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Cover:
Dr. Joanna Green, Caitlin Fitzgibbons with Anael, Haiti
Years – A Look Back

Arthur Ashe’s popular quote, “Success is a journey not a destination. The doing is often more important than the outcome” rings true in almost every aspect of our human experience, except at Mending Kids. Where the destination, as remote as one can get, and the outcomes, which are truly life-saving, ARE in fact the purpose of our journeys.

We are celebrating ten years of destinations, a journey that began with our founder Cris Embleton, who could not ignore a girl in medical need from South Korea, and as a result, began a career-long crusade – and a legacy which we all unwaveringly follow today. Every success, every opportunity, every nonprofit starts with one person, one inspiration.

Ten years later, thousands of surgeries later, Mending Kids continues to build a sustainable model for free surgeries to children worldwide. The need for surgical and recovery training is growing more evident and our teams are leading the efforts to develop educational programs and year-round mentorship to build confidence and empowerment.

We travel afar, and we stick close to home. Mending Kids is the ONLY nonprofit hosting free surgical missions here in the U.S., where we operate on children who are denied surgeries from our government or private insurers because their surgery is considered “cosmetic.” This year, we will host a new Hometown Mission in Durango, Colorado, for another fragile population, Native American children. Our intent is to spread the missions across the U.S., taking care of the under-served children here that need us too.

This year a record 33 teams (from the US, Italy and Germany) will travel to destinations across the globe performing more surgeries than ever, from anorectal and heart surgeries to orthopedic and burn reconstructions.

For those of you wishing to make a bigger impact, keep an eye out for major gift opportunities and endowment programs. We need special donors who want to create a legacy giving free surgical care to children for decades to come. Contact me directly at marchelle@mendingkids.org if you want to start these special conversations about how your gift can help children overseas or those living right here as neighbors. We can custom design an endowment or major gift to represent your special commitment.

I hope you enjoy reading this report and the special stories and facts we have included. As you will see, our destination is here and now. We know what needs to be done, and we have doctors who are trained and ready to share their knowledge year-round. We use resources today, for children who need surgery tomorrow. And there are so many more waiting. With your help, we can bridge the gap between a hopeless future and one filled with unlimited dreams. Let’s keep on this journey together.

With much gratitude,
Marchelle L. Sellers, MBA
Mending Kids’ philosophy is that the true measure of a nation’s prosperity and its standing is determined by how well it attends to the needs of its children – their health and safety, their material security, their education and socialization. The ability to protect children during their vital, vulnerable years of growth is both the mark of a civilized society and the means of building a better future. Mending Kids invests in the future of the world by attending to the health care needs, particularly surgical care, of children around the world.

Throughout their stay, they are nurtured and cared for by a local loving host family.

U.S. Hometown Missions

Our expanding U.S. Hometown Missions across the nation provide free surgeries to kids from underserved communities and those who have been denied coverage from their government and/or private insurance.

Overseas Surgical Missions

Volunteer surgical teams are deployed throughout the world via our Overseas Surgical Missions program to provide quality surgical care, train surgical providers, advance surgical knowledge and information translation, and foster local capacity building and self-sustainment.

As well, our Training, Research and Innovation department will use research to inform decision-making and program design, advocate for greater prioritization of pediatric surgical care in the global health arena, and strategically plan for the future of the organization.

2015 marks Mending Kids’ 10th anniversary – what started with a handful of surgeries ten years ago has now grown to reach every corner of the world. We are committed to expanding our reach to bring hope, greater love, and greater mending to our world’s most precious resource, our children.
Individual Surgical Care: International

A Global Network

Mending Kids’ Individual Surgical Care: International program highlights our strong network of partners and collaborations around the world. If a child in need of surgery is identified and he/she lives in a country where our surgical mission teams do not currently visit, Mending Kids sponsors that child to receive surgery in a neighboring country at one of our trusted partner hospitals.

