





Letter from our President & CEO

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Global Action for Local Impact

ReSurge International Report of Fiscal Year 2023

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www.ReSurge.org

ON THE COVER:

ReSurge Medical Volunteer Anesthesiologist, Dr. Sonia Mehta, with a patient in Hyderabad, India

ABOVE:

ReSurge Scholar and PWRS 2024 Surgeon, Dr. Thandiwe Munaiwa from Zimbabwe



Claire Lachance President & CEO



Meredith Taylor Board Chair Fiscal Year 2023



Manisha Shetty Gulati Incoming Board Chair Fiscal Year 2024

To Our ReSurge Community,

On behalf of our ReSurge International board and staff team, I am honored to share our Fiscal Year 2023 Annual Report – summarizing an outstanding year in which nearly 15,000 people were impacted by life-changing reconstructive surgery. This year's report – entitled *Local Action for Global Impact* – provides a close look at how ReSurge's unique model of advancing local, in-country surgical capacity holds the key to exponentially increasing surgical access in lower income countries throughout Africa, Asia, and Latin America.

During my first year as President and CEO, I have been struck by the special nature of ReSurge's community – which I like to describe as being "globally local." I have been reminded many times of the words of Peter Block, world renowned expert on the power of community:

"Relationship and connectedness are the pre-condition for change. Every meeting, every process, every training program has to get people connected first."

Indeed, ReSurge's ability to help close the gap to reconstructive surgery is rooted in the relationships and connections we are building – locally with surgical partners and trainees who are eager to learn reconstructive surgical techniques and provide state-of-art care for their communities, and globally across our team of medical volunteers, institutional partners, donors, board members, and international staff.

Anchoring and inspiring our ReSurge community is a **shared belief that reconstructive surgery**

transforms lives and communities via a powerful multiplier effect of impact as the patients treated via ReSurge's programs return to gainful employment, full participation in school, and active community involvement. Our community's steadfast commitment to ReSurge's mission is particularly crucial now as we mobilize to expand our impact in response to the massive unmet need for reconstructive surgery – estimated to be in the tens of millions.

The ReSurge community faces a mandate to exponentially scale our impact now.

As we build upon the success of the past fiscal year and launch a new strategic plan, the role of our ReSurge community will become increasingly important. I offer my personal gratitude to each and every one of you, as you each play a crucial role in advancing our mission. I also offer a heartfelt thank-you to Meredith Taylor as she concludes three exceptional years as Chair of ReSurge's Board of Directors, and to Manisha Shetty Gulati who has enthusiastically taken on the Chair role with passion and strategic focus.

Please be in touch at any time as we work together in a spirit of community to provide the gift of reconstructive surgery.

Clair Dadance

Claire Lachance President & CEO

1



Why Access to Surgical Care Matters

90% of the global burden of surgical disease occurs in low-income countries. Why? Limited access to safe infrastructure and under-resourced healthcare systems lead to higher rates of accidents and poor health outcomes. Exposure to risk factors in the home and workplace, conflicts, and natural disasters, coupled with economic constraints, exacerbates the need for surgical interventions. This disproportionate impact is most acutely felt by women and children.

There is a global shortage of reconstructive surgeons

To put this into perspective, the U.S. has one reconstructive surgeon per 50,000 people, while Sub-Saharan Africa only has one reconstructive surgeon per 10 million people. By 2030, there will be an estimated global shortage of 40 million health workers.

People in lowincome countries suffer the most

90% of the global burden of surgical disease occurs in low-income countries. Why? Traumas such as burns from unsafe cooking or electrical conditions, traffic accidents, natural disasters, or war are higher in low-income countries.

Women and children are especially vulnerable.

Communities and economies are directly affected

Access to surgical care prevents families from falling into extreme poverty. One surgery can mean that a child or an adult in a low-income country can go to school, get a job and contribute to their family and community. \$12.3 trillion in low-and middle-income countries could be lost by 2030 without improved surgical systems.

