



Annual Report 2017

1.3 billion people worldwide

are living in extreme poverty.



We want to change that.
Our mission is to build a worldwide movement
empowering the poor in their fight for equal access to
healthcare, education, and a safe home.





Dear MEDLIFE Supporters,

As many of you know we started MEDLIFE as a student organization at the University of Maine in 2004, I entered medical school at Dartmouth in 2006 and finished my training in 2016. Of course during that 10 year period there were multiple times that I took anywhere from 1 week to, on one occasion, a full academic year dedicated to help MEDLIFE as it grew. Despite the fact we are now 13 years after our founding, I still consider us a start up (in particular given the 10 year period that I was in medical school and residency).

After returning to Lima, Peru in 2016, it was exciting to see how much we had grown. We were serving tens of thousands of people in multiple countries and hundreds of communities around the world. We had pioneered the Mobile Clinic model of volunteering that would empower local communities and professionals, ensuring long term partnership rather than undermining local systems of care. And we had an incredible Movement of over 200 university Chapters working by our side. However with the benefits of growth came the growing pains as well, 2017 was the first of those years for us.

As I returned in 2016 we had grown so much that it became apparent that we needed more senior management to help run the organization. In this annual report you will see that we have accomplished many exciting things over the last year and at the same time have had our first financial downturn. Given the significance this carries regarding the financial sustainability of our organization, I want you to know that I take this very seriously. Reflecting on this year, I am committed to building a more senior management team to help the organization as it continues to scale our efforts across the globe, always keeping an eye on how our growth affects the poorest patients who are in need of our help.

But while we may have had some difficulties this year, there is still so much to be grateful for. And for that I'd like to thank you, our MEDLIFERs, as perhaps our strongest asset are the volunteers that are building this Movement with us. We can't thank you enough. We have been overwhelmed with the support from universities across North America over the past decade and are now we're starting to see support from universities in Europe, a marker for the growth of our Movement that is truly humbling.

Thank you for all of your energy, time, and commitment to the communities we serve, to the ideals of service and volunteering, and to the never ending fight to make sure all people have access to medicine, education, and a safe home.

Nick Ellis, MD

Executive Director & Founder

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OUR HOMES

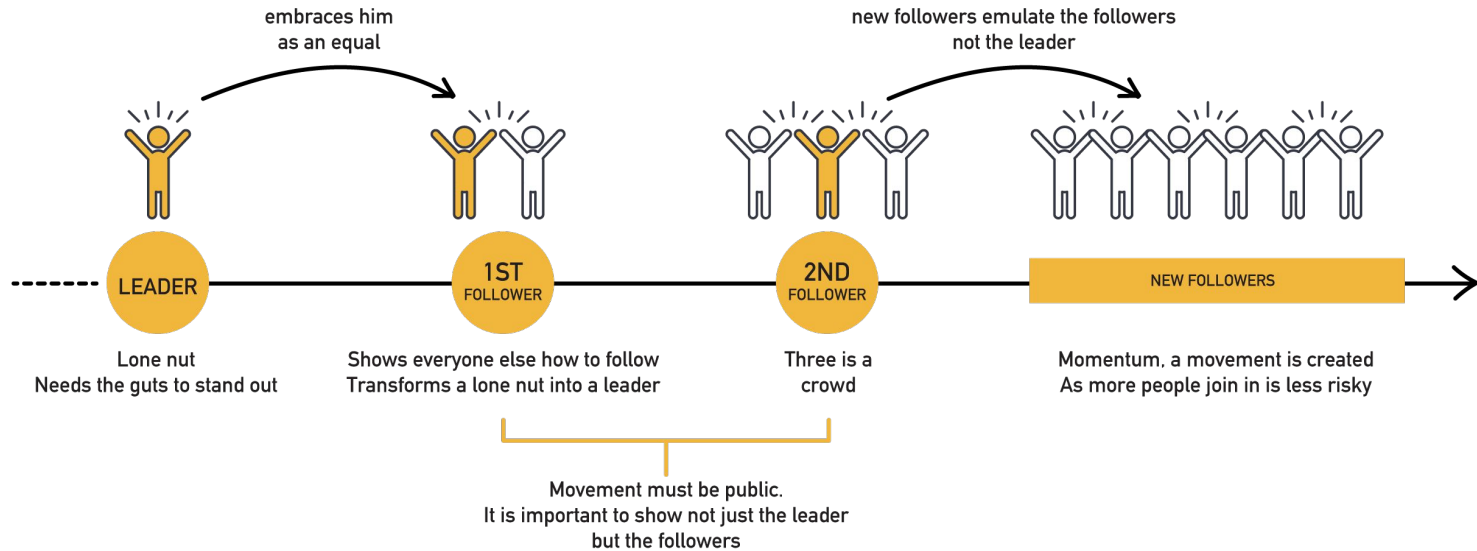


WHY A MOVEMENT?

MOVEMENT

A movement is a group of people working together to advance their shared political, social, or values; Also: an organized effort to promote or attain an end. For example, the civil rights movement or a movement to increase the minimum wage.

Our goal is to ensure that people living in extreme poverty break free from the constraints which keep them there. We will do this by creating a movement to address what true social mobility requires: access to quality healthcare, education and community development.





THE MEDLIFE VALUES

1. LISTENING

Trust with our patients starts with listening.

2. ACTION

Suffering is caused by lack of access to immediate needs (like medicine, healthcare, water, electricity). We work with communities to identify these needs, as well as the action steps we can take to help resolve them.

3. INTEGRITY

We tell people that we care, that we will return and that will help them build a new home or see a doctor. Therefore there is only one path forward, keeping our word.

4. INNOVATION

Many of the needs our patients suffer have direct, obvious solutions. To come up with long term, true solutions we must bring to bear our diverse educational backgrounds.

5. EQUALITY

There is a real difference between having a positive attitude in spite of extreme poverty and assuming people are “better adapted” to live in poverty. We all know that allowing hundreds of millions of people to live in extreme poverty is unethical and inhumane.

LISTENING.

Community night meetings.
MEDLIFE heroes.
Emergency response.

Trust with our patients starts with listening, and our priorities are driven by the communities we partner with.

When we work with a new community, we always offer forums where they can tell us about their lives, current living situations, and needs. Only after listening are we able to work hand in hand with them to come up with sustainable and achievable solutions.



COMMUNITY NIGHT MEETINGS

An essential part of MEDLIFE's work is knowing how to listen, and adapting our pace and projects to the needs of the communities we work with. This listening process, and most aspects of our work, begin with a Community Night Meeting.

COMMUNITY NIGHT MEETINGS

Community Night Meetings are gatherings where local community members can share, discuss, and come up with a solution for a mutual problem.

They are specifically scheduled outside of working hours so that all people can attend after their workday. This prevents low attendance, and stimulates more productive conversations as all key community members are available and present.

Some communities have their own *local comunal*, or community center, built by themselves to host these meetings, but others meet in a local home or even in the street. As long as the community members are organized and available, the night meeting can take place no matter the location.

MORE THAN A MEETING

The meetings facilitate important conversations about specific needs of that community, allowing the people to come together and express themselves. But more than that, they act as a community organizing effort, teaching the group to listen to each other, work together, and

decide as a group what projects they should take on. Community Leaders, or *Dirigentes*, are in charge of picking the time and place of the meeting, and leading all conversations. They step in when things get off track, and represent the community's final decision.

MEDLIFE'S ROLE

MEDLIFE uses Community Night Meeting as a way to gauge how organized a community is, a tactic for teaching important community organizing skills, connecting with strong leaders, and most importantly for listening.

This is the first step of every MEDLIFE project, mobile clinic, or educational workshop and a way for us to hear directly from the community what they need and how we can support their efforts to improve quality of life.

Meetings are outside of normal working hours, usually taking place from 8pm or 9pm until 11pm or later, but the MEDLIFE team is happy to accommodate the schedule that works best for our partner communities. Our team is available at any hour to begin discussions on upcoming projects.

Instead of telling the community what their needs are, the MEDLIFE staff organizes the community, attends the Community Night Meeting, listens, and then focuses on a mutual problem with a sustainable solution. **We know that every community has a different story thanks to listening at Community Night Meetings.**



MEDLIFE HEROES

MEDLIFE is MEDLIFE because of the incredible people who work here. And though they all work hard for the common goal of providing Medicine, Education, and Development for Low Income Families Everywhere, each one has their own unique story and talent that make them a MEDLIFE hero.

Though everyone who is a part of our Movement is a MEDLIFE Hero, we wanted to introduce you to a few faces and give you an idea of who we are.