The safety of the child is the main priority, therefore children are only sent to a trusted partner hospital where we can ensure quality of care. Our partners include Save a Child’s Heart at The Wolfson Medical Center in Israel, Philippine Heart Center in Manila, and Fortis Hospital in India.

The Individual Surgical Care: International program has proven to be cost-effective and logistically efficient. In most cases, the cost of sending a child and a family member to a nearby country to receive surgery, including the cost of the surgical procedure, transportation, housing, and food is less than the cost of sending the child to the U.S alone to receive surgical care. For the child, having a family member along for the journey brings comfort and reassurance. This emotional security goes a long way in helping the child cope with surgery and recover faster. Logistically, traveling to a nearby country is less arduous on the child’s health than traveling to the United States. And often time, obtaining visa approvals to other countries takes less time than acquiring a visa for the U.S. This allows the child to receive safe surgical care in a timely manner.

Inadequacies in the immediate and initial care of injured children or children born with treatable congenital anomalies can lead to deaths or irreversible chronic disabilities. The Individual Surgical Care: International program intervenes quickly and effectively.

The Individual Surgical Care: International program helped 37 children receive safe and timely surgical care this year, and will help even more children in 2016.

Richard (21 years old)

International Surgeries

Ecuador

In the United States children are screened for spinal curvatures in early childhood, and if diagnosis is made, treatment is applied without delay to correct the condition before serious complications can occur. In Ecuador, as in many other developing countries, spinal curvatures in children often go unchecked and untreated. Such was the case with Richard. Throughout his life, Richard suffered from severe scoliosis that caused heart and lung complications. The type of surgical treatments Richard needed did not exist in his home country, and his mother and father, a homemaker and farmworker respectively, could not afford to send Richard away for treatment. So as Richard grew, his condition became progressively worse.

Thankfully, a nonprofit, El Cielo para los Niños de Ecuador, referred Richard to Mending Kids, because of our outstanding reputation for successfully arranging complex international surgeries.

When we met Richard in Ecuador in 2009, it was evident we had our work cut out for us. After evaluating Richard’s condition, our medical team gave a discouraging prognosis. Richard required a series of palliative and surgical treatments to improve his heart and lung functions, before his scoliosis could be addressed. Doctors recommended that Mending Kids provide only palliative care since it was felt Richard would not survive the year.

Richard fought for his life and defied the odds of survival! He showed he wasn’t going to give up, and Mending Kids joined him in the fight for his life. Through expert planning and coordination, and with the help of international partners, Mending Kids arranged for and sponsored Richard’s multiple surgeries.

Richard embodied the spirit of Mending Kids – never lose hope in the face of challenges, and never give up! His strength and resilience motivate us to find solutions when we’re told nothing can be done.
Inga was born with nasal dysplasia facial cleft, a congenital birth defect that caused his right nose to incompletely form, resulting in the exposure of the sinus. Aside from the obvious disfigurement, his condition made him susceptible to sinus infections. Inga required several reconstructive surgeries over the course of a few years to improve his facial function and appearance.

Facial cleft is a prevalent health issue in both developed and developing countries alike. The difference, however, is that American children have access to timely surgical care to repair the defect. Children like Inga, who live in remote and impoverished areas of the world, do not.

Inga is from Christmas Island, a tiny Australian territory 500 miles south of Jakarta, Indonesia. This remote island has a small population of 2,072 people with few medical providers and no capable pediatric surgical facility. Inga was referred to Mending Kids by Carlton Smith of Pacific Island Medical Aid, Inc.

If not for Mending Kids’ Individual Surgical Care: U.S. program, Inga would continue to suffer from his congenital condition. After three surgeries, over the course of three years, and thanks to the carefully coordinated efforts of our highly-skilled volunteer surgeons, non-surgical volunteers, and his host family, Inga has been healed. His most recent surgery in January was a great success. He is fully recovered, back at home and looking forward to going to school next year.

