Where we work.
Dear supporters,

I am proud to share with you our first annual report. As an organization with over a decade of experience, I would like to take the opportunity to share our growth and a bit of what we have been up to over the past year.

Prior to 2016 there has been a significant gap in my direct, day to day involvement with MEDLIFE as I worked toward becoming an emergency medicine physician. Finally after a decade of training I’ve returned to MEDLIFE. Twenty-Sixteen was an important year for me and for MEDLIFE. MEDLIFE first started when Martha Chicaiza (Director in Ecuador) started supporting rural communities in and around Cebadas, Ecuador in 2004. The first Mobile Clinic we ever organized had 6 volunteers. We took public buses, and hiked up to villages, rode on horseback to get up mountains to reach communities. It was a different time but our core values were the same as they are today. MEDLIFE continues to believe that all people have a right to healthcare, education and a safe home. In my work over the years I have come to believe that these three areas of support are fundamental in helping families in their fight out of poverty.

It was in those early years that I decided I needed skills to help the patients I saw suffering in rural areas of Ecuador. In 2006, I started medical school at Dartmouth, now Geisel school of medicine. I continued to run MEDLIFE in my “free” time. In what would have been in final year of medical school I returned to Peru to run MEDLIFE and during that gap year it became clear during that year that MEDLIFE needed more full time support. Over the next 2 years I spent my time between training at Dartmouth and flying to Peru to build up our team. Before starting medical residency at Dartmouth in Emergency Medicine in 2013 I had recruited fellow New Englander, Tim Anson, current Director of MED International. With Tim’s help focusing on our volunteers internationally and Alberto Paredes and Martha Chicaiza while in country (just Peru and Ecuador at that time), I felt confident in our team. As I progressed through my training, MEDLIFE continued to have unprecedented growth year after year and required a huge amount of administrative support that I was not able to provide. I thank my wife, Angie Vidal who is trained as a dentist, but stepped in to provide support in day to day operations in my absence. I thank her for all of her support both professionally and personally, without her MEDLIFE would never have grown to what it is today and I wouldn’t have been able to finish my medical training.

Fast forward to the fall of 2016, Angie and I moved back to Lima to run MEDLIFE. In the years that I was gone we continued to have phenomenal growth working with thousands of students and hundreds of communities across 4 different countries. When I first arrived in Lima, there were many growing pains ranging from the mundane (e.g. finding a larger office space) to bigger challenges like improving our financial transparency. I am happy to announce that all our of 990s are on the website under “About Us” and “Financials”. Another achievement which came from 2016 is this annual report, you can expect to see a regular annual report from us.

In summary, 2016 was a great year for us, we continued to grow in terms of number of university Chapters, total volunteers, number of communities and individuals supported in 4 different countries. Our university Chapters have continued to support their local communities through our local volunteering activities. Please review this document to learn more about our organization in 2016.

Finally, I would be remiss if I didn’t thank the following people for not only their support of MEDLIFE but for their personal support as I worked through my medical education: Martha Chicaiza, Maria Chavez, Alberto Paredes, Carlos Benavides, Amparo Ulloa, Tim Anson, Rosali Vela, Jorge Vidal and perhaps most importantly Angie Vidal. I look forward to MEDLIFE’s growth and sharing our achievements with you in the coming years.

Nick Ellis, MD
Executive Director & Founder
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Our mission
To build a worldwide movement empowering the poor in their fight for equal access to healthcare, education, and a safe home.

Our vision
A world free from the constraints of poverty.
Our values and principles

Listening: Our priorities are driven by the communities with whom we partner.
- We listen to the concerns and priorities of local communities to create solutions together.
- Our medical services are patient-focused, our educational workshops are culturally-appropriate and our development projects are community-driven.
- History and Structural Violence: Understanding the past to guide our next steps.
  - Observe
  - Judge
  - Act

Root Causes, Sustainable, and Value Added Solutions:
We work to understand the root causes posed by poverty and create sustainable and quality solutions.
- We continuously seek to better understand the role structural violence plays in poverty through the lenses of history, sociology and anthropology.
- We employ local professionals and hire community members to ensure culturally sensitive, locally appropriate projects.
- Our projects target root issues that affect the reality of people living in poverty.
- We cultivate long-term, interdependent relationships with communities.
- We do not use sustainability to mean cheap, low quality interventions, our interventions are aimed at being value adding, long term investments for the poor.
Dr. Paul Farmer made famous the ideas of structural violence and a preferential option for the poor which was first coined by liberation theologians.