NICK ELLIS, MD
Founder & CEO of MEDLIFE

Without Dr. Ellis, there would be no MEDLIFE. The organization is his passion project, and was born from his strong values and belief that every person deserves the right to live a life without poverty and the only way to accomplish that is helping them access quality healthcare, education, and a safe home. No matter what.

Dr. Ellis spends the first 10 days of every month working back to back night shifts in the ER in rural Texas, and then flies to Lima to spend the rest of the month working non-stop on MEDLIFE. His work as a doctor provides his income, and he chooses not to take any salary for his work at MEDLIFE.

Nick's life requires a work ethic and level of determination that is unimaginable to most people - and admired by all of us at MEDLIFE.



CARLOS BENAVIDES
Director of MED Programs Peru

Carlos embodies the MEDLIFE mission. As the head of MED Programs, and our main connection to the communities in Lima, he works day and night in the field finding new ways we can support people in need. He knows exactly how to connect with communities, how to develop deep relationships with people in mere moments, and how to listen to needs and then take immediate action to aid them. But maybe his greatest skill - something that we would all be lucky to learn from him - is his ability to motivate people to work together. With 9 years at the organization, his spirit and passion for the work he does is infectious.



MARTHA CHICAIZA
Director of MEDLIFE Ecuador

Martha has been a MEDLIFE hero since the very beginning - 2002. She volunteered to trek hours to a rural community in Ecuador with Nick, simply out of the good in her heart, to deliver supplies to locals in need. She has helped build the organization from the ground up and still puts all of her efforts and energy into making sure MEDLIFE succeeds as the Director of Ecuador. Martha is a great example of thinking outside of the box. When it seems like there is no solution, no other way to help people in need, Martha comes up with something - whether that be writing letters to the government, calling all her contacts to find a car to take someone from a rural community to the hospital, or simply spending extra time with a patient in despair.

MEDLIFE HEROES



HEIDY ASPILCUETA
Director of MEDLIFE Cusco

Heidy has been the Director of our Cusco office for 2 years. With over 10 years of experience in the travel industry and operations, a degree in engineering, and an MBA, Heidy has unparalleled professional experience and a fierce work ethic.

She can gracefully solve any problem thrown at her, and her kindness translates into everything she does. Heidy is a wonderful example that you can be a MEDLIFE Hero no matter how long you have worked at the organization.



TIM ANSON
Director of MED International

Tim leads the MEDLIFE Movement internationally. With the support of his team, he organizes universities, high schools, and other student groups to participate in Service Learning Trips, local community service projects, and fundraising initiatives. He is vocally passionate about MEDLIFE's work and actively inspires a new generation of the Movement to become advocates for the poor. 5 years at MEDLIFE has only increased his spirited pursuit of our mission, and we are proud and lucky to have him as a part of our team.



ALBERTO PAREDES
Director of MEDLIFE Lima & Director of Finances for Field Offices

Another MEDLIFE Hero since day one, Alberto was our first employee in Peru and has been representing the MEDLIFE Movement ever since. Originally tasked with everything from field projects, to community organizing, to office maintenance, Alberto now runs the administrative and business side of MEDLIFE, heading our Operations team and Finances. The success of MEDLIFE in Peru the past 10 years is in a large part thanks to Alberto's hard work and dedication.



AMPARO ULLOA
Lima Office Manager

As the Lima Office Manager, Amparo makes sure MEDLIFE headquarters is always running smoothly.

A self-starter by nature, she takes initiative to a whole new level learning new skills and processes that benefit everyone who works here. Also extremely strong and resourceful, she is widely respected not only in the office but across the city of Lima.



MED STAFF SPOTLIGHT

INTRODUCING CARMEN

Carmen Narvaez is a nurse technician, and a part of the MED Programs team in Lima, Peru. The nurses on the MEDLIFE team work directly in the communities to ensure quality follow-up care. They conduct individual patient visits, check in on patients who have presented serious symptoms, and deliver exam results. When a Mobile Clinic patient receives abnormal test results, this is the team that accompanies him/her in each step on the road to recovery, offering not just their medical knowledge and experience in the Peruvian healthcare system, but also their empathy & emotional support along the way.

How did you get involved with MEDLIFE?: I saw an announcement that the organization was looking for nurses, so I applied and I was accepted and had the opportunity to become a part of the MEDLIFE team.

What is it that you like most about working with MEDLIFE?: I love visiting the patients. I like working directly in the clinics, and leading the educational workshops.

Was there a particular patient that has had a strong impact on you?: To be honest, there are many patients that have a profound impact on us. It's great to see, first-hand, the help that you can give. And sometimes the help you're providing the patients is much more emotional than simply medical.

You want to treat them well because sometimes all that the patients want is someone to listen to their problems. Often, their ailments aren't just of the body but scars underneath.

There are times when you're speaking to a patient, and they have so many things stored in them that the moment they start telling you all their problems, their illnesses, it makes you sad because you see everything they have gone through.

Before MEDLIFE, what were your experiences with non-profit/humanitarian organizations?: Before MEDLIFE, I worked with another NGO called Manuela Ramos, whose work focuses on women's sexual and reproductive rights.

The organization aims to empower women to make their own decisions about using methods of contraception, to report when there is any kind of violence towards them, and to make the decision to have regular pap smear exams.

Why is this work important to you?: I think that sometimes the work we do is to try and help women understand that their health is a priority. Most of the time patients who have cancer or other severe illnesses are women. They are often made to understand that, as women, we are the healthcare providers of the family, but at the same time our own health needs become secondary.

EMERGENCY RESPONSE

LISTENING AND RESPONDING TO URGENT NEEDS

During the summer of 2017, historic flooding and mudslides hit Peru bringing the worst destruction from floods in two decades. An estimated 70,000 people were displaced from their homes along with an estimated 72 dead due to the natural disaster.

TAKING

Referred to locally by the Quechua name of huacos, these natural disasters are a result of heavy rain brought on by the El Niño season in the Pacific ocean. The rains cause the rivers to overflow bringing floods to the normally dry desert coast of Peru. The flooding overwhelmed local water treatment plants and Lima, Peru's capital city, was without water for almost a week. The Peruvian government issued a state of emergency around most of the country as floods and debris flow into the streets.

MEDLIFE went to survey the communities we work with around Lima that had experienced flooding, to make a plan for immediate relief aid and possibly plan a development project for the future.

The destruction of essential infrastructure such as bridges and homes severely damaged the communities we partner with. Support and donations from our global network of MEDLIFE Chapters and volunteers allowed us to begin immediate aid in the form of water, clothing and medical care when the disaster hit.

ACTION

When MEDLIFE arrived with a water truck, the residents flock to fill up any buckets and barrels they have. With no access to the water system of Lima the trucks filling up plastic tanks and barrels is the only way to get a large amount of potable water.

CONNECTIONS MADE

During initial efforts to provide relief, MEDLIFE met a concerned mother from a local school, Colegio Inmaculada in Naña, who informed us that the local school was lacking a hygienic kitchen and cafeteria, known here as a comedor, to provide food to students, after the landslides.

Through MINSA, a branch of the Peruvian government involved with health initiatives, nutritious and balanced meals for students in low-income communities can be provided through a program called Qali Warma (translating to Healthy Child in Quechua). In order to qualify for the Qali Warma program, schools must first have a clean, safe facility that maintains proper sanitation codes to house their comedor. Without a functioning comedor, the government will not fund the Qali Warma program, resulting in underserved students at greater risk of losing access to nutritious meals.

With the continued dedication and donations from our MEDLIFE volunteer base we were able to begin the construction of the cafeteria for the Inmaculada school!



ACTION.

Our medical work.

Our educational work.

Our development work.

Suffering is caused by lack of access to immediate needs (like medicine, healthcare, water, electricity). We work with communities to identify these needs, as well as the action steps we can take to help resolve them.

We take action through our 24/7/365 medical, educational, and development work.





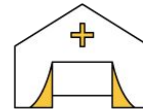
OUR MEDICAL WORK

WHY MEDICINE?

According to the World Health Organization (WHO), over one billion people worldwide currently face a "critical shortage in health care." There are less than two doctors for each 1,000 people in Latin America due to geographic isolation and lack of transportation, as one quarter of the Latin American population lives or works in rural areas. Many in Latin America have chosen to leave their rural communities in search of better economic, educational, or health opportunities in cities. As a result, the rapid urbanization of cities has given rise to a separate host of problems, including improper sanitation, unhygienic living conditions, and a lack of basic amenities - all of which create further medical need.

For the past several years, MEDLIFE has been working to bring basic health care services to urban slums outside of Lima (Peru) and Managua (Nicaragua) as well as rural areas of Cusco (Peru), Tena (Ecuador), Esmeraldas (Ecuador), Riobamba (Ecuador) and Kilimanjaro (Tanzania).