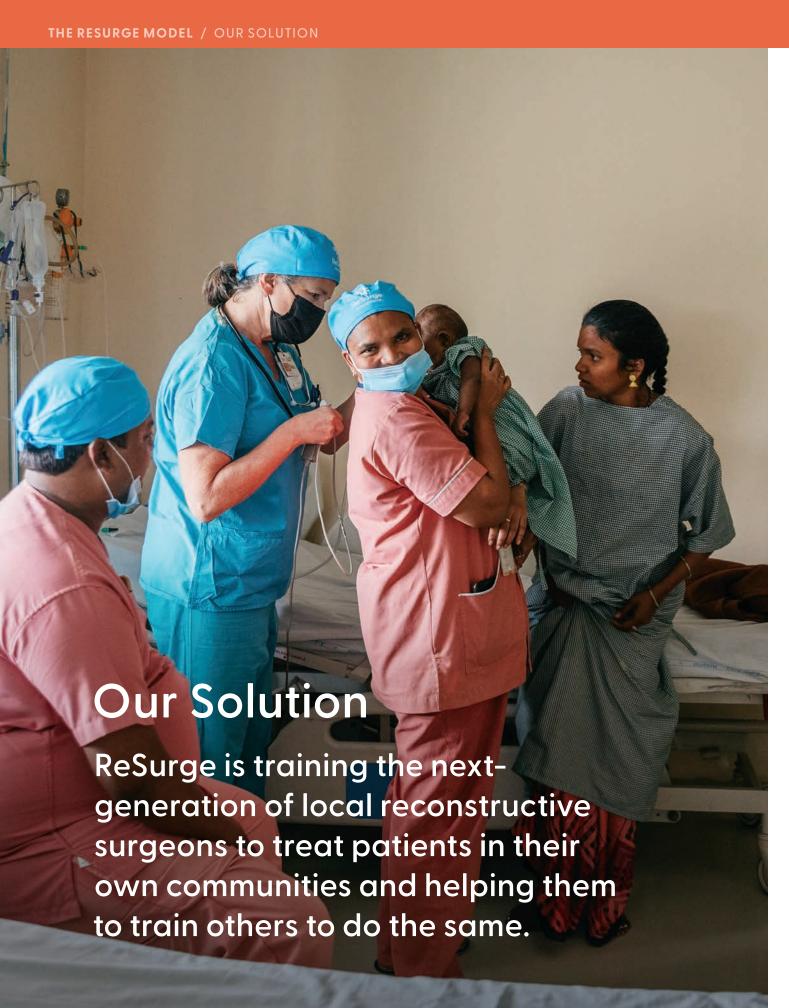
What is Reconstructive Surgery?

Reconstructive surgery restores normal function from an accident or trauma, a congenital condition, or cancer. Traffic accidents, burns, missing digits, cleft palates, and cancer reconstruction are all common conditions reconstructive surgeons treat.

At ReSurge, we are one of the few organizations to provide the full scope of reconstructive surgical care for those in low-income communities.







What We Do

ReSurge International is a global nonprofit with a mission to build, scale, and sustain reconstructive surgical capacity to provide lifechanging care to those with the greatest need.

We train local surgeons



TRAINING & CAPACITY BUILDING

We empower surgical teams in low-income countries by providing hands-on and virtual training. Our medical volunteers are the world's leading experts from partner institutions like Stanford University, Johns Hopkins, and dozens of others. Our model provides a sustainable way to support surgeons and give them the tools they need to change lives.

We treat patients



DIRECT PATIENT CARE

Through our Local Surgical
Partners, ReSurge provides
direct surgical care for
individuals with the greatest
need at no cost to the patient.
Our trained and certified
ReSurge Surgical Partners are
best suited to find, treat, and
connect with families, often from
remote low-resource areas, who
need treatment the most.

We advocate for global surgery



ADVOCACY & EQUITY

We partner and engage with governments and multilateral organizations to make global surgery a priority on the broader global health agenda. Additionally, we advocate for gender equity in global surgery by training and supporting women surgeons through our gender equity programs.

surgeries performed by local partners

THE RESURGE MODEL / HOW WE WORK

How We Scale Direct Care

ReSurge's innovative empowerment model creates a ripple-effect of impact across economies, communities, and human lives.

Here's how it works.





STEP 1: RECRUIT

ReSurge finds promising, early-career surgeons from low-income countries with a passion for humanitarian work.



STEP 5: TRAINEES BECOME TRAINERS

When Surgical Partners become trainers themselves, the cycle repeats itself. Each ReSurge trainer has the potential to impact 400,000 patients over their lifetime, creating a profound ripple effect.



STEP 2: TRAIN

Our global network of top medical volunteers trains the entire surgical team in the latest techniques with a combination of virtual education and hands-on learning.





STEP 4: FUND

ReSurge directly funds

these partners so they can

provide 100% free care to

patients with low-incomes.

STEP 3: PARTNER

Once a local surgeon is trained and their hospital qualified, they can go on to become a ReSurge Local Surgical Partner and will treat an average of 10,000 patients over their lifetime.

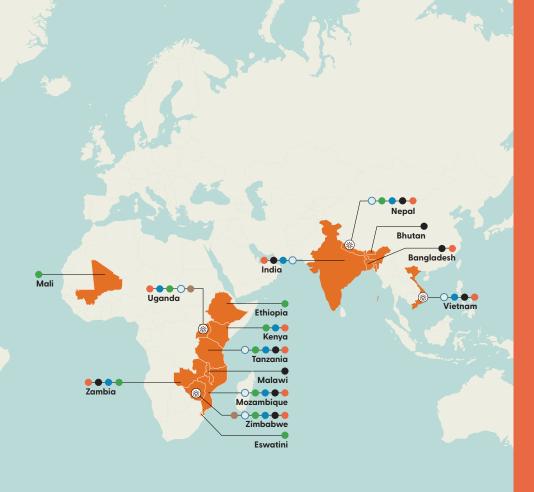












Where We Work

Fiscal Year 2023



Peru

Bolivia

ReSurge World HQ



ReSurge Hub

ReSurge Programs

- Local Surgical Partner Site
- ReSurge Funded Scholar Site
- eLearning Center
- Surgical Team Training Trip (ST3) Site
- Pioneering Women in **Reconstructive Surgery** (PWRS) Surgeon
- Smart Glasses Mentorship Site (Partnership with Ohana One)



Image left: Dr. Vinita Puri visits a patient in the Himalayan foothills of Dimau village, India.