We provide high quality services to the poor, not services slightly better than what they are accustomed to.

If we were in the same situations as our patients, would we consider MEDLIFE’s projects and services high quality? The answer must be yes!

Collaborative & Educational Volunteering:
Service Learning trips help to empower volunteers to make a sustainable difference.

- We foster a grassroots network of students advocating for the rights of the poor.
- We facilitate culturally-sensitive learning through service.
- Our volunteering experiences are both educational and respectful of people and communities.

Our values and principles
Rigorous Giving & Investment:
Improving on current models of charitable work and investing in poor communities.
- Improving the Medical Mission Model
  - We strengthen the medical mission model by hiring linguistically and culturally trained physicians and providing preventative health education and follow up care.
  - We provide educational activities that allow our volunteers to better understand the complexities of poverty.
- Community Centered Development
  - We ensure that our patients and communities have a voice in the projects we create.

Transparency:
Inspiring donor confidence.
- We manage an exclusive fund that directs 100% of donations to projects, not administrative expenses. We focus on transparency in our projects and finances.
BRINGING MOBILE CLINICS TO LOW-INCOME FAMILIES

- Hiring local professionals.
- Providing preventative education.
- Ensuring patient follow-up.
- Identifying the root causes of disease.
Hiring local professionals.

MEDLIFE’s comprehensive approach to providing Mobile Clinics for low-income families is what sets us apart from the traditional medical mission model. We hire local professionals with specific knowledge of the culture, language and existing healthcare system. Our Mobile Clinics act as “physician extenders,” working alongside the Ministry of Health in each country. Our full-time nursing staff builds trusting relationships with our patients and provides quality follow-up care utilizing the governmental referral system and current programs.
Providing preventative education.

Before MEDLIFE brings a Mobile Clinic to a community, we provide educational workshops taught by medical professionals and local health promoters that focus on preventative care. We tailor these workshops to suit the needs of the community, taking into consideration the cultural context of the region. While we educate people about the treatment of prevalent, high-risk conditions, we also emphasize the importance of frequent screening and healthy lifestyles to prevent disease.
Educational workshops

This year we held 20 educational workshops to address issues such as nutrition, gender-based violence, family planning, breast cancer, and cervical cancer.
Ensuring patient follow-up.

Introducing Ruth Varona from Peru.

Our nurses play an integral role in the follow-up and recovery of our patients. They build trusting relationships and listen to our patients needs. They are the voice of our patients and work hard to advocate for their needs.

Ruth Varona is a certified nursing assistant who first joined our team as a volunteer in 2010. She now works with us as a Patient Follow-Up Coordinator and Field Nurse.

Where are you from? I’m from Lima. I was born here and raised in the district of San Juan de Miraflores.

How did you get involved with MEDLIFE? I started out a few years ago volunteering for Mobile Clinics at the pharmacy station for a few hours a week. After a while, I began to work at the office a few times a week as well. Later, as we started to gain more patients, MEDLIFE asked me if I would like to join the organization as a full-time nurse. Now, when there aren’t Mobile Clinics, I visit patients several times a week.

What do you like about working with MEDLIFE? I really like working at the Mobile Clinics because I am able to meet new patients. I love listening to their needs and learning about what we can do to help. It’s the starting point of building relationships with the patients. More than anything, what I love about this job is helping people improve their health. Good health is the foundation for a good life.

What is a problem you find most frequently at Mobile Clinics? The dogs! There are dogs everywhere. But in all seriousness, one problem I find frequently is that many people do not know their own bodies. That is to say, when patients feel something wrong with their bodies, they often times don’t know where that problem is coming from. Many people are just not oriented to what is going on with their bodies. This is something that I try to teach to people during Mobile Clinics.

What do you like to do in your free time? I have a 6-year-old son, so my free time is spent with him. I love spending time with him as I watch him grow up.

Anything else you would like to add? I just wanted to say that I am very glad that volunteers have come here to Peru to learn more about this country and meet the people here. Never forget that there is always someone to help; there are always people in need.
Meet our patients
Meet Hugo.