We focus our efforts in medicine care through our Mobile Clinics, Preventative Health Education Workshops, and Patient Follow-Up Care.



MOBILE
CLINICS



EDUCATIONAL
WORKSHOPS



PATIENT
FOLLOW-UP

The MEDLIFE Patient Follow-Up Care Program

Meet Juan.

THE STORY OF JUAN

Juan lives with his wife and daughter in his deceased parents' house in Pamplona Baja, San Juan de Miraflores, one of the most dangerous districts of Lima, Peru. Two years ago, he was a taxi driver and the only economic support of his family, until he got assaulted on his way home from work.

As he was walking home, five men got off a moto-taxi, took all of his belongings, and then began kicking him until he dropped onto the street. But this wasn't enough for them and before leaving, they threw a chemical in his eyes. This is a technique that robbers use to keep their victim from recognizing them in the police station.

He was left in the street, and his left eye began swelling and turning purple. When Juan's wife saw him, she took him to a local hospital, Maria Auxiliadora, but they couldn't help him without an appointment. After three long months, he was finally able to see a doctor. Unfortunately, after waiting so long, it was too late to start treatment for his left eye and he had permanently lost his vision. But the doctor told him with surgery, he could save the sight in his right eye.

After the surgery, Juan was showing signs of recovery and began to do some simple work. He helped his friend trim threads on

the t-shirts he was making to support the Peruvian soccer team, so he could support his family and cover some of his medical costs. But this wasn't enough.

HOW MEDLIFE GOT INVOLVED

One day, Zoila Dorado, a friend of Juan's that knew MEDLIFE through its mobile clinics, told him how the organization helps provide quality health care for people who can't otherwise access it. Juan didn't hesitate to reach out and contacted one of MEDLIFE's nurses, Ruth.

When Ruth heard his story, she knew she had to do something, so she enrolled Juan in MEDLIFE's follow-up patient program. First, MEDLIFE supported him by paying for his medicine and special glasses, but since he had stopped working, this wasn't a sustainable solution for his family or for MEDLIFE.

Luckily, thanks to volunteers that participated in a Service Learning Trip, we were able to give Juan a carrito sanguchero (sandwich cart), where his wife could begin to work selling things like burgers and orange juice.

They couldn't stop smiling when they were presented with the cart, knowing that they would be able to make an income again.



But the story doesn't end there. A few months passed, when Juan was assaulted once again. His attackers hit him so hard with a baseball bat this time that his glasses broke.

Even in this incredible pain, Juan stood up and went home. On his way into his kitchen, it all turned black. Juan was completely blind.

At first he was depressed, but thanks to his family, MEDLIFE volunteers, staff, and donors, he has been given hope.

JUAN'S HOPES FOR THE FUTURE

Now, Juan is enrolled in a program in CERCIL (Lima's rehabilitation center for the blind), where they teach him how to live and develop professionally.

It also connects him to fellow blind people, which makes him feel he isn't alone and gives him the opportunity to swap stories and advice.

Juan told us there was a man from Ica, "and he came to CERCIL asking for help. He likes sports, especially running, and now is about to participate in the Pan American games. This made me ask myself - if this man can do it, why can't I?"



The MEDLIFE Patient Follow-Up Care Program

Meet Caroline.

THE STORY OF CAROLINE

6-year-old Caroline lives in the community of Kilema-Moshi in Tanzania. We met her in May 2017 when we hosted a mobile clinic near her home, and diagnosed her with chronic tonsillitis. She had been suffering from the painful, irritating illness for months.

HOW MEDLIFE GOT INVOLVED

Due to her condition, Caroline was enrolled in our patient follow-up program that provides consistent care to those in need, long after a mobile clinic leaves their community. As the first step in her follow-up care we visited her home with a close partner, Dr. Geoffrey. We spoke to her family while the doctor examined Caroline, and in the end recommended surgery to remove her tonsils.

We made an appointment for Caroline at the KCMC ENT Department, so that she could see a specialist the next week. In many cases, MEDLIFE's ability to navigate the complex healthcare systems in the countries we work in immensely helps patients who would otherwise have to wait months to be seen by a doctor.

Upon her visit to the specialist, she was given a very quick approval for surgery. Her oversized tonsils were reason enough, but once she explained the level of her discomfort and the fact that she was having trouble sleeping from the pain, the specialist arranged for her surgery just a few days later.

HAPPY & FREE

Caroline went into surgery with chronic tonsillitis, and came out without any complications! She is now tonsil-less and happily living her 6-year-old life. She was thrilled to be done with doctors, and ready to go back to her family and school.

With the help of a MEDLIFE mobile clinic, and the dedication of our team in Africa, Caroline was able to get her tonsils removed and return to more important 6-year-old activities like studying and running and playing.

The MEDLIFE Patient Follow-Up Care Program

Meet Jofre.

THE STORY OF JOFRE

On several occasions, MEDLIFE has had the opportunity to host Mobile Clinics in the community of Pachamama Chico, located in the Alausi Canton, Tixan Parish, in the province of Chimborazo, Ecuador. In Pachamama Chico, MEDLIFE has attended to and helped with the treatment of multiple patients.

During the Mobile Clinic season, MEDLIFE returned to Pachamama Chico once again, and this is where we met Jofre (9 years old). Jofre and his parents visited all the way from the village of Guarinag, two hours from the town of Pachamama Chico. They came with the goal of attending our Mobile Clinic, since they had heard about MEDLIFE's reputation of treating heart diseases in the community.

From a young age, Jofre had suffered from a peculiar condition; both eyes were always reddened, but one seemed to be more intensely affected than the other. Due to the family's limited financial resources, Jofre had never seen a doctor about his condition, but with MEDLIFE holding a Mobile Clinic so close to their hometown, the family came with the

hopes of finally being able to attend to Jofre's health problems. At the Mobile Clinic, Jofre was examined and diagnosed with cataracts. Maria Chavez, the Ecuador Patient Follow-Up Team Leader, later met with the parents to inform them about the Jofre's condition and to offer them, on behalf of MEDLIFE, the support that would be required from that moment on. After some reassurance from MEDLIFE staff, Jofre's family decided to enter our Patient Follow-Up program.

We then accompanied them on a trip to the eye clinic in Quito where a specialist diagnosed Jofre with high astigmatism in both eyes. The doctor then requested to perform an internal examination of Jofre's left eye, since it was possible that a tumor could be causing some of his medical issues.

Shortly after, results were received which ruled out a tumor as the source of the problem. Jofre was instead diagnosed with initial Keratoconus, a progressive thinning of the cornea.

This condition, thankfully, can be treated with drops, which reduce inflammation, and corrective lenses, which will improve Jofre's vision.





OUR EDUCATIONAL WORK

WHY EDUCATION?

According to the United Nations Children's Fund (UNICEF), many children that finish second grade in rural areas do not know how to read or write, due to:

- **Poor infrastructure** in communities often means that school rooms are small or non-existent, lack resources for teachers, and are not properly built to shelter children from the elements.



LONG DISTANCE TO SCHOOLS



REDUCED CLASSROOM HOURS

- **Distance to schools:** the lack of schools in rural areas often forces children to commute to schools far away from their homes, enduring long and dangerous walks.

- **Number of classroom hours:** many teachers teach only Tuesday through Thursday to go home to the city on weekends.



SINGLE TEACHERS

- **Single teachers:** a single teacher is one who has students in different grades in a single classroom and who must implement an educational process for all of them at the same time.

We focus our efforts in education on Preventative Health Education Workshops and School Construction Projects.

Preventative Health Education Workshops

MEDLIFE Hosts Its First Workshop & Mobile Clinic At The Women's Penitentiary In Lima

From Thursday, July 20 to Friday, July 21, 2017, MEDLIFE hosted its very first mobile clinic and educational workshop at the Santa Monica Women's Penitentiary in Lima, Peru. The Santa Monica prison has a capacity of 500 inmates, but currently houses more than 1,000 and is the most famous women's prison in Peru.

According to a report from the public defender's office, only 137 inmates have a sentence - meaning 89.98% of the inmates are in the process of prosecution. Additionally, the majority of women prisoners in Santa Monica (759) are there for drug trafficking, which prevents them from accessing penitentiary benefits.

"Overpopulation and overcrowding serve as a space conducive to violent practices, favor acts of corruption, and put at risk fundamental rights such as health," said the report.

In response to the serious situation that the inmates of the Santa Monica prison are facing, and at the request of the Director of the prison, MEDLIFE carried out our first mobile clinic and educational workshop at Santa Monica.