R eSurge facilitated Dr. Puri, a renowned worldexpert in burn, hand and complex cases, to travel from Mumbai to Dehradun, harnessing her expertise to complement Dr. Aeron's deep-rooted community presence. Together, they worked long days, treating many patients and using complex cases as an opportunity for Dr. Puri to teach Dr. Aeron new techniques.

This collaboration illuminates the potential unlocked by cultivating local and regional expertise: expanded impact through localized training, care, and partnerships.

Mumbai to Dehradun is just the start. Over this past year, ReSurge has been facilitating regional trainings and exchanges like this around the world. Our center in Kampala, Uganda has become a training center of excellence for ReSurge scholarship recipients from Ethiopia, Mozambique, Rwanda, Tanzania, and Zimbabwe, equipping them with life-changing skills and training that they can replicate back in their local hospitals and communities. Our center in Nepal continues to be an international training hub, hosting surgical trainees from Nepal but also training surgeons from Bhutan, India, Mali Mozambique, and Zimbabwe on complex procedures.

Regional partnerships and expertise are critical to what we do. In Africa, our partnership with the College of Surgeons of East, Central and Southern Africa (COSECSA), the largest surgical training institution in the region, allows us to tackle the critical shortage of reconstructive surgeons by plugging into existing ecosystems. This year, we were proud to launch COSECSA's first comprehensive reconstructive surgery curriculum, focusing on local case studies to standardize quality education for the next wave of African surgeons.



Dimau, India



Dr. Vinita Puri and Dr. Kush Aeron train ReSurge Scholar Dr. Amala Keziah in Dehradun, India.



Dr. Vinita Puri with a patient in Dehradun, India.

"As our organization grew, so did our vision for serving the world. Instead of solely focusing on sending teams to provide reconstructive surgeries, we knew that we could amplify our ripple effect by training and funding local partners."

BEVERLY KENT ReSurge Chief Operations Officer

Image below: ReSurge partner, Dr. Rose Alenyo, does patient rounds with surgical trainees at ReSurge's training center in Kampala, Uganda.





Image left: ReSurge Scholar from Zimbabwe, Dr. Owen Muzinda, training with Dr. Kiran Nakarmi at ReSurge's training center in Nepal.

Image below: Dr. Owen Muzinda of Zimbabwe trains in Zambia with ReSurge partner, Dr. Goran Jovic, traveling by small plane to the peripheries to treat patients.



Why Localization?

Since 1969, ReSurge has been at the forefront of the global surgery movement. We were one of the first surgical organizations to travel overseas and perform reconstructive surgery for people in low-income countries, mainly cleft lips and palates. Witnessing the vast need for reconstructive surgery, we quickly broadened our range of assistance to a full scope of surgical solutions, including care for burn survivors and reconstruction from traumatic injuries like road traffic accidents, cancers, and other congenital conditions.

"As our organization grew, so did our vision for serving the world," said Beverly Kent, ReSurge's Chief Operations Officer. "Instead of solely focusing on sending teams to provide reconstructive surgeries, we knew that we could amplify our ripple effect by training and funding local partners." Today, our experience

has shown us that localized expertise can lead to better care and longer-term impact. Localization of services also has far-reaching cultural, environmental, and logistical benefits.

Localization of our work can help ensure that both patients and medical professionals are met with the cultural competence and sensitivity they deserve. Patients who receive medical care from members of their own community are more at ease with their doctors, communication improves, and patients tend to have better outcomes, including access to follow-up care. All of this allows us to extend the reach of each donation, amplifying the impact of our mission. If we do it right, it may even mean putting ReSurge out of business one day. And we could not be happier about it.

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Jacob's Gift

A Story of Love and Healing

On a warm October afternoon in Itigi, a village in central Tanzania, the sun sets over a thatched house surrounded by wild tomato plants, a brick kiln, and a large cashew tree. This is the home of Whitnes and her two sons, Jacob and John.





Dr. Seif Nuru inspects Jacob's wounds at home for a check-up.



Image left: Whitnes and her son Jacob outside their home.

hitnes is playing soccer in the backyard with her two boys. She is the type of mother who laughs at all their jokes, who straightens their collars, and who would give the shirt off her back for her children. In fact, Whitnes has given much more than the shirt off her back – she's given her own skin to save the life of her eldest son, Jacob. Whitnes is a skin donor, who stepped up for her son when the unthinkable happened.