The adage “It takes a village to raise a child” best describes the Individual Surgical Care: U.S. program, but in our case, it takes a village to MEND a child. A child mended through this program receives support from local hospitals and providers, a host family and their community, and Mending Kids staff and volunteers. When a child is brought to Southern California for treatment, they stay with one of Mending Kids’ loving host families who provide accomodations and who take the child to all doctor visits, care for them during the surgical process, and help them aclimate and recover. Mending Kids’ volunteer physicians and partner hospitals provide quality care to the child pre- and post-operation. This entire process is coordinated by the Mending Kids staff team, and supported by a amazing cohort of volunteers.

In 2015, Mending Kids provided surgeries for ten children from eight countries: Canada, China, Colombia, El Salvador, Guatemala, Kenya, Pakistan, and Uganda. Surgical conditions included microtia, burns, orthopedic, and plastic reconstruction – all complex and requiring multiple surgeries. We are proud to offer this program to children with complex surgical conditions.

Every Child Matters

The origins of Mending Kids lie in the Individual Surgical Care: U.S. program. Children from around the world requiring surgical care were flown to Southern California to receive care at one of four hospitals: Children’s Hospital Los Angeles, Cedars-Sinai Medical Center, Mattel Children’s Hospital UCLA, or Shriners Hospitals for Children – Los Angeles. However, as Mending Kids’ other programs expanded across the globe, allowing children to receive quality surgical care in their home countries, the mission of this program evolved. The U.S. Surgical Program is now reserved for children with the most complex surgical needs that may require multiple surgeries and/or extended recovery periods.

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Inga (4 years old)

U.S. Surgical Care
USA/Kiribati

Inga was born with nasal dysplasia facial cleft, a congenital birth defect that caused his right nose to incompletely form, resulting in the exposure of the sinus. Aside from the obvious disfigurement, his condition made him susceptible to sinus infections. Inga required several reconstructive surgeries over the course of a few years to improve his facial function and appearance.

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“Facial cleft is a prevalent health issue in both developed and developing countries alike.”
Separating from its parent organization, Healing the Children, “Mending Kids International” is launched to serve children around the world from one central location in Santa Clarita, California. The organization, funded entirely by a single major donor, offers children and family members a “home away from home” at Robin’s Nest, while kids undergo surgery at local Los Angeles area hospitals.

Marchelle Sellers is recruited as the new Executive Director. In response to rising costs and a 350+ patient waiting list, the Board decides to close Robin’s Nest, and move corporate offices to Burbank to be closer to major hospitals, to provide more surgeries for children on the waiting list, and to better utilize local Host Families. The organization is tasked with becoming self-funded by year-end 2011.

Surgeries provided: 89

Mending Kids International launches the Individual Surgical Care: International program that funds children to have surgeries close to home, or in a nearby country. The Overseas Surgical Mission program grows rapidly and in popularity among surgeons, other medical and non-medical volunteers and prospective patients. Four surgical teams are sent out, to China, Ecuador, El Salvador, and Ethiopia.

Surgeries provided: 284

The first-ever US Hometown Mission is launched, providing free surgical care for children in the US who do not have access to the care they need, resulting in 18 children being operated on in one day, in Los Angeles. The organization continues to grow, sending out nine Overseas Surgical Missions to seven countries. Surgical training of local/in-country doctors and results hit an all-time high.

Surgeries provided: 501

Planning for the next decade, Mending Kids forms the Training, Research and Innovation department, charged with conducting research to inform decision-making and strategic growth. The Overseas Surgical Missions department diversifies, coordinating different types of surgical missions based on the specific needs of an area. The organization earns Gold participation level through the GuideStar Exchange, demonstrating its commitment to transparency.