The two-day clinic was focused on women's health. The first day consisted of multiple women's health-related education sessions, where a variety of topics were covered including safe sex, risks and warning signs for cervical cancer, how to perform regular self breast exams, and more. On day two of the clinic, the women were offered pap smear exams and gynecological consultations, where they were screened for disease and prescribed treatments for a wide range of ailments.

Around 300 inmates received medical attention and attended the preventive health education workshops.





OUR DEVELOPMENT WORK

WHY DEVELOPMENT?

Of the 27 million people living in Peru, more than half of the population lives in poverty, and approximately $\frac{1}{4}$ survives on just \$1.00 a day. Many have migrated from rural and Andean regions in search of economic opportunities, leading to rapid population growth in Peru's cities. This mass migration and the resulting overpopulation lead to the creation of urban slums outside of larger cities like Lima. These pueblos jóvenes, or young towns, have expanded rapidly into tracts of invaded land that largely lack basic services such as waste management, electricity, and access to running water.



Alternatively, in rural mountain communities, such as where we work with in Ecuador or Cusco, residents face difficulties due to geographic isolation and unequal allocation of resources. A lack of education and economic opportunities contributes to rural poverty and also encourages migration. Additionally, only 14% of the rural population in Ecuador has access to proper sanitation.

For the past several years, MEDLIFE has been working to provide community development projects to urban slums outside of Lima (Peru) and Managua (Nicaragua) as well as rural areas of Cusco (Peru), Tena (Ecuador), Esmeraldas (Ecuador), Riobamba (Ecuador) and Kilimanjaro (Tanzania).

Development Projects

A Home for Soledad

From a distance, Soledad Roja's house in Villa Maria Del Triunfo was barely distinguishable from the hill's natural landscape; it blended in amongst the gray rocks covered with brown and green moss. Her house appeared as a small dark smudge of rotting wood and crumpling walls between brightly colored houses with sturdy foundations and roofs.

Carlos Benavides, Director of MEDLIFE Peru, did not need to say aloud that our mission for Soledad and her son would be to build them a new house. It was obvious upon our arrival that their living conditions were unsuitable and very unsafe.

Soledad and her 10-year-old son Jose Manuel have survived a decade in accommodations that do not even qualify as a house, but would be more aptly described as a deteriorating shelter the size of a small bedroom. They were timid and a bit apprehensive when we introduced ourselves and Soledad's young face revealed signs of immense sadness and hopelessness for her situation.

Soledad and Jose's personal items were few. They shared a mattress that rested on their dirt floor, a few ramshackle pieces of furniture, and a jumbled array of plastic bags that protect their clothes from imposing elements. Soledad pointed to her kitchen:

a small table in the corner.

Many factors forced Soledad and Jose to live in these conditions and prevented them from affording anything better. She was forced into motherhood at a young age after being raped by a male friend. Her godparents, whom she lived with because her mother is schizophrenic, kicked her out when she became pregnant.

Soledad never had a father. Surprisingly, her son's father remains loosely connected to them; she has recently taken him to court to demand some form of child support. As a single mother, Soledad's income must not only provide the bare necessities for herself and her son, but also Jose's private school tuition. Jose has severe ADHD, for which he also goes to therapy.

Soledad works doing inventory at a lab and must work ten hours a day, seven days a week to earn enough money to make ends meet. After paying for Jose's public school, paying for electricity, paying her sister and paying for food, Soledad has no savings. "My dream is to save money" she admitted.

In April of 2017 MEDLIFE completed one of our long-term projects, building a house for Soledad and her son.

The fundraising process and construction process was long, but we succeeded. A group of students from Cornell University, who helped fundraise for the house, got to be there to help put on the finishing touches, see the finished project, and meet Soledad themselves.





Development Projects

Water for Laderas

Lack of access to water is an issue that communities around Lima continue to face. This is largely because development in the slums of Lima happens backwards. People move in and then utilities like electricity and water are installed, often times taking years to get a steady access.

The best option in Lima for water is connecting to SEDAPAL, the city's water system, however, many of the communities MEDLIFE works with lack the property rights and thus the legal designation as communities. This makes them ineligible for water from SEDAPAL. Communities without access to the city water supply, rely on water tank trucks to visit and deliver water.

Without a steady supply, those living on the outskirts of Lima use tanks and barrels to store their water. Sometimes, the containers were used in the past to store non-potable water or chemicals. These containers also run the risk of contamination from bacteria as they are often not adequately sealed and reused without cleaning.

The problem Laderas de Nuevas Esperanza - a community we work with on the outskirts of Lima, Peru - faced is the road that leads to the community is narrow and dangerous for the large water trucks to drive up, so often they do not. "The water truck doesn't come here often. Sometimes we need to wait for two days starting at 5 am, all day long, waiting for the water truck to come", □ Maria Salas, a resident and community leader in Laderas de Nuevas Esperanza said.

Thanks to the support of our Chapter at Wisconsin Madison, in March of 2017 MEDLIFE completed its largest water project yet in the community of Laderas de Nueva Esperanza, in Lima, Peru. The three water tanks will serve about 500 residents from Laderas de Nueva Esperanza.

Before the tanks, residents quickly ran out of water before the trucks returned. Now, with the tanks, residents will have enough water to last between visits, and be able to purchase the water at the much cheaper bulk rate to fill the water tanks. On Saturday April 1st, MEDLIFE staff, volunteers, and Laderas residents gathered to celebrate the completed project.

Development Projects

A Play Area for CCAPA Nursery

MEDLIFE has been conducting the Jardín Virgen del Buen Paso nursery project for over a year now and in this time we have refurbished much of the interior of the preschool to create a more hygienic space, have built a wall to enable the children to have a safe area to play, and created a slope to allow easy, and safe access to the nursery.

The nursery is located in San Juan de Miraflores, a district that is home to some of the most impoverished communities in Lima. The headteacher explained "it is not a safe community and the parents want to know that they have somewhere safe to leave their children. Many of these parents work every day and so knowing their children have a safe building and a good place to get fresh air is very important to them"

Our summer interns and mobile clinic volunteers went to the field to help with the conversion of the nursery's nearby wasteland into a green space that is safe for the children to play in. After removing all the dirt and trash from this area, the process of constructing the garden could begin.

During the day volunteers got a chance to visit the children in the nursery to find out more about how this area will benefit them. The nursery has around 350 children attending every day age six months to five years old. There are six classrooms to separate the children according to their ages and abilities. The youngest children spend most of their time playing with toys and learning about the world around them.

Each class the MEDLIFE group visited sang them a song and some even included a dance! All the children seemed so happy to be spending time with their friends and teachers, and to be able to perform for us.

For Tatiana Gerena, it was even more special to see this project in its final stages as her brother, Rolando Gerena, was the MEDLIFE intern who began the project. Rolando (known affectionately as Roly at the nursery) fundraised via social media after he saw the state of the play area outside the daycare center on a visit he took with fellow interns.

Previously, the only outside playing space the daycare center had was a small playground that was fenced in. Now the children have a large green area to run around in, get fresh air and enjoy the outside.

On the day of the inauguration, all the children were very excited to see the completed outside area and the finishing touches that had been added to the wall.

The day was a big celebration, with balloons hanging around the nursery, speeches from different parties, and performances from the children.

The headteacher told all the volunteers and MEDLIFE interns what the garden meant to the school. She said "I want to thank you all so much for all your hard work. It means a lot to us to see people like you coming here and caring enough about our small community to build something like this for our children."





Development Projects

Kirua School Project

MEDLIFE was connected to Kiura school in August 2015 when we set up our first mobile clinic in the community. Kiura is located in the district of Rural Moshi, Tanzania with a population of 8,657. General infrastructure is undeveloped in rural Tanzania, so there are no paved roads that serve the village of Kiura and community members must hike many kilometers to arrive at a road that is served by public transit with access to a major town.

When MEDLIFE first met with the community, they shared with us that many of their struggles came from the Kiura school. The school serves 120 children from a simple schoolhouse. They explained and showed us how it was nothing but a room to teach in - no bathrooms, water, or electricity.

The situation at Kiura school is not uncommon in Tanzania, where only 3% of schools have access to basic commodities such as electricity, water, and sanitary bathrooms. This lack of sanitation is very dangerous and causes 2,900 deaths every day globally. According to UNICEF, 87% of Tanzanians have no access to hygienic sanitation, and 84% of schools in the country don't have functional hand washing facilities.

At our meeting with the community, we learned that beyond the lack of basic commodities, they didn't have enough desks,

so many of the children worked on the ground. Additionally, the children's meals were cooked over an open wood fire outside and each child had to collect some wood for the fire on their way to school, making their walk even tougher than it already was.