Soon after Hugo Guashpa was born, his parents noticed that he was not developing at the same rate as their other children. His first steps and first words came much later than normal. Looking for answers, they took Hugo to the nearby public hospital where the doctors diagnosed him with Down syndrome. As Hugo got older, he was unable to attend his local school because it lacked the specialized resources he needed. While caring for him at home, his parents noticed he could not physically keep up with his siblings. They returned to the doctor for another examination, but this did not provide any additional answers.

In March of 2015, MEDLIFE held a clinic in the rural community of Laime San Carlos, Ecuador. The Guashpa family jumped at the opportunity to take Hugo to another doctor for a second opinion. A MEDLIFE clinic doctor detected a heart murmur and wrote a referral for Hugo to get a cardiogram. The results revealed that Hugo had pulmonary atresia, a rare birth defect of the heart where the valve separating the right ventricle from the main pulmonary artery is not formed.

According to the World Health Organization, 75% of the world’s deaths from cardiovascular disease occur in low and middle-income countries where people have less access to adequate health care for early detection and expensive treatments. As a farming family from an indigenous village in the poorest province of Ecuador, Hugo’s family could not afford to pay for the specialized treatment he needed. He would likely have died before making it to the top of the lengthy wait list for the operation in the public healthcare system. By raising funds through MEDLIFE student Chapters and donations, we were able to pay for the operation at a private hospital, ensuring Hugo’s survival.

Thanks to fundraising efforts from our Chapters, Hugo and his family were spared a tragedy. He has been given the opportunity to enjoy a long and physically normal life. MEDLIFE will continue to support families like Hugo’s, those burdened by health care costs they cannot afford. We will continue to make sure they get equal access to health care and the treatments they need.

Ensuring patient follow-up

Meet Catalina.

“The day I remember most clearly was the day he caused this infection,” Catalina Bailon explained in an interview about her experience with gender violence. She is referring to the mastitis inflammation in her breast that MEDLIFE is treating her for, caused by a violent beating she received from her husband. “It was November 5 of 2015,” she explained. “I remember the date because I remember seeing it and thinking what am I going to do?” According to a United States Bureau of Democracy report on human rights practices, Catalina is one of around 25,000 women in Peru to be affected by gender violence every year. This is a number that has been growing at a worrying rate.

MEDLIFE is currently working with several women who have been victims of domestic abuse; both assisting with their physical recovery and helping to empower them psychologically. Catalina, 32, was trapped in a violent relationship for nearly four years before finally standing up to her husband. “It is hard because you’re not just thinking about your feelings and how it will affect you but you also have to think about your kids and the long term effects,” she said, explaining why she remained so long in an abusive relationship. “The important thing is being able to call out abuse; we need support from the government to do this. If there is no support, there is nothing we can do.”

Luckily Catalina is well on the way to recovery now. On Thursday August 18th, 2016, MEDLIFE nurse Carmen accompanied her to the hospital where she had her final operation, funded by MEDLIFE, to cure the mastitis. The operation went well and Catalina is now planning to start looking for a new job so she can continue to support her children. Catalina expressed how glad she was that this Chapter in her life is over and has shared some advice she would give to other women who find themselves in her position. “I would say that now, I am fine. It is a good thing to separate, to have some distance so that there is no violence in front of the kids and so that I don’t feel in danger.” Catalina suffered for four years until she felt she was in a position where she had to stand up against her husband who had caused her serious physical and psychological damage. Women should not have to suffer in silence for so long, it is so important that they feel supported and able to denounce gender violence. Catalina is now able to look towards a new future where she and her children can live comfortably and happily.
Identifying the root causes of disease.

MEDLIFE creates development projects to address the root causes of disease. We understand the implications poverty has on a community as a whole. Our integrated model identifies the physical, environmental, and social barriers to health. We spend the time to build trust with communities, listen to their needs and work together to develop sustainable solutions.
Get to know our projects
A staircase for Pompinchu

We have been working with former TV comedian Pompinchu for over a year now since he suffered from a car accident which debilitated his movement and rendered him unable to perform. Pompinchu, formally known as Alfonso Mendoza, had created an variety show fundraiser in the hope of raising money to help cover his medical expenses and help with his recovery but unfortunately did not get the support from his fans he was hoping for. Luckily, MEDLIFE also heard Pompinchu’s appeal and was able to step in and help. We have been helping with Pompinchu’s medical expenses and more recently decided to fundraise and build a staircase up to his home.