Surgeries provided: 722

As Mending Kids expands to provide surgical care to children in the United States as well as globally, the Board decides to change the organization’s name to simply “Mending Kids.” The second annual US Hometown Mission: Los Angeles mends 17 children in one day, including a very complex, 8-hour eyebrow transplant! The number of Overseas Surgical Missions increases to 12 teams deploying to 9 countries. The organization is recognized with the Los Angeles Business Journal’s Organization of the Year Award, and is added to the GreatNonprofits Top-Rated list after receiving great reviews.

Surgeries provided: 551

The second annual US Hometown Mission: Los Angeles mends 17 children in one day, including a very complex, 8-hour eyebrow transplant! The number of Overseas Surgical Missions increases to 12 teams deploying to 9 countries. The organization is recognized with the Los Angeles Business Journal’s Organization of the Year Award, and is added to the GreatNonprofits Top-Rated list after receiving great reviews.

Surgeries provided: 551
In 2013, Mending Kids initiated the revolutionary U.S. Hometown Missions “HTM” to address the tremendous inequality of access to specialized surgical care for uninsured, underinsured, and or undocumented children in Southern California. The program was born out of the recognition that there are significant barriers to surgical access for children in our own community.

Surveys and studies conducted by leading medical institutions, such as the Keck School of Medicine at USC, UCLA School of Medicine, and Children’s Hospital Los Angeles reveal that in Southern California, many sub-specialty surgeons are less willing to see patients with Medi-Cal insurance. Physicians indicate that this disparity is related to excessive administrative burdens and low monetary reimbursement. Latinos, African Americans, and Asians disproportionately experience healthcare disparity relative to Caucasian patients in Los Angeles County.

Mending Kids could not allow this disparity to continue, especially in our hometown – hence the birth of the multi-specialty U.S. Hometown mission. Over the years, the patient demographic profile of Mending Kids’ HTM comprised of roughly 75% Latino, 10% African American, 10% Asian/Pacific Islander, and 5% Other/un-specified – this is representative of underserved communities in Southern California.

The 2015 U.S. Hometown Mission was our largest mission to date. In a single Saturday, eight surgical teams of varying sub-specialties donated their time and expertise to mend 20 children at the Specialty Surgical Center of Beverly Hills. Children presented with diagnoses ranging from keloids to webbed hands, to microtia, to Ollier syndrome. But no matter the surgical complexity, our expert surgical teams healed all 20 children and gave them each a chance to live happier, healthier lives.

Mending Kids’ HTM is possible thanks to the support and generosity of our volunteer surgeons, anesthesiologists, and nurses. In addition to providing quality surgical care on the day of HTM, they help us recruit and screen patients, and perform diagnostic exams pre- and post-surgeries – at no cost to Mending Kids or the patients.

The success and impact of our HTM has attracted the attention of other under-represented and marginalized populations in America. Mending Kids will bring the HTM to the four corners region in spring of 2016, to deliver specialty surgical care to all children in the communities of Arizona, Colorado, New Mexico, and Utah.

When she was just two years old, Abigail and her mother were involved in a horrific car accident. As they were driving through an intersection another car smashed into them, and the impact drove shattered glass into Abigail’s face above her right eye and severed her eyelid, leaving it dangling from her face.

Her eyelid was reattached during emergency surgery, but a few glass pieces were left behind, lodged in her eyelid and brow. Abigail could feel the glass fragments throbbing in her face. Beyond the physical pain, Abigail was emotionally scarred from the accident. She felt embarrassed and ashamed that her face had been disfigured.

Unfortunately, her mother’s insurance did not cover the reconstructive surgery Abigail needed – not an uncommon story. Facial deformities and traumatic injuries both require reconstructive plastic surgery to attain a sense of wholeness, function and emotional security. However, these types of procedures are often deemed cosmetic by insurance companies, and therefore considered “elective” or “non-essential.”