In collaboration with the community, MEDLIFE took action to alleviate some of these issues with our "Foundations for a Future" fall fundraising campaign. Our goal was to raise \$11,500 over 4 months for Kiura school. This would be used to provide the students with desks, a bathroom, and a kitchen. All building would be supported by volunteers who chose to go on a Service Learning Trip to Kilimanjaro during that season.

The "Foundations for a Future" campaign included not only fundraising, but also 4 months of educational and awareness efforts about the problems that the inhabitants of Kirua faced. Each month we focused on a different topic: Education in September, Sanitation in October, Nutrition in November, and Infrastructure in December.

By 2017 we had achieved our goal. And as a token of friendship, volunteers from the Tanzania SLT even donated a new slide to the children of Kiura school. Because beyond education, children should always have a safe place to play.

INTEGRITY.

Our Chapters.
Our Service Learning Trips.
Leadership Corps.
Highschool Trips.

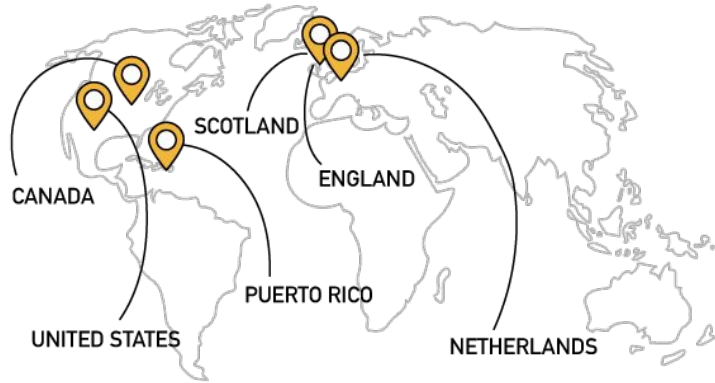
We tell people that we care, that we will return and that will help them build a new home or see a doctor. Therefore there is only one path forward, keeping our word.



OUR CHAPTERS

Our Chapters are student groups, led by passionate faculty and student leaders, that represent and promote MEDLIFE at their schools and in their local communities.

They make an immeasurable impact - raising money for the MEDLIFE Fund, participating in Service Learning Trips, engaging in local community service initiatives, and more. Involved students develop leadership skills, have the opportunity to make a difference, and build important relationships that last a lifetime.



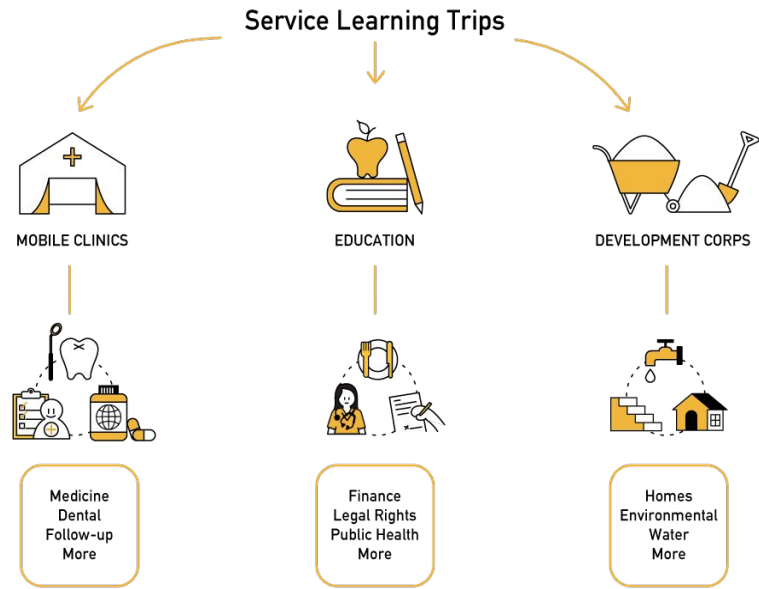
190+ Student Chapters





SERVICE LEARNING TRIPS

A Service Learning Trip is a week-long educational journey to Peru, Ecuador, Tanzania, or Nicaragua, where participants work hand in hand with the local community on development projects and mobile medical clinics. The trip allows participants to understand the realities of extreme poverty first hand, personally connects them with the communities that MEDLIFE supports, and ignites action within them to join the Movement fighting for a world free from the constraints of poverty.



LEADERSHIP CORPS 2017

MEDLIFE held its second annual Leadership Corps, a two-week service learning trip that is open to Chapter Leaders and Student Advisory Board (SAB) members. In 2017, eight student leaders were joined by MEDLIFE staff, including CEO Dr. Nick Ellis, in Ecuador and Peru to learn in-depth about MEDLIFE's work and future goals, as well as global health, and development issues such as structural violence, education, urban development, public health, and international aid.

It was an action-packed two weeks that included a hike to Llilla, the first community MEDLIFE ever worked with back in 2004, where both students and staff spent a somewhat chilly night camping at 3,800m and ran a mobile clinic the next day. Other activities involved visiting the hospital and daycare center belonging to Fundacion Tierra Nueva in Quito, attending a night meeting in Lima with community members, learning about Peru's recent history at the LUM, working on a development project, and dropping by the MEDLIFE Wawa Wasi in Union Santa Fe.



HIGH SCHOOL TRIP 2017

From July 19 - July 27, 2017, volunteers from high schools in the USA, Canada and Puerto Rico attended a special service-learning trip in Lima, Peru, where they worked all week on mobile clinics and community development projects.

Volunteers also attended a night meeting with more than 300 members of 15 different communities. The focus of the meeting was a brand-new development initiative that will benefit more than 1,000 people. Representatives from the municipalities of Villa Maria del Triunfo and San Juan de Miraflores were present to sign a collaboration agreement between MEDLIFE, the government, and the communities.

Finally, thanks to the support of the high school volunteers, 60 people, including adults and children received much needed attention in the general medicine and dental care stations of the mobile clinics. Additionally, 125 children learned how to properly brush their teeth!





INNOVATION.

The MED Center

Many of the needs our patients suffer have direct, obvious solutions. To come up with long term, true solutions we must bring to bear our diverse educational backgrounds.

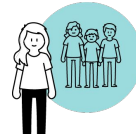
THE MED CENTER

At MEDLIFE, we focus on providing comprehensive services and healthcare to the communities we partner with. A new and innovative way we will do this is through the MED Center, which will be located in Union Santa Fe, Pamplona, Lima, Peru.

The drive and motivation behind the MED Center is to directly impact more community member's lives with our work, and facilitate an even stronger relationship between MEDLIFE and community leaders. The MED Center will be focused on a trade school for children and adults, offer basic medical/dental services, and serve as a community center focused on the particular development issues that community faces.

For example, in Union Santa Fe, obstacles to obtaining land title is a major issue preventing people from advancing. To enhance community development, we will utilize the MED Center to provide the support of law students and pro-bono lawyers to the community. This is just one example of the essential comprehensive services the MED Center will offer.

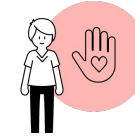
In addition to the services provided to the community, this center will also encompass hostel style living areas and conference rooms so that we can remain in the community for more time during and outside of clinics. This way, we will continue building relationships between volunteers, staff, and community members during all aspects and stages of our partnerships.



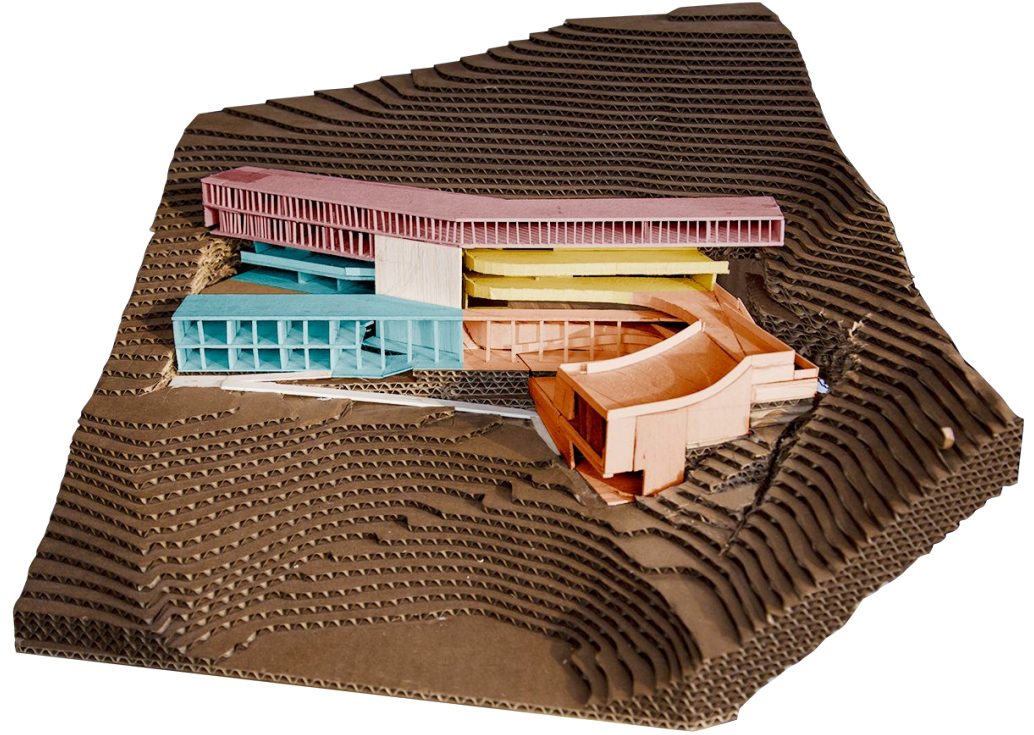
COMMUNITY



MEDLIFE



VOLUNTEERS



EQUALITY.

