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 a civic 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.

Claire Lachance
President & CEO
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 low-income 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.

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.

People in low-income 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.

W hat 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.

The Challenge

Surgically treatable conditions kill more people than Tuberculosis, Malaria and HIV/AIDS combined.
Our Solution

ReSurge is training the next-generation of local reconstructive surgeons to treat patients in their own communities and helping them to train others to do the same.

What We Do

ReSurge International is a global nonprofit with a mission to build, scale, and sustain reconstructive surgical capacity to provide life-changing 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.

90% surgeries performed by local partners

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.
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 2: TRAINEE**
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 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.

**STEP 4: FUND**
ReSurge directly funds these partners so they can provide 100% free care to patients with low incomes.

**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.

Where We Work
Fiscal Year 2023

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

ReSurge World HQ
ReSurge Hub

6 RESURGE INTERNATIONAL 2023 ANNUAL REPORT
Local Action for Global Impact

In the foothills of the Himalayas, Dr. Kush Aeron’s clinic in Dehradun, India had been facing an uphill battle. The backlog of patients needing reconstructive surgery had grown exponentially due to pandemic-related delays. This is where Dr. Vinita Puri, one of India’s most acclaimed reconstructive surgeons and a long-time ReSurge partner, entered the picture, representing a strategic move by ReSurge International to tackle the backlog not with an international team, but with local expertise and regional collaboration.

ReSurge facilitated Dr. Puri, a renowned world-expert 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.

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

Dimau, 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

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. Recognizing 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.”

Image above: 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 Nakarni 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.
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.

Whitnes 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.

**A Story of Love and Healing**

The village of Itigi in central Tanzania. Whitnes relocated her family here to be closer to medical care for her son.

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

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

**Image right:** The village of Itigi in central Tanzania. Whitnes relocated her family here to be closer to medical care for her son.
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 potential 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 to me."

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."

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 our new video to see Jacob's transformative journey made possible by ReSurge supporters.
Pioneering Women in Reconstructive Surgery
Meet the 2023 Cohort

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, 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.

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 low-income countries

Removing Scars
One hospital’s effort has transformed reconstructive surgery for Nepalis with cleft and burns

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

Scan the QR code to read these and more at the ReSurge Pressroom.
Medical Volunteers
July 1, 2022 — June 30, 2023

Aaron Grand, M.D.
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 D'Neil, M.D.
Ari Figueroa, M.D.
Arun Gosain, M.D.
Arvin Taneja, M.D.
Bill McClure, M.D.
Bill Rhoads, M.D.
Bonnie MacEvoy, M.D.
Carey Plo, M.D.
Catherine Barbieri, R.N.
Chao Long Araz, M.D.
Chris Conner, M.D.
Dave Megee, M.D.
Dave Norton, M.D.
Dawn Yost, R.N.
Deb Reilly, M.D.
Deb Rusy, M.D.
Dharshan Sivaraj
Dimetris 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 Piiplys, M.D.
Emily Uom, R.N.
Eric Mooney, M.D.
Erica Alcibiade, M.D.
Ernest Chiu, M.D.
Evan Bloom, M.D.
Fabian Oksiński, 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.
Hamil Rickett, M.D.
Hung Nguyen, M.D.
Ingrid Crocco, R.N.
James Chang, M.D.
Janice Richards, M.D.
Janos Banera, M.D.
Jeff Frederick, M.D.
Jennifer Wajee, M.D.
Jenny Yu, M.D.
Jeremy Deer, M.D.
Jim Anania, M.D.
Joline Anderson, O.T.
Judi Eng, R.N.
Judy O'Young, M.D.
Karim Termanini, M.D.
Karen Pitbladdo, O.T.
Kari Keys, M.D.
Karina Rando, M.D.
Kathy Gallagher, M.D.
Katie Osborn, R.N.
Kim Granty, R.N.
Kritina Sears, O.R.
Lisa Aita, M.D.
Lisa Shebell, R.N.
Loan Le, M.D.
Mal Nguyen, R.N.
Maria Pedersen, R.N.
Mark Singleton, M.D.
Marshall Partington, M.D.
Mark Clayman, M.D.
Mary Oswald, O.T.
Mike Beach, M.D.
Nancy Chee, O.T.
Nanette Root, R.N.
Nate Ponstein, R.N.
Nikhil Angawa, M.D.
Nina Healy, O.T.
Olivia Adams, O.T.
Paul Quiniana, M.D.
Peter Johannet, M.D.
Pierre Quinimond, M.D.
Rebecca Garza, M.D.
Rob Menard, M.D.