Luckily, Abigail’s misfortune turned around. Now five years old, she is living pain-free thanks to Mending Kids’ 2015 U.S. Hometown Mission. On July 11, 2015 the glass fragments were removed and Abigail received a hair transplant to restore her eyebrow. She can now go to school and walk through her community with her head held high. Thanks to our team of volunteers and contributors, 19 other children also received surgical care that day, free of charge!
2015 was a year of collaboration and efficiency for the Overseas Surgical Missions program, which coordinated and deployed a record-breaking 23 missions to 13 countries!

Mending Kids offers four unique surgical mission models:

**Full surgical missions:** 10–15+ member teams provide surgical and recovery care while training local providers. Larger missions are usually designed to address more complex cases where multiple surgeons are needed, and to serve a greater number of children requiring longer hospitalizations. Training of local medical professionals is equally emphasized between the operating room and recovery.

**Micro surgical missions:** 5–8 member teams cater to sites where post-operative nursing skill-sets and standards of care have met a safety threshold. A smaller team is deployed usually consisting of more surgical crew than recovery crew. Training is focused in the operating room on these trips.

**“One-Man” missions:** 1–3 surgeons and medical support staff. Teams are deployed to work with local surgeons in the operating room, shoulder-to-shoulder, on a variety of cases. Typically, intense training is focused on specific procedures where the local surgeon has requested advanced work and oversight.

**Partnership missions:** Mending Kids partners with other NGO’s to pool resources and deploy teams while providing training in an effort to extend our surgical reach into many more countries.

The 23 surgical missions provided 635 surgical procedures to 442 children, and trained 46 surgeons in the process. We are elevating the standards of surgical mission trips, creating a truly sustainable model centered around training local providers and building capacity within the country.

The goals for the Overseas Surgical Missions program in 2016 are to scale up the training program and training scholarships, perform and train more complex surgical procedures, expand our reach within every region, and encourage cross-country collaborations.

**Badru (4 years old)**

**Surgical Mission**

Uganda/Tanzania

Badru came to Mending Kids’ attention through an email request from the Go Foundation in September of 2015. They asked if Mending Kids could help a four-year-old boy from rural Uganda suffering from Tetralogy of Fallot – a heart condition marked by four congenital heart defects.

Screened in a rural health clinic by a visiting cardiologist, the little boy with blue lips and clubbing finger tips spent most of his days crouched in a squatting position with little energy to do much else. The prospects of him making it to his fifth or sixth birthday were very slim.

Badru was placed on the patient roster for the cardiac mission that would take place at the Bugando Medical Center in Mwanza, Tanzania, the next month.

After getting the hospital and both governments to agree to the surgery, the journey to get Badru to Mwanza, Tanzania began. His mother (who only spoke a Ugandan dialect), a translator/nurse, and a male chaperone traveled with Badru. It took a 12-hour bus ride to Lake Victoria, an overnight ferry to Mwanza, another 2-hour bus ride to the city, and finally a taxi to get Badru to the medical center.

Badru arrived with a fever, which meant he could not be scheduled for surgery until his infection was under control. It was discovered that he had O-blood and 4 units were required for the surgery. A call to the blood bank and Mwanza donors yielded only 2 units. As luck would have it, Mending Kids’ mission coordinator on the trip, Isabelle Fox, was also O- and she happily donated an additional unit. With only a one-day window left to operate, Dr. Salvatore Agati from Bambino Gesù Hospital in Rome, and his excellent ancillary team, proceeded with the surgery.

After a two-week stay in the hospital, Badru and his support team made the long trek home where he rejoined his five brothers and sisters.

At our last follow-up with Badru, we learned that he has become a very active, happy, and mischievous little boy who will start kindergarten in 2016.

“**The prospects of him making it to his fifth or sixth birthday were very slim.**”
2015 was a year of transition for global health. The 68th World Health Assembly approved the WHO resolution 68/31 on “strengthening emergency and essential surgical care and anesthesia as a component of universal health coverage.” Additionally, The Lancet Commission, Global Surgery 2030 Report published in 2015 outlines the importance of universal access to affordable, timely, and safe surgical care. These historic milestones represent a greater prioritization of essential surgical care for neglected patients worldwide.