The Mission Fund
The Project Fund

There is a real difference between having a positive attitude in spite of extreme poverty and assuming people are "better adapted" to live in poverty. We believe in equality and that allowing hundreds of millions of people to live in extreme poverty is unethical and inhumane.



MEDLIFE GENERAL FUND

The MEDLIFE General Fund covers all operational expenses, including Mobile Clinic costs and patient follow-up care services, to support our year-round work in Peru, Ecuador, Nicaragua, and Tanzania. We appreciate the collaboration of all our generous donors:

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Gregory & Stelley	Homayoon Hashemi	Jason Scocchera	Jill Marple	Jonathan Dorich	K Mcburney	Kelly Fischer	Kristin Cornelius
Papadeas	Homeyra Myra Arbabi	Jason Pantano	Jill Hilfiker	Jordan Baum	Kali Cappuccio	Kelly O'rouke	Kristin Egger
Gretchen Armstrong	Hugh Gillis	Jason Yuen	Jill Parnell	Jordyn Stutz	Kaltman Family	Kelly Ayers	Kristy Tritz And Lee Holder
Gretchen Lowden	Ian Sicat	Jason/Carla Krzysiak	Jill & Dan Marple	Jose Motta	Foundation	Kelly Hall	Krystal Stewart
Gurbachan Virk	Ida Delouya	Jay Santiago	Jillanne Bodnar	Jose Garcãa	Kalyan Jarajapu	Kelly Bock	Lagrimas Pingol
Gwen Mohrbutter	Ifraz Ilyas	Jay Patel	Jim Soong	Joseph Greenwald	Joseph Raffiepour	Ken Ballard	Lananh Nguyen
H&K Whipple	Iliana Rodriguez Diaz	Jay & Bernadine Cutsor	Jim Sowers	Joseph Kohler	Kara Heatherston	Ken Grohe	Laraine Stubbs
Ha Uk Chung	Immie Soeharto	Jaye Carroll	Jim Anspach	Joseph Fernandes	Karen Allen	Ken Ward	Larry Hyer
Hafeez Chishti	Ines Hutchison	Jean Piazza	Jim And Ann Mcmillian	Joseph Peluso	Karen Pawelko	Kendall Grazul	

Larry And Micki Greely	Lisa Smith	Madelyn Santiago	Maricela Fernandez	Mary Ann Kaminski	Michelle Massey	Naomie Ruiz	Padraic Mcveigh
Laura Hedrick	Lisa Tehan	Madelyn Mcdonald	Marie Gifford	Mary Bridget Dippel	Michelle Lybarger	Nardine Brown	Paige Kolm
Laura Ebbage	Lisa Perry	Madhuri Racherla	Marie Namasivayam	Mary Ellen Brantley	Michelle Igo	Natalie Stoessel	Pam Lanza
Laura Knauss	Lisa Duro	Madison Babbage	Marilyn Zimmer	Maryellen Love	Michelle Igo	Natasha Singh	Pamela Bligh
Laura Cotton	Lisa Buck	Madison Rodriguez	Marina Kemelman	Maryellen Raymond	Miguel Miqueli	Nate Cooper	Pamela Willette
Laura Serrano-haggard	Lisa Binsfeld	Madison Abshire	Mario Lewin	Maryvi Gonzalez	Miguel Quesada	Nate Garrett	Pamela Burns
Laurel Niemi	Lisa And Paul Mantel	Magali Rafael	Mario Venditti	Matt Menger	Mike Ruth	Nathan Katz	Pamela Courtney
Lauren Dorsey	Liz Gardea	Magdalen Osei Brantuo	Mario Damo	Matt Heller	Mike Wolvin	Navdeep Sangha	Pamela Wenzel
Lauren Hortenstine	Liz Socia	Maggie Foschini	Mario Roman	Matt Mullenbach	Mike Connerty	Neel Roy	Pat Odell
Lauren Albreast	Liz Blake	Maggie Wu	Mario And Roxana	Matthew Vereecke	Mike Vostatek	Neeta Bhat	Pat And Doug Zuckerman
Lauren Makowski	Lizmar GonzãLez	Malia Paynter	Bolanos	Maura Fashjian	Milan Sljivich	Nega Debela	Pat And Ellen Patterson
Lauren Weiss	Lolita Lobue	Mallory Rioux	Marissa Shinkle	Maureen Degennaro	Mildred Otero	Neil Rabb	Patra Clark
Lauren Giacomazzi	Lorena Giraldo	Manish Chokshi	Maritza Solano	Maurizio Lato	Mimi Yirgalem	Neille Samms	Patricia Burns
Laurence Dayan	Loretta Ralston	Manoj Gupta	Marjean Mallard	Max Kool	Miranda Wojnar	Netra Manvikar	Patricia Bruns
Laurie Fontaine	Lori Miller	Manosevaraj Veeraiyan	Mark Matthews	Meaghan Battle	Mirella Bastone	Nicholas Horn	Patricia Beattie
Laurie Giles	Lori Fredette	Manuela Florez	Mark Wickham	Meaza Getahun	Mitra Efsandiari	Nicholas Bentzian	Patricia Hand
Laurie Klag	Lori Sandefur	Marcia Hannah	Mark Schachter	Meg Massey	Moiz Dar	Nick Davis	Patricia Titti
Laurie Bolach	Lorie Lanza	Mark Pigna	Mark Vaughan	Megan Emery	Mollie Hawes	Nick Aten	Patricia Nzondjou
Laxmikant Deshpande	Lorna Wood	Marco Riley	Mark Dwyer	Megumi Naitoh	Molly Savarese	Nicol Tugarinov	Patricia Neely
Layne Frey	Lorraine Moreau	Marcy Messer	Mark Sutey	Melanie Brasher	Mona Aberegg	Nicole Torres	Patricia Colanton
Lea Adam	Louis Peluso	Margaret Miller	Mark And Kathleen	Melany Bagni	Monica Wischmeyer	Nicole Draper	Patricia Gallina
Leah Fields	Louise Fontaine	Margaret Barnett	Reynolds	Melissa Rosenthal	Monica Charette	Nicole Augusta	Patrick And Stephanie
Leigh Ann Larkin	Louise Fontaine	Margaret Porras	Marla Bacchus	Melissa Gregoire	Monica Lander	Nicole Stoppelli	Witty
Leighanne Kubik	Louise Deriso	Margaret Devita	Marlene Moran	Melissa Kennedy	Monica/Donald Campbell	Nicole Gonzalez	Patti Mesko
Leilani Morales-stone	Louise Anne Frey	Margaret Podmore	Marlene Sullivan	Melissa Kubassek	Monika Frantz	Nicole Emerson	Patti And Gary Meehan
Lemoine & Kay Klug	Luann Wheeler	Margaret Mckeon	Marlene Martinez	Melissa Halpin	Monika Chokshi	Nicolle Rawlyk	Patty Hamilton
Lenny Garifo	Lucas Laux	Margaret Cismoski	Marleny Maldonado	Melissa Mcallum	Monique Weller	Nida Khawaja	Patty Hudspeth
Lesley Pescod	Lucas Mcnellis	Margie Grosfeld	Marsha Holliday	Melissa Zhou	Morgan Pudimott	Nikola Natov	Patty Yamrick
Libby	Luciana Paciocco	Marguerite & Len Ralston	Marta Rosenberger	Melissa Negrá'n	Morgan King	Nina Boss	Patty Reiman
Nieho	Lucila Tejeda-fajardo	Maria Drattell	Martha Fuentes	Mengyuan Yu	Morica Hutchison	Nirav Parikh	Patty & Dave Palusak
ff	Lucille Jarosinski	Maria Cook	Martha Segal	Meraris Reyes	Mrs. Lowe	Nisha Chokshi	Paul Ruh
Lili Ghavami	Lucy Bobier	Maria Roberts	Martha (Grammy) Bergen	Meti Tadesse	Munin Kim	Noam (Turecki) & Laura	Paul Diduik
Lilia O'hara	Luis Alberto Aviles	Maria Ladbrook	Martha, Sury Betancourt,	Mety Kebede	Murad Ahmed	Guerschanik	Paul Boduch
Lilia Casas	Luke Skala	Maria D'amelio	Oquendo	Michael Ginty	Myriam Kiperman	Noel & Jenni Fuller	Paul Mcnamara
Lin Nichols	Lydia Ravichandra	Maria Cabane	Martin Gonzalez	Michael Brown	Naba Tripathy	Noelia Santillanes	Paul Massey
Linda Hilke	Lydia & Manuel Coloma	Maria Frontela	Martin Tighe	Michael Cookson	Nadine A. Sallah	Noelle Bonneau	Paul Kaefer
Linda Mison	Lynn Schoh	Maria Casas-hutchison	Martin Cristo	Michael Morris	Nadine Carson	Nonni Mancini	Paula Verderber
Linda Jenne	Lynn Palillo	Maria Banks	Martin Kaefer	Michael Juskalian	Nagesh Kavi	Nora Jones Bailey	Paula Carbonell
Linda Thorpe	Lynn Sandstrom	Maria Ntina	Marvia Douglas	Michael Cutrali	Nalwantie Beharry	Noreen Edlund	Paula Smith
Linda Wohlbach	Lynne Heard	Maria Reese	Marvin, Shawyn, Nia	Michael Clapp	Nancy Lee	Norma Hannigan	Paula Smith
Linda Perreault	Lynne Greenup	Maria Basile	Howard	Michael Cournoyer	Nancy Zemlak	Ogie Banks	Paula Goodman
Linda Mazzo	Lynnette Baughman	Maria Sipple	Marwah Haq	Michael Radner	Nancy Hlubik	Olawole Daramola	Paula Pelayo
Linda Troup	Mack & Rhonda Napier	Maria L Martinez	Mary Ginty	Michael Healy	Nancy Rappard	Olive Lee	Paula Pearl
Lindsay Crawford	Mackenzie Rodriguez	Maria Ligaya Atienza	Mary Garcia	Michael Roland	Nancy Dean	Olivia Miranda	Paula Massey
Lindsey Gehman	Mackenzie Rodriguez	Mariah Curran	Mary Miqueli	Michael & Lena Willett	Nancy Horwood	Olivia Martino	Pedro Gomez
Lindsey Gehman	Madalyn Sheridan	Mariah Igo	Mary Nash	Michael And Debbie Ng	Nancy Steers	Olivia Eilers	Peggy Flynn
Linh Tran	Maddi Mackenzie	Mariam Beg	Mary Kennedy	Micheal Lake	Nancy Zenobi	Omkar Yerramsetty	Perri Harmon
Lisa Stenberg	Maddy Miqueli	Marian Fernandez-miro	Mary Thomason	Michele Calderone	Nancy And Scott Seger	Open M. Ward	Perri Harmon
Lisa Gey	Maddy Vandenbrink	Mariana Tobelem	Mary Francini	Michelle Ingalls	Nanda Madiraju	Perez Family	Pete Gustafson
Lisa Peacock	Madeleine Ordway	Marianne Linton	Mary Jordan	Michelle Buck	Nanny & Grandpa	Pablo Trucco	Peter Miqueli
Lisa Schroeder	Madeline Boduch	Marianne Aten	Mary Pepper	Michelle Behsman	Hutchison	Pablo Fodor	Peter Ibelli