An Unthinkable Accident

When Jacob was about 10 years old, he was playing near the open cooking fire in his home when his clothing brushed the flame. This is a very common occurrence when families live in a single-room dwelling. Jacob's entire body had caught fire and about 60% of his skin was burned. It was a severe case. Whitnes went immediately to the traditional healer who treated his wounds with honey and salves, but Jacob's condition only grew worse. After about a month, his wounds became infected and he was unresponsive.

Whitnes was distraught. To make matters worse, her husband left the family soon after the accident – unable to cope with the

challenges of their circumstance. Whitnes was alone, and she was losing her son.

An Impossible Situation

Whitnes and her family are originally from Iramba, about 200 kilometers from Itigi.
They are of the Nyiramba tribe, and are small-scale farmers who struggle to make ends meet on low wages. Despite their difficult circumstances, Whitnes's family lived – quite literally – on a gold mine. The family, and many others like hers, were displaced from their land by a foreign company that wanted to mine the resources, promising a payout for decades that never came. Until it did, 20 years too late and not nearly a fraction of what it was worth. But it was enough to enable Whitnes to take action for Jacob.

At that time, there were no official reconstructive surgeons in the entire country. The traditional healer told Whitnes about a general surgeon he had heard about in central Tanzania, someone that could help Jacob. Whitnes took her payout from the mining company, packed her children and all her belongings, and made a pilgrimage to Itigi to meet ReSurge surgical partner, Dr. Seif Nuru.

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Jacob's case seemed impossible. With so much of his skin burned, Dr. Nuru couldn't find a large enough healthy patch of skin for grafting and regrowth. In a high-income country, surgeons would have access to tools that could expand skin to cover large areas for regrowth. This was not an option in rural Tanzania. Everyone told Dr. Nuru it was impossible. But Dr. Nuru knew he couldn't abandon Jacob and Whitnes in their time of need.

"Here was this young child with all the potentia in the world, in a very desperate situation," said Dr. Nuru. "And here was his mother, who had done absolutely everything in her power to save her boy. I knew I couldn't give up on them. Jacob's life was too precious not to."

Dr. Nuru spent hours consulting virtually with his mentor, ReSurge medical volunteer and surgeon, Dr. Chris Connor. They decided that it might be possible to treat Jacob with temporary skin from a donor. There was one person to ask, Jacob's mom. "I would do anything for my son. His future is everything, his future is my future."



Jacob's mother, Whitnes, donated her own skin for her son's skin graft surgery. "His future is everything," she says, "his future is my future."

The Impossible Becomes Possible

The whole process took months, but eventually, Whitnes's skin took, and Jacob started to heal. The impossible became possible. Jacob would need a few more surgeries, so they decided to make Itigi their home. Whitnes used the last of her funds to buy a small piece of land about 5 minutes from Dr. Nuru's hospital.

How is Jacob now? Four years later, Jacob is a healthy 14-year-old teenager. Jacob likes science and soccer and wants to continue his studies for as long as possible. Jacob is continuing to regain his confidence. He is still self-conscious about his scarring, so you will usually see him with a tall collar to hide the burn scars on his neck.

"I always tell Jacob, "you need to be proud of your scars, they symbolize your strength," says Dr. Nuru. "I think one day he will be, but for now he is a teenager and is shy about everything."

Jacob has some complications on his right hand from his burn accident where the scar tissue has contracted over his joints, which makes holding things like pencils difficult in school. This year, Dr. Seif Nuru performed a tenth surgery on Jacob's hand contractures with his mentor Dr. Chris Connor, using the surgery as a training case to teach other local surgeons on how to do the procedure. Whitnes also got treatment from the surgeons for some keloid scarring on her donor site.

Unfortunately Jacob's story is all too common. Eleven million people are burned every year and over 96% of fatal fire-related burns occur in low-income countries like Tanzania. Women and children living below the poverty line are at particular risk.

ReSurge International is taking a different approach to this problem. Increasing access to surgical care by training, funding, and supporting local surgeons like Dr. Nuru so that patients like Jacob have access to free surgical care, and can be treated within the local system.

Universal access to health is a human right. Together, we are making surgical care accessible to all.

"Here was this young child with all the potential in the world, in a very desperate situation. And here was his mother, who had done absolutely everything in her power to save her boy. I knew I couldn't give up on them. Jacob's life was too precious..."

DR. SEIF NURU
ReSurge Surgical Partner

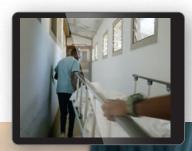


WATCH JACOB'S STORY

RESURGE.ORG/NOTHING-IS-IMPOSSIBLE-JACOBS-STORY

Watch our new video to see Jacob's transformative journey made possible by ReSurge supporters .







