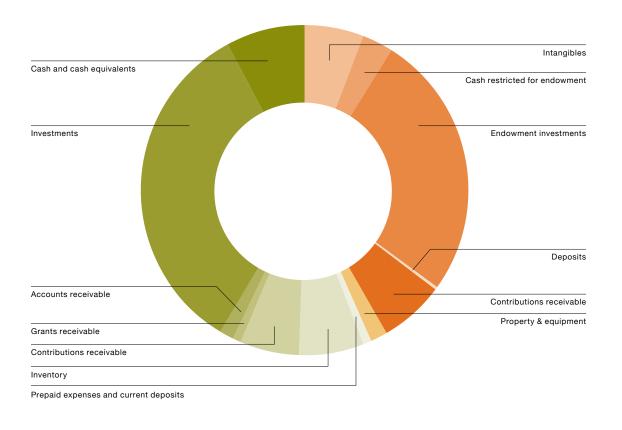
Financial Report

This year we were gratified to expand our burn treatment and training programs through the acquisition of Burn Rescue, the program of a nonprofit donor to ReSurge that closed its doors in 2018.

Burn Rescue provides surgery and follow-up care for patients in more than a dozen countries, so with this acquisition we'll be able to increase the number of surgeries we provide as well as the amount of training we offer to partner surgeons around the world.



Assets



CURRENT ASSETS

Cash and cash equivalents	\$318,778
Investments	\$1,360,965
Accounts receivable	56,547
Grants receivable	\$34,450
Contributions receivable, current portion	\$229,135
Inventory	\$168,244
Prepaid expenses and current deposits	\$28,131
Total current assets	\$2,196,250
Property & equipment, net	\$71,981

OTHER ASSETS

Contributions receivable, net of current portion	\$250,901
Deposits, net of current portion	\$13,000
Endowment investments	\$1,056,346
Cash restricted for endowment	\$126,357
Intangibles, net	\$227,481
Total other assets	\$1,674,085

TOTAL ASSETS \$3,942,316

Liabilities & Net Assets

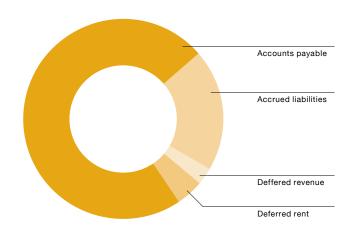
Current Liabilities

Accounts payable	\$373,024
Accrued liabilities	\$100,820
Deferred revenue	\$14,000
Deferred rent, current portion	\$22,415

Total current liabilities \$510,259

Deferred rent, net of current portion \$0

Total liabilities \$510,259



Net assets

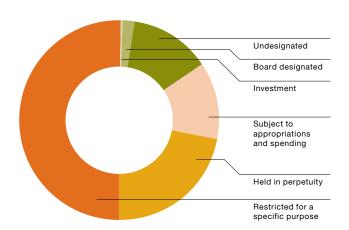
Without donor restrictions

Total without donor restrictions	\$526,615
Investment in property and equipment, net	\$71,981
Board designated	\$4,400
Undesignated	\$450,234

With donor restrictions

Total with donor restrictions	\$2,905,442
Held in perpetuity	\$760,298
Subject to appropriatison and spending policy	\$422,405
Restricted for a specific purpose	\$1,722,739