Pompinchu’s house was located at the top of a slippery dirt track making it very difficult for him to leave his house. MEDLIFE, with the help of some community members from the Laderas community, constructed the staircase up to Pompinchu’s house and a week later, a group of interns and nurses went with Carlos Benavides, director of MED Programs Peru, to paint and inaugurate the staircase.

Whilst we were at the project site, we also decided to help Pompinchu with a few other changes he wanted to make to his house, replacing the walls of his bathroom, repainting, and decorating the side of his house with a character who is very important to Pompinchu.

After completing work on the staircase and other parts of the house, we were lucky enough to partake in a private viewing of Pompinchu’s once famous show ‘Comicos Ambulantes’. Pompinchu explained, "Much of the show is based on satirical political humour but as Spanish is not your first language I’m going to stick to something more simple," before showing us a series of sleight of hand magic tricks and engaging in some friendly banter with his co star ‘monstro’.

We finished the inauguration with the traditional smashing of a champagne bottle over the staircase and a few speeches. It was a delight inaugurating this staircase for Pompinchu who was incredibly entertaining all day and had us all joking around with him as we worked.

We will be continuing to work with Pompinchu and support him with his treatment. We hope that having this staircase will make accessing his home easier and allow him to get out of the house more to continue entertaining.
Identifying the root causes of disease

Empower Union Santa Fe

Union Santa Fe is the community with which we’ve had the longest relationship, spanning almost 6 years now. Thanks to their organization as a community and their desire to succeed, we have managed to conduct more than 15 Mobile Clinics and build 12 staircases, 1 water project, and 1 daycare center that benefits all the children of the community.

At the end of 2015, during one of their community meetings, Union Santa Fe petitioned us to support them in their desire to connect their community to the city’s electrical grid. Until that moment, the community had obtained electricity illegally, that is, informally ciphering power from surrounding communities that were connected to the formal grid. Because of this, their electricity came from dangerous informal wiring and the neighboring communities charged them an incredibly high rate for it.

In 2014, Peru ranked second to last in Latin America for access to electricity, where 10.3% of the population still does not have electricity nor heating in their homes. There are more than 3 million Peruvians without electricity and nearly 530,000 people live without electricity in Lima alone.

That is why it was decided to use the Union Santa Fe electrification project as a goal for the "Spring into Action" campaign in which the Chapters focused all their fundraising efforts on the realization of a specific project. The campaign was called "Empower Union Santa Fe" and almost all the MEDLIFE Chapters participated in different activities to raise money, such as a weekend of canning, awareness activities and more. At the end of the season it was possible to raise all the necessary funds and the community was able to be connected to the power grid.

Because of this project, 350 people are no longer living in darkness or paying an excessive amount of money for electricity. One child told us that he loved not having to eat dinner in a dark home lit by a single candle. Electric lighting in the streets will also improve safety. Previously, hardly anyone left their homes at night because it was too dangerous to be outside without light, due to both delinquency and the difficulty of navigating the steep, loose, rubble strewn hills in the dark.
LISTENING TO OUR COMMUNITIES

Meet some of our long-term patients.
Meet one of our long-term communities.
Meet some of our long-term patients.
We met Darwin in 2005 at the very first Mobile Clinic in Cebadas, Ecuador, a rural town located deep in the Andes. A medical examination revealed that Darwin had a heart murmur. After further tests, doctors found that the heart murmur was a sign of a more serious condition called Patent Ductus Arteriosus, which could prove fatal in ten years.

Darwin lived in rural Cebadas with his mother, who worked in agriculture and couldn’t afford the expensive procedure required to correct his condition. “The doctors said my kid’s heart was bad,” Darwin’s mother said. “I didn’t believe them. I didn’t see anything wrong with him.”

It was this impactful experience that inspired MEDLIFE co-founders, Nick Ellis and Juan Vanegas, to take action. They returned home to Maine and spent their weekends in store parking lots collecting spare change. In just a few months, they raised $4,000 and headed back to Ecuador to help Darwin get the surgery he needed.

Before Nick and Juan went back to the States, Darwin’s father told them, “Don’t forget us.” Nick assured him that they could never forget about Darwin. “No, not Darwin. Don’t forget about all the poor people everywhere,” he replied. These words soon became the driving force behind the MEDLIFE mission to alleviate people from the constraints of poverty.