Peter Anania (Jr)	Rico Melaragno	Rosemary Gutierrez	Shadi Ziaei	Stacey Cleveland	Susan Behrendt	Tina Zarifes	Vivian Justiniano
Peter Lee	Rishabh And Shivani Dave	Rosemary Candia	Shaina Gregory	Stacey Cushner	Susan Travis	Tirumal Sunkara	Walter & Vicki Lukhaup
Peter Gao	Rita Nepper	Ruhani Arya	Shalini Murthy	Stacey	Susan Johnson	Todd Stewart	Wendy Grano
Phil And Grace Porras	Rita Giudice	Ruth Peters	Shamik Banerjee	Arlosoroff	Susan Stoppelli	Tom Antony	Wendy Erickson
Poornima Kulkarni	Rita Bodow	Ruth Noack	Shannon Fenlong-libby	Stacy Flyte	Susan Meklune	Tom Mcfaul	Wendy Labate
Pranit Lahoty	Rob Shumway	Ruth Cattivera	Shannon Leclair	Stan Thorne	Susan Yousufzai	Tom Abato	Wendy Stevens
Priscilla Carvajal	Rob Kill	Ruth & Darryl Earnshaw	Shari Ditaranto	Stanley Ma	Susan Jacobson	Tomás Burke	Wendy Olson
Pro Doc Ltee	Robbie Shreves	Ryan Shirley	Sharla Ostrowski	Stanley Greenblott	Susan Sumner	Toni Rigsbee	Wesley Paulsen
R Rek	Robert Whyte	Ryan Archangelo	Sharmishtha Nath	Stanley Guan	Susanne Jatis	Toni Lebel	Whitney Ward
Rachael Kaiser	Robert Wickham	Ryan Esposito	Sharon Colucci	Stella Chokron	Suzanne Perrybannon	Tony Pacheco	Wilfrid Flottes De Pouzols
Rachel Marquardt	Robert Mcbay Jr.	Ryan Katz	Sharon Schmitt	Stephanie Schimmel	Suzanne Feuerbacher	Tony Sajone	Wilfrid Flottes De Pouzols
Rachel Griswold	Robert Leamen	Ryan Vigil	Sharon & George Busby	Stephanie Barineau	Sydney Sobotik	Tony Lazzari	William Gibbs
Raghuram Burju	Robert Ford	Ryan Pafford	Shauna Zukowski	Stephanie French	Syed Husaini	Tony Battle	William Bartholow
Rajesh Kanna Pasupathy	Robert Milman	Sa/Rj Ladieu	Shawn Mendel	Stephanie Humphrey	Talia Berkstein	Town Of Burlington	William Podmore
Ralph Iyer	Robert Lubin	Sachin Borikar	Shayna Kubilis	Stephanie Mclean	Tamara Matthews	Tracy Ali	William Stolberg
Rama Nimmagadda	Robert Long	Saeed Awawdeh	Sheila Marshall	Stephen Redding	Tami Liang	Tracy Ware	William Rodriguez
Ramiro Gonzalez	Robert Hand	Sagar Pelaprolu	Sheila Zabko	Stephen Johnson	Tammy Mcintosh	Trina Nguyen	Wynter Shetley
Ramzi Kraytem	Robert Carlson	Sajeed Fuggawala	Sheila Kulkarni	Stephen Seiferheld	Tammy Hellenbrand	Trish Gonsalves	Xinyi Chen
Randy Wiesner	Robert Lee	Sally Graef	Shelley Himmel	Stephen Dubitsky	Tammy Mallett	Trish & Steve Cook	Xue & Joe Wittman
Randy Erwin	Robert Podmore	Sam Taddesse	Shelley Rice	Steve Vernachio	Tanya Ebert	Tyler Sipple	Yadira Corona
Randy And Norma	Robert & Ann Marie	Sam F	Shelley & ,Bill Perel	Steve Platz	Tara Bhandari	U Mass Amherst Chapter	Yasmine Fattahi Maghami
Spencer	Delaney	Samantha Bott	Sherrie Dufresne	Steve Aschettino	Tara Dubay	Ucw Ladies	Yiwen Zhu
Rasinie Seunson	Robert & Jody Pellegrini	Samantha Dexter	Sherry Zetlan	Steve & Amy Bindas	Tatiana Corrales	Upendar Rao	Yohann Et Guila Abitbol
Ratna Kumari	Roberta Bakker	Samuel Carreras	Sherry Carr	Steve And Christina Farrell	Tawnia Munyon	Urenna Jerry	Young B
Raul Millan	Roberto Ruiz	Sandeep Bhupathi	Shirit Sebag	Steven Kilmead	Taylor Ayers	Vaishali Naik	Yvon Grenier
Raul Laboy	Robin Joseph	Sandeep Arabatti	Shirley Rauckman	Steven Angel	Taylor Law	Valentin Suarez	Zachary Taillefer
Ravi Palanivelu	Robin Harris	Sandra J Cutral	Shona Thomson	Steven Angel	Taylor Hampton	Valentina Meseldzija	Zachery Voss
Ravin Patel	Robyn Binsfeld	Sandrine Bohbot	Sidra Butt	Steven Miranda	Terence Rock	Valeria Carpenter	Zhongqi Yi
Ravindra Hirani	Rocio Hernandez	Sandrine	Sierra Salinas	Subbarao Maddela	Teresa Greco	Valerie Schubert	Herbst Foundation
Ray & Tina Carreras	Rod Richmond	Thevamanorathan	Sileshi Belay	Subbarao Saladi	Terri Ciaramello	Valerie Wetzel	Spruce Ridge Holdings
Raymond & Christa Wilcox	Roger Morris	Sandy Solis	Silvia Carreras	Sully Cobbs	Terri Smith	Valya Dharmasoth	
Rebecca Rodriguez	Roger Tenney	Sandy & Allan Schachter	Silvio Balzano	Sumathi Shanmugam	Terry Feuerbacher	Vanessa Atienza- Hipolito	
Rebecca Martino	Roger Ouellette	Santosh More	Sofia Puerto	Sun Young Choo	Terry Nola	Vanessa Bechtold	
Rebecca Padgett	Rolando Gil	Sara Keenan	Soheila Nuveen-motamed	Sunil Nair	Terry And Cathy Campbell	Vanita Nargund	
Rebecca Sams	Roman Rodriguez	Sara Ayoub	Somil Garg	Sureen Chhabra	The Bradshaw Family	Veronica Patricio	
Rebecca Roman	Ron Bray	Sara And Dan Calvert	Sonali Ayanji	Surinder Gill	Theresa Deingeniis	Veronica Amores	
Rehana Ahmed	Ron Digiacomo	Sarah Colombo	Sonia Dominguez	Susan Lee	Therese Cleary	Viana Laboy	
Rena Tsapakis	Ron Mosher	Sarah Cain	Sonny Ali	Susan Pingol	Thierno Ousmane Bah	Vic Ruiz	
Rene Abreu	Ron & Connie Oehlert	Sarah Nickles	Sonya Hurlbut	Susan Holihan	Thomas Heller	Vicci Bennett	
Rhonda Johnston	Ron & Jamie Shebek	Sarah Bernardo	Sonya Hurlbut	Susan Bandy	Thomas Mazzarella	Victor Leigh	
Rich Rafferty	Ronald Morris	Sarina Dimaggio	Sophia Capobianco	Susan Zeager	Thomas Reed	Victoria Godfrey	
Rich And Nancy Lynch	Ronald Katz	Saurabh Dedai	Sophia Luong	Susan Johnson	Tiffany Bellomo	Victoria Budz	
Richard Gogarty	Ronald Theis	Sayi Sathyavan	Sophia Kalistan	Susan Colavecchio	Tiffany Odette Garcãa	Vidya Bhandiwad	
Richard Matchett	Ronaldo Piche	Scarlette Chapman	Soujanya Gadde	Susan Rendina	Rentas	Vinayak Naik	
Richard Perez	Rosa Salazar	Scott Pressler	Sourabh Shirhatti	Susan Nutting	Tika Khatiwada	Vinod Nanu	
Richard Bull	Rosa Silva	Scott & Audrey Douglas	Spandana Govindgari	Susan Mcallister	Tika Kharel	Virginia Wentz	
Richel Riley	Rosalyn Morton	Sean Bligh	Sridhar Nukala	Susan Kubach	Tika Khatiwada	Virginia & Ed Podmore	
Rick Brenner	Rose Dolance	Sean Gunter	Srinivas Bhupathiraju	Susan Nordstrom	Tim Reiman	Vivek Velagandula	
Rick Nelson	Rose Stein	Sean Grauer	Srinivasarao Ganta	Susan Shellhammer	Timothy Podmore	Vivian Luglio	
Rick & Sally Calabrese	Rosemary Olano	Selena Mancini	Srinu Dasari	Susan Mcconnell	Timothy & Elizabeth Walsh	Vivian Justiniano	
	Rosemary Virk	Seslie Daniels		Susan Brinkman			