Mending Kids joins the movement to bring more awareness to the issue of global pediatric surgical care, influence health policy, and advocate for more government funding in favor of pediatric surgery. In late 2015, the Training, Research and Innovation department was created. The department will promote effective philanthropy and expand Mending Kids’ mission through research that informs decision-making and program design. Routine community adolescents and needs assessment, evaluation of programs and partnerships, and data collection and analysis will guide the organization’s strategic growth.

Mending Kids is committed to conducting research and collecting data on key surgical indicators on nearly every mission we deploy, and then using the information gathered to monitor progress, engage communities, and inform health policies.

Moving forward there will be greater emphasis placed on peer-to-peer training and local capacity building within every community we visit. In 2016, we will introduce a new sustainable teaching model for short-term surgical missions. The model for short-term surgical missions.

Because successful change must be locally driven by community leaders and supported by global partners in order to achieve true health and welfare, the Training, Research and Innovation department will engage governments, policy makers, and local providers in conversations and the decision-making process of program implementation. We will share data collected on Mending Kids’ missions and our experiences through publications and at conferences with our partners, local and national leaders, and the global health community. Mending Kids will be the voice for pediatric surgical care.

Few non-profits have an organizational structure that includes an in-house Training, Research and Innovation department to validate and check their own services in an effort to improve and fill coverage gaps. We are changing the traditional way non-profits are organized and operate, creating a new model for short-term surgical missions.

Mending Kids organically began as a “boots on the ground” kind of organization and our programs have affected change at the community level around the globe. Over the past several years, it has become evident that long-lasting effect can only be achieved when there is commitment to the cause at every level of the surgical ecosystem: from the general public, to individual patients, to hospitals, and all the way up to governments. To advance our mission of providing safe, quality surgical care to children around the world, Mending Kids joined the Global Alliance for Surgical, Obstetric, Trauma, and Anaesthesia Care (The G4 Alliance) in 2015. This advocacy-based organization is dedicated to building political priority for surgical care as part of the global development agenda.

The G4 Alliance serves as a collective voice for over 60 stakeholders who share a common vision: “universal access to quality surgical, obstetric, trauma, and anaesthesia care.” Members include organizations representing the interest of children worldwide. The highly diverse and unique qualifications of the many stakeholders make the alliance a powerful voice for over 60 stakeholders who share a common vision: “universal access to quality surgical, obstetric, trauma, and anaesthesia care.” Member organizations include individuals, NGOs, private corporations, education institutions, and governments. The alliance seeks to influence global health policy.

The G4 Alliance and its constituent members seek to affect change through advocacy, policy, and fundraising in three key phases, over the course of fifteen years. Phase 1: Consensus-building and endorsement of framework elements. Phase 2: Advocacy and collaboration with policymakers and governments to influence national health plans; and Phase 3: Maturing and scaling up the global action plan.

Within the G4 Alliance, Mending Kids represents the interest of children worldwide. There is an unfortunate, yet widely accepted viewpoint in global health, “surgical care is the neglected stepchild of global health, and pediatric surgical care is the child yet born.” Very little is known about the proportion of global burden from pediatric surgical conditions, although several accounts have estimated that children ages 0-18 make up 45% of the population in low- and middle-income countries. Mending Kids actively participates in the G4 Alliance, striving to bring to light the data available, the major gaps that exist in the accessibility and delivery of pediatric surgical care, and the barriers to prioritization of pediatric surgical care.

Mending Kids’ Director of Research and Strategy, Karissa Nguyen, represents the organization’s mission, vision, and values at all G4 Alliance consultative meetings. At the monthly online meetings as well as biannual board meetings, Mending Kids promotes greater prioritization of global pediatric surgical care. Through strategic collaborations with the G4 Alliance, Mending Kids will raise awareness of the global burden of pediatric surgical conditions, strengthen global pediatric surgical delivery, and influence global health policy.
Direct Surgery Expenses

These figures are estimates only and do not include indirect surgery expenses operating expenses or in-kind support.