On our most recent visit with Darwin, we found a healthy teenager studying mechanics in high school. When he graduates, he hopes to go to University Politécnica in Riobamba to study engineering. In his room, he still has the teddy bear that Juan Vanegas gave him in the hospital after his surgery.

MEDLIFE does not just treat a patient and send them off. We form a relationship and continue to follow up with our patients. Our relationship with Darwin and his family continues to this day. As we bid goodbye on our most recent visit, Darwin’s mother told us, “We haven’t forgotten. Thank you for coming and seeing how we are doing.”
We met Selvestrina at a Mobile Clinic in 2013 when we attended to her in our dental station. She was admitted to the follow-up program since she was missing almost all of her teeth, which is why our quechua speaker Lucia took her every week to our dentist and collaborator, Angie Vidal, who attended her personally. That's how we got to know her story. Here at MEDLIFE, we listen to our patients' needs and stick with them for years until we are able to give them the help they need.

Selvestrina fled to Lima to escape the terrorism that devastated Peru in the 80s and 90s, particularly indigenous Andean communities like the one where Selvestrina lived. In 2013, she was living in an unstable house in Lima with her blind husband who could no longer work. Her son was committed after developing mental health issues caused by the trauma of the kidnapping and torture he suffered at the hands of the Shining Path terrorist group. Her home had been burglarized several times.

Most of her teeth needed to be replaced. Even as an elderly woman, Selvestrina was still all on her own, fighting day to day to survive and provide for her family.

After hearing her story, it was clear we needed to provide more than just medical services to improve the quality of her family's life. We started with dental treatment, bringing our dentist to her home to give her a much needed new set of teeth. Then, we made an agreement with the local community kitchen so that Selvestrina and her family had enough to eat. Her family had no legal documents, and spoke Quechua, not Spanish.

By breaking down the language barrier, we were able to help them navigate the bureaucratic processes to get identification and enroll in the public health insurance system. Finally, we decided to fundraise and give Selvestrina the safe home she needed, which was completed in 2015 thanks to the fundraising efforts of our Chapters and the generous contributions of our donors.

The day the house was finally finished, it was an emotional moment for all the volunteers, staff and of course, for Selvestrina. “Thank you for everything MEDLIFE,” Selvestrina said, as her eyes welled up with joy. “I know that we are very old and could not improve the house on our own.” Today, Selvestrina is living happily in her new home. After we completed the project the community leader, Casani, thanked us, “On behalf of the community, please keep helping people who need it most like Selvestrina.”
Meet some of our long-term communities.
Meet Union Santa Fe.

MEDLIFE started working with Union Santa Fe, Lima in January 2012, home to 380 inhabitants. Its steep hillside location has made it difficult in the past for residents to access their homes or even leave them to go to work and school.

Since the construction of our first staircase in Union Santa Fe three years ago, we have been working closely with their community leader, Casani. He explains, “Before having the staircases, pregnant women, the elderly and children of the community struggled to walk up the dusty hill which became especially dangerous in the rain.” We value Casani’s long-term commitment to improving his community and the work he has put in as a builder on other MEDLIFE projects.

Together we have held two Mobile Clinics and two educational workshops, built 12 staircases, a road and constructed a Wawa Wasi (government-run day care center) in the heart of the community. The day care center has empowered women to find work and given the children of Union Santa Fe a safe, fun place to learn. The structure has been designed with future plans for expansion to build a second story and an elementary school.

With the help of our student Chapters and generous donors, we plan to continue working with Union Santa Fe, bringing electricity and access to water to the entire community in 2016.
CREATING A GLOBAL MOVEMENT OF STUDENTS

Volunteering globally.
Volunteering locally.
Volunteering Globally.

In 2016, 3,217 volunteers from all over the US, Canada, Puerto Rico and more, participated in week long Mobile Clinic and Development Corp trips in one of our seven locations across the globe.
Volunteering Locally.

MEDLIFE's student Chapters send volunteers to our Mobile Clinics to help deliver medicine, education, and development to low-income communities, but their service does not stop when the Mobile Clinic ends.