Partner Organizations
July 1, 2022 — June 30, 2023

Corporate Partners

Academic Partners

Programmatic Partners

University Affiliations Via Our Volunteers
ReSurge Fiscal Year 2023
Impact at a Glance

14,473 Patients Impacted in FY 2023

20 Surgical Partners in 12 countries

90% of surgeries performed by local partners

Training & Technology Highlights

3,200 Medical professionals trained

Partnership with The United Nations’ Institute for Training and Research

This year, ReSurge joined the United Nations’ SURG Hub 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.
You Can Make a Difference

Investing in surgical care is an essential strategy for supporting sustainable development, poverty alleviation, and human dignity.

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 cost-effective 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 18%. 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.
TRANSFORMATIONAL CONVERSATIONS:

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, Tran NguyenNhap Khanh, Dr. Swosti Thapa, Dr. Leeza Pradhan, Dr. Shikha Gupta, Dr. Ugyen Wangmo

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

Dorothy 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 well-being, 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 new work 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. With a 1-2 week service trip over a hundred individuals could receive care.

Today, ReSurge and its international partners recognize that dressing 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 cute 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. With 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.

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 new born 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.

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!
Thank You
ReSurge Supporters

Dr. Donald Laub
Founders Circle

Cumulative Lifetime Gifts of $1 Million and Above

Named in honor of ReSurge International’s founder, the Dr. Donald Laub Founders Circle celebrates our supporters who have made an exceptional commitment to ReSurge’s mission. We express our deep gratitude to these inspiring donors who have provided the gift of life-changing reconstructive surgical care to thousands of children and adults worldwide.

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Frank Cianfarino*
Geraldine & Melvin Hoven Foundation
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Doug Lamon
Ronald McDonald House Charities, RMHC
SkinCeuticals
Smile Train
Syde Hurdus Charitable Foundation
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*Deceased upon time of publication


Fiscal Year 2023 Supporters

July 1, 2022 — June 30, 2023

$500,000–$999,999
Anonymous (1)

$250,000–$499,999
SkinCeuticals
Smile Train

$100,000–$249,999
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$1,000–$4,999
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*Deceased upon time of publication
## Sources of Revenue

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>FY 2023</th>
<th>FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions</td>
<td>2,798,793</td>
<td>5,446,545</td>
</tr>
<tr>
<td>Contributed Medical Services</td>
<td>2,937,014</td>
<td>1,798,394</td>
</tr>
<tr>
<td>Gifts In Kind</td>
<td>496,875</td>
<td>377,827</td>
</tr>
<tr>
<td>U.S. Government Covid Response (ERC/PPP)</td>
<td>260,147</td>
<td>250,000</td>
</tr>
<tr>
<td>Other</td>
<td>437,605</td>
<td>(385,474)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,930,234</td>
<td>7,387,292</td>
</tr>
</tbody>
</table>

## How Funds Are Allocated

<table>
<thead>
<tr>
<th>Allocation</th>
<th>FY 2023</th>
<th>FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>— Training and Capacity Building</td>
<td>3,834,367</td>
<td>2,323,067</td>
</tr>
<tr>
<td>— Direct Patient Care</td>
<td>1,618,690</td>
<td>1,558,268</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>1,213,164</td>
<td>695,719</td>
</tr>
<tr>
<td><strong>Fundraising</strong></td>
<td>434,009</td>
<td>1,066,266</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,080,030</td>
<td>5,643,320</td>
</tr>
</tbody>
</table>

## Year End Financial Position

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 2023</th>
<th>FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Investments</td>
<td>5,137,703</td>
<td>5,783,081</td>
</tr>
<tr>
<td>Grants and Contributions Receivables</td>
<td>639,328</td>
<td>606,642</td>
</tr>
<tr>
<td>Operating Lease Right of Use Asset</td>
<td>980,089</td>
<td>10,000</td>
</tr>
<tr>
<td>Property and Equipment</td>
<td>184,284</td>
<td>118,866</td>
</tr>
<tr>
<td>Other Assets</td>
<td>663,379</td>
<td>308,988</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>7,584,483</td>
<td>6,808,797</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td>662,236</td>
<td>578,278</td>
</tr>
<tr>
<td>Long-Term Liabilities</td>
<td>870,845</td>
<td>29,522</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,533,161</td>
<td>607,799</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without Donor Restrictions</td>
<td>1,934,720</td>
<td>1,405,665</td>
</tr>
<tr>
<td>With Donor Restrictions</td>
<td>4,186,602</td>
<td>4,795,453</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>6,051,322</td>
<td>6,201,118</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Net Asset</strong></td>
<td>7,584,483</td>
<td>6,808,797</td>
</tr>
</tbody>
</table>

For more detailed financial information, please visit our website: resurge.org/financials
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Operations Manager, Nepal

Hong Han Thu
Operations Manager, Vietnam

Eric Philbert Mugoya
Country Coordinator, Uganda

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