In addition to cash expenses for our missions, we also receive an enormous amount of in-kind donations from doctors, nurses, partner hospitals and corporations, as well as from donated medical equipment and supplies which are used on our missions and in programs. We valued and recorded these donations in accordance with U.S. GAAP and also generated our multiplier effect based on the value of the measurable in-kind donations.

TOTAL IN-KIND CONTRIBUTIONS FY2006 – 2014

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<th>Category</th>
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<td>Overseas Surgical Missions In-Kind</td>
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<td><strong>TOTAL IN-KIND CONTRIBUTIONS</strong></td>
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The Multiplier Effect

Your donation of any value is paired with in-kind donations, corporate matching, and partnership discounts to exponentially increase the impact of your dollar. For example, every $20 donated can be intensified five times to have a $100 impact.
Call to Action

DONATE TODAY at mendingkids.org

$10
The cost of bus fare for a child and parent to reach the clinic

$25
The cost of post-surgery pain medication

$50
The cost of medical supplies for one surgery

$100
The cost of one ENT (ear, nose, throat) surgery

$250
The cost of one general surgery

$500
The cost of one orthopedic surgery

$1,000
The cost of one urology surgery

$2,500
The cost of one burn reconstruction surgery

$5,000
The cost of one colorectal surgery or one cardiac surgery

$10,000
The cost of deploying a mini surgical team

$25,000
The cost of deploying a mid-sized surgical team

$50,000
The cost of deploying a large surgical team for complex cases

Our Physicians

Salvatore ‘Sasha’ Agati, MD
Bambino Gesù Ospedale Pediatrico (Italy)

Dean Anselmo, MD
Miller Children’s Hospital

Ma. Bernadette A. Azzuceta, MD
Philippine Heart Center (Philippines)

Juliet J. Balderas, MD
Philippine Heart Center (Philippines)

Robert M. Bernstein, MD
Cedars-Sinai Medical Center

Timothy W. Casarez, MD, FACC
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Philippine Heart Center (Philippines)

Chris Moir, MD
Mayo Clinic Rochester

McCoy L. Moretz, MD, FACS
F.A.C.E. of Beverly Hills

Andre Panossian, MD
Children’s Hospital Los Angeles

Rady Rahban, MD
Cedars-Sinai Medical Center & Century City Doctors Hospital

John F. Reinsideh, MD
Cedars-Sinai Medical Center

Henry Rice, MD, FACS
Duke University Medical Center

Sherry S. Ross, MD
University of North Carolina at Chapel Hill

Cathy Shin, MD, FACS, FAAP
Children’s Hospital Los Angeles

Ayal Willner, MD
Miller Children’s Hospital

Michael Womack, MD
St. Alphonsus Regional Medical Center & St. Luke’s Regional Medical Center

Evan Zahn, MD
Cedars-Sinai Medical Center

Sabine Sarnacki, MD
Hospital Universitaire Necker (France)

Paola Midrio, MD
Hospital of Padua (Italy)

Cecile Muller, MD
Hospital Universitaire Necker (France)

Stuart Hosie, MD
Muenchen Schwabing Hospital (Germany)

Ivo deBlauw, MD
Sophia Children’s Hospital & Radboud University Medical Centre (The Netherlands)

Payam Saadai, MD
Nationwide Children’s Hospital

Miguel Guelfand, MD
Clinica Las Condes S.A., & Hospital Exequiel Gonzalez Cortez (Chile)

Jeff Avansino, MD
Seattle Children’s Hospital

Cecile Muller, MD
Robert Debré Hospital (France)
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Julia Hans, Emeritus Director
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Vanessa Jackson | Overseas Surgical Missions Intern
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Sherleen Memarian | Overseas Surgical Missions Intern
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