MEDLIFE works to educate its volunteers on the pathophysiology of disease in low-income communities and the importance of providing sustainable service. This education encourages student Chapters to engage in local community service initiatives. Many Chapters have membership requirements that highlight the importance of bringing these MEDLIFE values back home and putting them into action locally.
The MEDLIFE Chapter at University of Puerto Rico Rio Piedras did an incredible job of fundraising $4,847 for the MEDLIFE project fund. This donation allowed us to finish 5 of our six remaining projects; a prosthetic leg for Roman, a home for Soledad, a staircase for Pompichui, Empower Union Santa Fe, a sandwich cart for Tatiana and Camila. On Top of all of this they also managed to put $1,000 towards the Urucancha community intern project. Thank you and congratulations to the UPR Rio Piedras MEDLIFE Chapter for your outstanding work.

Tell us about your Chapter, how many members do you have, how did you create it, what is your history?

We have 409 members organized and dedicated to working and giving their best to the needs of communities. MEDLIFE UPR-RP was created in the year 2012 and since then we have demonstrated that the unity of our members is the secret to achieving success in all of our activities.

Why did you decide to start the fundraiser? How did you get the idea and motivation to do it? During the last semester, we successfully raised the funds for Santusa’s house together with other Chapters in Puerto Rico, and MEDLIFE Cayey. But we wanted to impact and reach more people. Our President Alessandra Torres, was revising projects pending in the website this semester and saw that 6 projects still needed to reach their fundraising targets. Later, we had a meeting where we decided that we would help complete 5 of the projects and give the rest to the one remaining.

What activities did you do to raise the money? During this second semester we held a variety of activities to raise money such as: selling pizza, bake sales, events in restaurants, and a raffle.

What obstacles did you encounter and how did you overcome them? Actually, the economic situation in our country is not the best, so raising the money took a lot of strength, work, and determination. Nevertheless, when we did a strong promotional campaign for each activity we were able to draw the attention of many members, friends and family members who helped complete our goal.

What are your future goals, what plans do you have as a Chapter?

In terms of future plans, we would like to continue to give back to projects that are the pillars of our organization: medicine, education, and development. We would also like to have our Chapter represented in Mobile Clinics, be it in Peru, Ecuador or Nicaragua.

To contribute to these projects was more than just giving a donation, it meant the commitment and dedication of all of our members to help patients in need; it meant hope, happiness and love from each one of them.
LEADING BY EXAMPLE

Our staff volunteers. Year in Review.
Our staff and interns volunteer.

At MEDLIFE, we believe that you have to see the impact of the work in order to truly be fulfilled in your job. Our staff and interns exemplify what it means to be a part of a Movement, as they move fluidly between the office and the field. From the start, they are equipped with the knowledge of what MEDLIFE does, our goals and how the work they are doing for the year is able to change lives. Our staff and interns not only fundraise, but they sandpaper walls, throw bricks, carry materials, paint staircases and lend a supportive hand on our patient follow-up meetings.

Their commitment to service coupled with the dedication of their time is what continues to move our mission forward to provide medicine, education and development to communities living in poverty.

Some examples of projects in which our staff and interns have collaborated are: the transport of construction materials for the house of our follow-up patient, Soledad; fundraising for the construction of a ramp that our patient, Jorge Sanchez, needed to be able to leave his house, and the purchase of a food cart that our patient, Christian, needed to improve his family finances.
Zhamira & Aaron

During his internship with MEDLIFE, Aaron Sanfield went above and beyond his intern responsibilities. Aaron’s dedication to MEDLIFE and the people we serve, changed the course of baby girl Zhamira’s life. It all started with a simple conversation between Aaron; Carlos Benavides, the Director of MEDLIFE Peru; and Sabina, Zhamira’s grandmother.

Baby Zhamira was only three months old when she started having seizures. The convulsions frightened Sabina. She thought her first and only grandchild was dying.

Zhamira was taken to a Peruvian endocrinologist, Dr. Lu, for diagnostic exams. The results revealed hormone levels indicative of persistent hypoglycemia, a very rare illness. Zhamira’s body was producing an excess of insulin and not enough glucose to maintain a healthy blood sugar level. Her declining blood glucose levels were cutting off sugar to her brain, resulting in repeated seizures.

Although medication does exist, it is not manufactured in Peru and there is no easy way of obtaining it, especially for a family with low economic resources. Determined to obtain the elusive Diazoxide medication for Zhamira, Sabina recalled a MEDLIFE staircase project in her neighborhood where she met interns from the United States.

She reached out to Carlos Benavides, in hope that someone could help. To his disappointment, Carlos struggled to find a U.S. physician willing to take on the complicated job of prescribing an expensive medication to be shipped abroad.