Total net assets \$3,432,057



TOTAL LIABILITIES AND NET ASSETSS

\$3,942,316

Activities

Without Donor	With Donor	2019	2018
Restrictions	Restrictions	Total	Total
\$1,996,369	\$2,630,153	\$4,626,522	\$2,525,404
\$4,723,351	-	\$4,723,351	\$4,400,539
\$538,779	-	\$538,779	\$732,205
(\$219,126)	-	(\$219,126)	(\$219,421)
\$7,039,373	\$2,630,153	\$9,669,526	\$7,438,727
\$32,692	-	\$32,692	\$10,826
-	\$86,079	\$86,079	\$114,021
\$44,403	-	\$44,403	\$19,421
\$77,095	\$86,079	\$163,174	\$144,268
\$7,116,468	\$2,716,232	\$9,832,700	\$7,582,995
\$1,440,888	-\$1,440,888	-	
\$8,557,356	\$1,275,344	\$9,832,700	\$7,582,995
\$7,226,282	-	\$7,226,282	\$6,456,163
\$553,135	-	\$553,135	\$745,339
\$595,637	-	\$595,637	\$482,259
\$1,148,772	-	\$1,148,772	\$1,227,598
\$8,375,054	•	\$8,375,054	\$7,683,761
\$182,302	\$1,275,344	\$1,457,646	(\$100,766)
\$344,313	\$1,630,098	\$1,974,411	\$2,075,177
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	\$1,996,369 \$4,723,351 \$538,779 (\$219,126) \$7,039,373 \$32,692 \$44,403 \$77,095 \$7,116,468 \$1,440,888 \$1,440,888 \$1,440,888 \$1,440,888 \$1,440,888 \$1,440,888	Restrictions \$1,996,369 \$2,630,153 \$4,723,351 - \$538,779 - (\$219,126) - \$7,039,373 \$2,630,153 \$32,692 - - \$86,079 \$44,403 - \$77,095 \$86,079 \$7,116,468 \$2,716,232 \$1,440,888 -\$1,440,888 \$8,557,356 \$1,275,344 \$7,226,282 - \$595,637 - \$1,148,772 - \$8,375,054 - \$182,302 \$1,275,344	Restrictions Total \$1,996,369 \$2,630,153 \$4,626,522 \$4,723,351 - \$4,723,351 \$538,779 - \$538,779 (\$219,126) - (\$219,126) \$7,039,373 \$2,630,153 \$9,669,526 \$32,692 - \$32,692 - \$86,079 \$86,079 \$44,403 - \$44,403 \$77,095 \$86,079 \$163,174 \$7,116,468 \$2,716,232 \$9,832,700 \$1,440,888 - - \$8,557,356 \$1,275,344 \$9,832,700 \$7,226,282 - \$7,226,282 \$553,135 - \$553,135 \$595,637 - \$595,637 \$1,148,772 - \$1,148,772 \$8,375,054 - \$8,375,054



Thank you

Volunteers

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Leadership

ReSurge could not develop and implement our programs around the world without the leadership of our Board of Directors, who are deeply dedicated to our mission.

In early 2019 the Board self-funded a trip to Nepal and India to get a first-hand look at the work of our medical partners: their skill, the challenges they face, and the health care ecosystems they work in.

Board member Karen Moore shares her thoughts from the trip.

"Dr. Rai, Dr. Rai, do you remember me? You operated on me when I was a child (double cleft lip). Because of you, I have a real life – went to school, got a job, married, and started a family!"

When I joined the ReSurge board in 2018, I thought I knew the mission of the organization and the impact that it was having around the world. However, it was on a Board trip in 2019 to Nepal and India that I began to really understand what ReSurge does. We were walking with Dr. Shankar Rai in Kathmandu when a young man excitedly ran up to our group and proceeded to tell us how his life had changed since his surgery. It was a powerful moment to see how a simple procedure transformed his life and created a ripple effect for generations to come.

I had read the reports and watched the videos, but to personally see the joy and gratitude radiating from him made me so proud to be part of ReSurge—and to know that so many people have been able to lead fulfilling lives because of the work that ReSurge does.

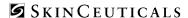
It's hard to convey the impact of what ReSurge means to the people who are facing a life of disfigurement and pain. ReSurge gives hope to those who have none — and I truly feel privileged that I can help in that mission.



"Dr. Rai, Dr. Rai, do you remember me? You operated on me when I was a child. Because of you, I have a real life — went to school, got a job, married, and started a family!"

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