PROGRAM IMPACT / PWRS

Pioneering Women in Reconstructive Surgery Meet the 2023 Cohort





PWRS COHORT 3 (LEFT TO RIGHT):

Dr. Tran Nguyen Dr. Karen **Nhat Khanh**

Vietnam

MENTOR:

Dr. Gloria Sue UCSF

Gaibor Ecuador

MENTOR:

Dr. Ellen Satteston U. of Florida

Dr. Adelaida Mghase

Tanzania MENTOR:

Dr. Jennifer Waljee U. of Michigan

Dr. Swosti Thapa

> Nepal MENTOR:

Dr. Susie Inchauste U. of Washington

Dr. Armaan Khosa

India MENTOR:

Dr. Shannon Colohan Dr. Rebecca Garza U. of Washington

Dr. Mildred Nakazwe

Zambia

MENTOR:

private practice

There are only three female surgeons for every 1 million people in low-income countries. The Pioneering Women in Reconstructive Surgery (PWRS) program is a partnership between ReSurge International and SkinCeuticals, a L'Oreal company, to advance first-generation women reconstructive surgeons in low-income countries across the world. Together, we created the Pioneering Women in Reconstructive Surgery (PWRS) program to support women through surgical training, leadership development, mentorship, and networking. Upon graduation, Each PWRS cohort has the potential to impact 2.4 million patients over their careers through a combination of direct care and training future generations.



The PWRS women attend a leadership development course at the SkinCeuticals' headquarters in October



The PWRS women receive hands-on surgical training from ReSurge partners and medical volunteers in Hyderabad,

ReSurge News Highlights

Several news outlets, podcasts and professional journals have featured ReSurge. Below are a few recent highlights.

The Searing Disparity **Between Burn Patients**

This report highlights the hidden gender equity issue happening on the front lines of healthcare in lowincome countries



A Surgeon's Journey from Rural Nepal to International Recognition

A podcast interview with ReSurge Nepal Country Director, Dr. Shankar Man Rai



Women are Invaluable to closing the Global Reconstructive Surgery Gap

Investing in female surgeons will help reach hundreds of thousands of people in need

INKSTICK

The ReSurgence of Global Safe & Affordable **Surgical Care**



A podcast interview on global surgery with Professor Godfrey Muguti, and ReSurge's Dr. James Chang and Natalie Meyers

Removing Scars

One hospital's effort has transformed reconstructive surgery for Nepalis with cleft and burns



Building a New Generation of Plastic and Reconstructive Surgeons in Sub-Saharan Africa

A partnership between Stanford University surgeons, ReSurge International, and COSECSA is helping Sub-Saharan Africa meet its great need for reconstructive surgery





Scan the QR code to read these and more at the ReSurge Pressroom.



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Medical Volunteers July 1, 2022 – June 30, 2023

Aaron Grand, MD Alberto Musolas, M.D. Amanda Perrotta, P.A Andrew Wexler, M.D. Anita Mohan, M.D. Anna Luan, M.D. Anna Zhou, M.D. Anne O'Neill, M.D. Ariel Figueroa, M.D. Arun Gosain, M.D. Arvin Taneja, M.D. Bill McClure, M.D. Bill Rhoads, M.D. Bonnie MacEvoy, M.D. Carey Pilo, M.D. Catherine Barbieri, R.N. Chao Long Azad, M.D. Chris Conner, M.D. Dave Megee, M.D. Dave Norton, M.D.



Deb Rusy, M.D. Dharshan Sivaraj Dimistris Dionysiou, M.D. Dorothy Gaal, M.D. Dorothy Wang, M.D. Dung Nguyen, M.D. Elise Reay-Ellers, R.N. Ellen Satteson, M.D. Emilia Ploplys, M.D. Emily Ulm, R.N. Eric Mooney, M.D. Erica Alcibiade, M.D. Ernest Chiu, M.D. Evan Bloom, M.D. Fabian Okonski, M.D. Finny George, M.D. George Gregory, M.D. Gloria Sue, M.D. Gordon Lee, M.D. Goran Jovic, M.D. Hai Truong, M.D. Hamish Rickett, M.D. Hung Nguyen, M.D. Ingrid Crocco, R.N. James Chang, M.D. Janice Richards, M.D. Janos Barrera, M.D. Jeff Friedrich, M.D. Jennifer Waljee, M.D. Jenny Yu, M.D.

Jim Anania, M.D. Dawn Yost, R.N. Jolene Anderson, O.T. Deb Reilly, M.D. Judi Eng, R.N. Judy O'Young, M.D. Kareem Termanini, M.D. Karen Pitbladdo, O.T. Kari Keys, M.D. Karina Rando, M.D. Kathy Gallagher, M.D. Katie Osborn, R.N. Kim Garrity, R.N. Kritina Sears, O.R. Lisa Asta, M.D. Lisa Shebell, R.N. Loan Le, M.D. Mai Nguyen, R.N. Maria Pedersen, R.N. Mark Singleton, M.D.