With little positive response to Carlos’ efforts, Zhamira’s medicine seemed out of reach. However, after hearing Zhamira’s story, Aaron realized that he could potentially be the connection to accessing the medication. Aaron explained to Carlos that his father was an Endocrinologist in the United States and had experience caring for patients with hypoglycemia.

Aaron shared Zhamira’s story with his father, Dr. Jeff Sanfield, who realized the urgency of the situation. Dr. Sanfield teamed up with pharmacist Dr. Chris Cook and Dr. Lu to prepare the Diazoxide for shipment to Lima. The opportunity to improve the quality of life for those less fortunate reminded them of why they entered the field of medicine.

Since receiving her first dose of Diazoxide, Zhamira has shown great signs of improvement. With the help of the medication, her insulin and blood glucose levels are normalizing and she is seizure free.

Stories like Zhamira’s remind us why the work MEDLIFE does is important and that with the collaboration of many, anything is possible.
Year in review.

**Medicine**

- **49** Mobile Clinics
- **4,554** Follow Up Patients

- **45,155** General Medicine Patients
- **5,875** OB Patients
- **8,491** Dental Patients
- **60,276** Patients Served
- **8,022** Breast Exams
- **3,965** Pap Smears
Year in review.

Education

100 Educational Workshops

21,790 Kids learned healthy dental habits
Year in review.

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Development

- 47 Development Projects
- 15,000+ Beneficiaries

- 2 Hygiene Projects
- 25 Staircase Projects
- 10 Fuel Efficient Stove Projects
- 1 Water Projects
- 1 Electricity Projects
- 8 Specialized Patients Projects
SUPPORT OUR WORK

General fund
Project fund
We used to work voluntarily. We didn’t care about having to wake up early to visit communities. We worked on weekends because we believed in Nick Ellis’s idea and mission.

- Martha Chicaiza, Director of MEDLIFE Ecuador
It is not just about bringing Mobile Clinics or projects to communities. It’s about organizing them, working hand in hand with them, and then motivating them to continue working together, even without MEDLIFE.

- Carlos Benavides, Director of MED Programs Lima
I have always dreamed of working for an organization that helps people living in poor communities. There are few organizations like MEDLIFE where your donation goes straight to the patient to improve their quality of life.

- Neema Lyimo,
  Director of MEDLIFE Tanzania
There are several communities in the Peruvian highlands, especially in Cusco, where several Quechua-speaking families are isolated. These families deserve an opportunity. They need our help.

- Heidy Aspilcueta,
  Director of MEDLIFE Cusco
We are not a hospital that can cure them or solve all their problems, but we are a bridge between the communities we work with and a better opportunity to live a healthier life.

- Alberto Paredes, Director of MEDLIFE Lima
MEDLIFE Project Fund.

All public donations and funds raised by MEDLIFE Chapters go towards the MEDLIFE Project Fund. 100% of donations are used in the construction of community development projects like staircases, schools, and safe homes. These projects promote access to basic necessities and skills enabling poor individuals and families to free themselves from the constraints of poverty and promote better health, education, and personal development.
Heart Surgery for Hugo
Hannah Uhlig
KPJ Productions
Inc. Miss Virginia USA
Sandra M Kutyna
Douglas J Kutyna
MEDLIFE at Syracuse
MEDLIFE at The Woodlands School
MEDLIFE at UC Berkeley
Tom Broffman

A New Prosthetic Leg for Roman
Angela Melchor
UPR Río Piedras
Heather Klindworth
MEDLIFE at UPR Inter Arecibo
Sarah Hatton
Jennifer Paul
Mariah Fletcher
MEDLIFE at Texas A&M
MEDLIFE at UCF
MEDLIFE at UPRPP

A Ramp for Jorge
Christopher Johnson
Iris Gerena
Kathy Hatke
Katie LoCastro
Kirsten Hauser
Lynn Kist
Matthew Lertola
MEDLIFE at U/Kansas
Michael Llyinsky
Moetiz Mattboly
Natalie Friedman
Nick Staib
Ola Fatona
Tatiana Gerena

A Food Cart for Natalie
Jose Gerena
Iris Garrido
Sandra Falzarano
Yanetey Pena
Alexander Rios
Jose Gerena

Surgery for Olga
Linda Straley
MEDLIFE at McGill University
Patricia Lugo
Janeth Tixi’s Surgery
Wayne State University