Building Soledad's house in Lima, Peru

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 promoting better health, education, and personal development.

In 2017 we funded the following projects:

Ccapa Nursery Improvements

Roly Gerena
Sherbelle Garcia
MEDLIFE at UC Davis
MEDLIFE at Wayne State

Chosica Relief Fund

Alexandra Pacheco
Arianna Domek
Caroline Frykberg
Corinne Adkins
Cristina Negrón
Dara Adames
Derek Glenn
Elizabeth Williamson
Emma Stapleton
Emmaline Brown
Faviola Quiles
Fidelity Charitable
GHIG at Cooper Medical School
Jane Curtis MD
Jessica Richter
Justin Craft
MEDLIFE at CSU Long Beach
MEDLIFE at Inter Arecibo

A Home For Soledad

Cosi Inc.
MEDLIFE at Lafayette College
MEDLIFE at Marshall
MEDLIFE at McGill
MEDLIFE at Michigan State University
MEDLIFE at MU
MEDLIFE at Ohio State University
MEDLIFE at UGA
MEDLIFE at UMASS
MEDLIFE at UPR Rio Piedras
Sorcha Blakeley
The Benevity Community Impact Fund

MEDLIFE at PUCPR Ponce
MEDLIFE at Queens College
MEDLIFE at UN Lincoln
MEDLIFE at University of Vermont
MEDLIFE at UW Madison
Michael Tierney
Michaela Miller
Mona Lisa Scott
Patria Lugo
Sofia Riella
Sophie Banspach
Tom Stephens

A Food Cart For Christian

Jose	Gerena
Iris	Garrido
Sandra	Falzarano
Yaneisy	Pena
Alexander Rios	

A Home For Santusa

Goldman Sachs Matching Gift
Laura Miranda
MEDLIFE at TCNJ
MEDLIFE at UPR Cayey
MEDLIFE at NSU
MEDLIFE at UPR Ponce
MEDLIFE at Inter Arcibo
MEDLIFE at UPR-RP
MEDLIFE at The College of New Jersey

Santa Cruz Electricity Project

Good Life Expeditions

Bellavista Water Project

HP Perú

Other projects:

Nadine Heredia Water Project
Laderas Water Project
A Second Floor For The Wawa Wasi
A Food Cart For Juan Padilla
A Wheelchair For Jose Permillot
A Wheelchair For Ian
Support For Anais Arpi
Lionel Mori Travel Insurance



MEDLIFE staff delivering water and supplies after the landslides in Lima, Peru

OUR IMPACT.

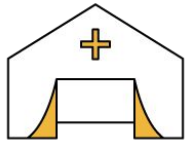
Year in Review
Our Finances

Every day, week, and month of 2017 was important. We spent our time in the field working hand in hand with communities, in the office sharing stories and organizing our operations, and on the road traveling to visit our student Chapters around the globe. But as the year ended we took a step back, and looked back at all the work the MEDLIFE Movement has done.

This is our 2017 impact. And none of it would have been possible without you.

YEAR IN REVIEW - MEDICINE

63,745 People Served



91

Mobile Clinics



913

New Follow-Up Patients



26,625

General Medicine



10,918

OB Patients



6,398

Dental Patients



19,503

Toothbrushing



301

Nutrition

YEAR IN REVIEW - EDUCATION



45

Educational
Workshops



21,790

Kids learned healthy dental
habits

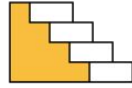
YEAR IN REVIEW - DEVELOPMENT

108 Development Projects

14,776 Beneficiaries



9 Sanitation Projects



21 Staircase Projects



48 Healthy Homes



2 House Projects



9 Water Projects



6 School Projects



1 Electricity Project



7 Specialized Patient Projects



5 Other Projects

OUR FINANCES

Revenue

Contributions and grants	\$15,071
Program service revenue (Service Learning Trips, Chapters Donations, 50:50 Donations)	\$2,352,145.00
Investment income	\$10,762.00
Total revenue	\$2,377,978.00

Expenses

Management and general expenses	\$240,225.00
MED (Medicine, Education & Development) Programs expenses	\$529,384.00
Service Learning Trips expenses	\$1,691,806.00
Total operating expenses	\$2,461,415.00
Operating surplus (deficit)	-\$83,437.00
Volunteer Deposits 2016/2017	-\$83,437.00





"Don't ask what the world needs. Ask what makes you come alive, and go do it. Because what the world needs is people who have come alive" - Howard Thurman



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 MED Programs Latin America & MED Programs Ecuador*

Carlos Benavides, *Director of MED Programs Peru*