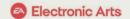
Robin Cox, M.D. Robin Sirois, R.N. Rod Hentz, M.D. Rudy Buntic, M.D. Sandy Eisenberg, R.N. Scott Lifchez, M.D. Shannon Colohan, M.D. Sonia Mehta, M.D. Stefan Hofer, M.D. Susan Clark, O.T. Susan Fossum, R.N. Susan Smith, R.N. Suzanne Inchauste, M.D. Tina Cerruti, R.N. Tom Davenport, M.D. Tom Taylor, O.T. Tomas Saun, M.D. Wendell Alderson, R.N.

Partner Organizations July 1, 2022 – June 30, 2023

Corporate Partners

















Academic Partners













Programmatic Partners













SURGhub







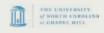
University Affiliations Via Our Volunteers





Jeremy Deer, M.D.

























Marshall Partington, M.D.

Marty Clayman, M.D.

Mary Oswald, O.T.

Mike Beach, M.D.

Nancy Chee, O.T.

Nanette Root, R.N.

Nate Ponstein, M.D.

Nikhil Argawal, M.D.

Nina Healy, O.T.

Olivia Adams, O.T.

Paul Quintana, M.D.

Peter Johannet, M.D.

Pierre Quinodoz, M.D.

Rebecca Garza, M.D.

Rob Menard, M.D.





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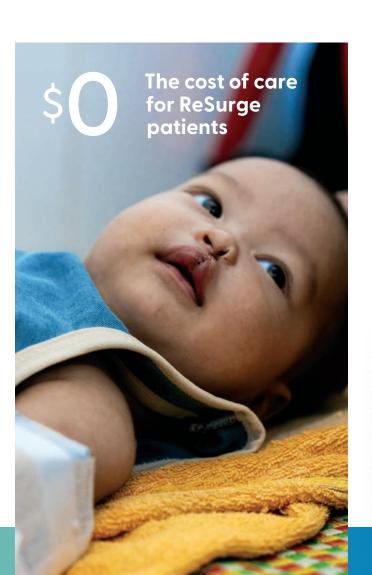


Patients Impacted in FY 2023

20 Surgical Partners in 12 countries

90%

of surgeries performed by local partners





Medical professionals trained

Partnership with The United Nations' Institute for Training and Research

This year, ReSurge joined the United Nations' SURGHub as an educational content contributor, offering nine courses in reconstructive surgery. This collaboration with the prestigious platform aims to democratize access to top-tier surgical education.



4,229

Hours of training from ReSurge Medical Volunteers valued at over \$2 Million

Launched COSECSA's First-Ever Plastic and Reconstructive Curriculum

ReSurge supported the creation of the first-ever Plastic and Reconstructive Curriculum for the College of Surgeons of East, Central and Southern Africa (COSECSA) – the largest Surgical Training Institution in Sub-Saharan Africa.







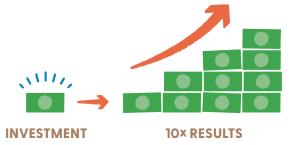


Gifts That Keep Giving

A gift to ReSurge is an investment in enduring, sustainable healthcare solutions. Each surgeon trained by ReSurge is expected to treat around 10,000 patients throughout their career. As these trainees become trainers themselves, their potential impact escalates to 400,000 patient cases. This demonstrates the profound power of the ripple effect, where training a single surgeon can transform nearly half a million lives.

10x Return on Investment

For every dollar invested in global surgery, ten dollars are gained in productivity. The World Bank has identified essential surgical care as one of the most costeffective health interventions.



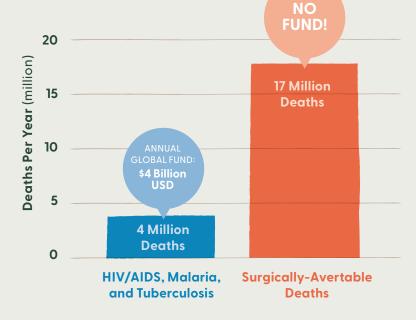


Creating Economic Opportunities

Improved access to safe, timely, and high-quality surgical, trauma, and anesthesia care contributes directly to preventing individuals from falling into extreme poverty.

Surgical care is grossly underfunded

While infectious diseases attract 40% of global health funding, non-communicable diseases, including those needing reconstructive surgery, receive a mere 1.8%. There is currently no coordinated fund to support the development of surgical care in low-income countries such as what exists with the Global Fund for HIV. Malaria, and TB.





Transformations Gala

Thank you to everyone who joined us at Pier 27 in San Francisco, CA on March 25, 2023 for our annual Transformations Gala!