Delia Martin Food Cart
North Oconee High School

Empower Union Santa Fe
Andrew Burr
Clare Lilek
Frederick Cardona
Gioanny D’Elia
Kaplan
Kyla Carlsten
MEDLIFE at Bishop’s University MEDLIFE
MEDLIFE at Bowling Green State University
MEDLIFE at Brown
MEDLIFE at Cornell University
MEDLIFE at Delaware
MEDLIFE at Inter Aaguadilla
MEDLIFE at Inter Arecibo
MEDLIFE at JHU
MEDLIFE at KU
MEDLIFE at Laurentian
MEDLIFE at McMaster
MEDLIFE at Miami University of Ohio
MEDLIFE at OSU
MEDLIFE at PSU
MEDLIFE at Rutgers University
MEDLIFE at TCNJ
MEDLIFE at Texas A&M
MEDLIFE at UC Davis
MEDLIFE at UConn
MEDLIFE at UFR
MEDLIFE at UNC
MEDLIFE at University of Chicago
MEDLIFE at University of Michigan
University of Ontario Institute of Technology
MEDLIFE at UOIT-DC
MEDLIFE at UPenn
MEDLIFE at Virginia Tech University
MEDLIFE at Wayne State University
SenxiDu
The Benevity Community Impact Fund

Clean Water for Community
Nadine Heredia
Aaron Anderson
MEDLIFE at Wisconsin

A Food Cart for Camila’s Mom
UPRRP

General Project Fund
Lexi Krupp
Maya Kovacs
Tom Baker
Shreya Chandrasekar
Gary and Anita Lange
Seymour binstein
Scott Paulis
Cynthia Law
Meghana Munnangi
Kimberly Flores
Aileen Alzola
Amy Ann
Sharyn Solomon
Jessica Smith
MEDLIFE at Uconn
Joseph Gitter
Michael Downey
Winfred Rivera
Dawn Lewis
Rose Spatafora
Nancy Castellanos
Valerie Minionica Moscato
Jackie Clamen
Annette Lopez
Noreen Atieniese
Shelley Bonder
Raquel Luquin
Joanne Rosenthal
Michele Shimada
Albert John
Allison Krugman
Chris Ballard
Dr. Mark Krugman
Elizabeth Cirulis
Elizabeth Oknayan
Eloise Reinhart
James and Maria Heller
Jane Curtis MD
Karen Florka Walker
Karen Florka Walker
Megan Kim
Mondi Ozbeki
Richard Kurjian
Roy & Nayiri Misirliyan
Sally Cicuto
Sarah Bridge
Sharon Guan
Sue Afsari
Tori Trout
## Our Finances

### Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants</td>
<td>$2,076.00</td>
</tr>
<tr>
<td>Program service revenue (Service Learning Trips, Chapters Donations, 50:50 Donations)</td>
<td>$2,829,854.00</td>
</tr>
<tr>
<td>Investment income</td>
<td>$9,512.00</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>$2,841,442.00</strong></td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general expenses</td>
<td>$294,402.00</td>
</tr>
<tr>
<td>MED Programs expenses</td>
<td>$1,107,401.65</td>
</tr>
<tr>
<td>Service Learning Trips expenses</td>
<td>$1,277,819.35</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>$2,679,623.00</strong></td>
</tr>
<tr>
<td>Operating surplus (deficit)</td>
<td>$161,819.00</td>
</tr>
<tr>
<td>Volunteer Deposits 2016/2017</td>
<td>$161,819.00</td>
</tr>
</tbody>
</table>

**Operating surplus (deficit):**

- **Peru:** 13.9%
- **Ecuador:** 22.4%
- **Tanzania:** 63.8%
"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

- Margaret Mead
Board

**Nick Ellis**, MD, **MEDLIFE Founder and CEO**
- Education: International Development Studies (B.A.) at McGill University
- Pre-Medical post-baccalaureate, University of Maine
- MD, Dartmouth Medical School

**Juan Camilo Vanegas**
- Education: Microbiology (B.A.) University of Maine
- MD Candidate, Tufts Medical School

**Jerry Ellis**
- Counseling, (M.S.) Oregon University
- MDiv Boston University

**Martha Chicaiza**, **Director of MEDLIFE Ecuador**

**Carlos Benavides**, **Director of MED Programs Peru**