This year's gala celebrated the life-changing transformations that occur when people around the world can access their right to surgical care. One of the highlights of the evening was Special Guest Speaker and 2023 Donald R. Laub Humanitarian Award recipient, Professor Godfrey Muguti (picture 1). Professor Muguti is the immediate past president of the College of Surgeons of Eastern, Central, and Southern Africa, who joined us all the way from Zimbabwe.

- Special Guest Speaker and 2023
 Donald R. Laub Humanitarian
 Award Recipient: Professor
 Godfrey Muguti
- Annie Frey, Derrick Booker, and Erica Tan of SkinCeuticals: Gala Diamond Sponsors
- 3. Cam Hutton, Katie Straub, Steve Sawyer, Meritt Sawyer, Wende Hutton, and Tom Hutton



- 4. ReSurge Board Chair and Speaker: Meredith Taylor
- 5. ReSurge Consulting Medical Officer and Speaker: Dr. James Chang
- Transformations Gala Co-Chairs: Dr. Arvin Taneja, Dr. Archana Rao, Gail Shell, and George Shell
- 7. Dr. Tom Davenport and Tara Rice
- 8. Mindy Rogers, Diane Flynn, and Laura Pitchford
- 9. Dr. Gordon Lee

ReSurge Res





International



ReSurge

ReSurge International



An Evening with Dr. Shankar Man Rai

On April 19, 2023, ReSurge hosted an event at the Sharon Heights Golf and Country Club in Menlo Park, CA with Dr. Shankar Rai, a world-renowned Nepali surgeon, humanitarian and the ReSurge Nepal Country Director. ReSurge President and CEO, Claire Lachance, led an insightful conversation and Q&A with Dr. Rai about his work revolutionizing access to surgical care in Nepal.



READ IT ONLINE: FIVE THINGS WE LEARNED FROM DR. RAI

RESURGE.ORG/5-THINGS-WE-LEARNED-FROM-DR-SHANKAR-MAN-RAI

- 1. Claire Lachance, Dr. Shankar Rai, and Meredith Taylor
- 2. Amy Laden, Nancy Chee, and Dr. Shankar Rai







AN EVENING WITH:

The Pioneering Women in Reconstructive Surgery (PWRS)

On October 26, 2022 ReSurge International and SkinCeuticals hosted a special PWRS event at the L'Oreal Headquarters in New York City. Our 2022 and 2023 PWRS cohorts of women surgeons from Bhutan, Ecuador, India, Malawi, Nepal, Vietnam, Tanzania, Zambia, and Zimbabwe were in town for leadership training, and spoke to the audience about their experiences in the program.

- 1. PWRS Surgeon Dr. Wone Banda from Malawi
- 2. Friends from L'Oreal and ReSurge
- 3. Dr. Roger Simpson and Dr. Tom Davenport of New York Plastic Surgical Group
- 4. PWRS Surgeons (left to right):
 Dr. Mildred Nakazwe, Dr. Arman Khosa,
 Dr. Adelaida Mghase, Dr. Karen Gaibor,
 Dr. Tran Nguyen Nhat Khanh, Dr. Swosti Thapa,
 Dr. Leeza Pradhan, Dr. Shikha Gupta,
 Dr. Ugyen Wangmo



Dorothy Gaal

Volunteer, Donor and Friend for 30 Years

Answering the global need for reconstructive surgery would be impossible without support from our network of donors and volunteers. This year, we're proud to feature a long-time ReSurge volunteer and donor, Dorothy Gaal, M.D.

orothy was born in Connecticut to parents who were refugees from Austria and Hungary. She attended the University of Minnesota Medical School and began her career in pediatric anesthesiology. Today, Dorothy works for Yale University. Dorothy has been a ReSurge medical volunteer since the early 1990s. Over the years, she has been an active member of ReSurge's anesthesia committee and medical services committee, which she currently chairs. She also recently retired from ReSurge's Board of Directors after nine years of service.

Q: How and why did you become involved with ReSurge?

Dorothy: I became involved for several reasons – including my love of children and concern for their wellbeing, as well as an interest in international cultures, especially those of Indigenous groups. I was lucky enough to have the chance to participate in my first trip during my residency. Then, early on in my career at Yale, a colleague invited me on a ReSurge International (which at that time was called Interplast) trip to Honduras. I was fortunate to have Don Laub, Interplast founder, as a team leader.

Q: At a time of so many competing priorities, why is it important to you to support global reconstructive surgery specifically?

Dorothy: Of course, a major reason is the patients and their stories. How can one not want to help



provide life-improving care for patients with congenital or acquired medical conditions? ReSurge was a true pioneer in surgical global health initiatives. Today, many surgical subspecialties have patterned their approach to help meet the incredible global need, and all groups realize that we must evolve—that we need more collaborative efforts, including networking with global partners, to empower local providers.

Q: What do you view as the biggest challenge in global reconstructive surgery at the moment?

Dorothy: I think the measures of success have really changed. Years ago, the surgeries (frequently cleft lip repair) were quick, limited in scope, and necessary resources. Perioperative management was straightforward and generally easily learned by the local pediatricians, nurses, and anesthesiologists. Within a 1-2 week service trip over a hundred individuals could receive care.

Today, ReSurge and its international partners recognize that addressing the global need for reconstructive surgery is much more complex. The required equipment and supplies involved are costly. Hospitalization, rehabilitation, and recovery may be longer. Patient acute and chronic medical problems may be complex. Training for all specialists is essential to safe, effective care.

Q: What role do you think ReSurge plays in helping to address that challenge?

Dorothy: Within the organization, the ReSurge team has for years consisted of surgeons, anesthesiologists, pediatricians, nurses, and occupational therapists. The importance of each specialty is well recognized, but for a long time, most of the enriching experiences were only for the surgeons. It's important that ReSurge is extending more opportunities to the other specialists. This fosters training and safer care and also provides recognition that each member of the care team has equal value. Within the greater global community, ReSurge is collaborating with other NGOs, foundations, international regulatory bodies, and academic societies to help build capacity, develop in-country training programs, and specialty training.



A sample of the artwork Dorothy applies to IV dressings for her children patients.

Q: When you think about your involvement with ReSurge over the years, is there a particular patient story or experience that is top of mind?

Dorothy: In Dehradun, India, a family brought their newborn baby in after the baby suffered a deep rat bite to the nose. Because of the expertise of the medical volunteer team, we performed the surgery on this complex case, and it was successful. Our Local Surgical Partner, Dr. Kush Aeron, then provided follow-up care. Dr. Aeron recently saw Lakphat for a check-up last year.





Lakphat after his first surgery in 2009

Lakphat in 2022

Q: Apart from your medical background, you are also a bit of an artist. Can you tell us more about your ReSurge art?

Dorothy: (laughs) Artist! I'm not sure about that, but I do try. At Yale, I began making colorful, individualized dressings for children – specifically to cover their IVs. Then on a trip to Cambodia with ReSurge, I started doing the same for the children there. The team members, patients, local providers, and families were all very interested in the covers I made. Most of the time, surgeons and volunteers are eager to photograph the results before surgical dressings go on. But my IV dressings got more attention and more screen time!

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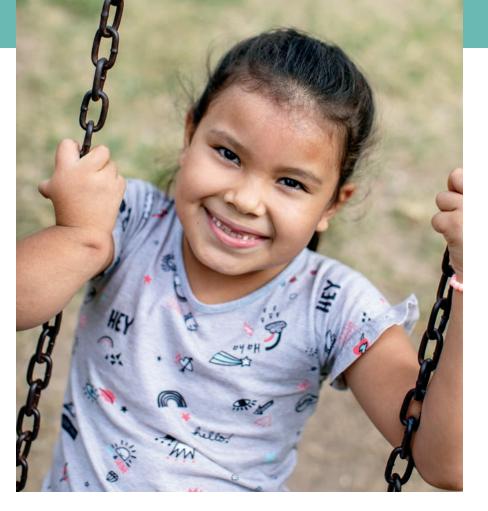
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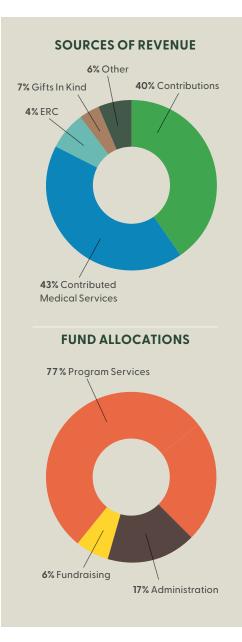
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July 1, 2022 – June 30, 2023

Sources of Revenue	FY 2023	FY 2022
■ Contributions	2,798,793	5,446,545
■ Contributed Medical Services	2,937,014	1,798,394
■ Gifts In Kind	496,675	377,827
■ U.S. Government Covid Response (ERC/ PPP)	260,147	150,000
■ Other	437,605	(385,474)
Total	6,930,234	7,387,292
How Funds Are Allocated		
■ Programs Services		
 Training and Capacity Building 	3,814,167	2,323,067
Direct Patient Care	1,618,690	1,558,268
■ Administration	1,213,164	695,719
Fundraising	434,009	1,066,266
Total	7,080,030	5,643,320
Year End Financial Position		
ASSETS		
Cash and Investments	5,137,703	5,783,08
Grants and Contributions Receivables	619,328	606,642
Operating Lease Right of Use Asset	980,089	-
Property and Equipment	184,184	110,086
Other Assets	663,179	308,988
Total Assets	7,584,483	6,808,797
LIABILITIES Current Liabilities	442 214	E70 1E
Current Elabilities Long-Term Liabilities	662,316 870,845	578,157 29,522
Total Liabilities		
Total Liabilities	1,533,161	607,679
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Maria B. B. B. Charles	1,934,720	3 40 - 4 4
		1,405,665
	4,116,602	
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