

**Request Of The International Service Committee of the
La Jolla Golden Triangle Rotary Club
To Approve \$3,000 Allocation From ISC Budget
For \$30,000 Grant To Purchase Pediatric Surgical Equipment
For New Surgery Center at Tijuana Children’s Hospital**

A. Description of Project

1	<p>Project name: Short version: “\$30,000 Grant for Surgical Equipment for Children’s Hospital.” Longer version: “Pediatric surgical equipment for new surgery center at Hospital Infantil de las Californias in Tijuana.”</p>
	<p>Responsible ISC member(s): Steve Brown, John Thill and Eric Freeberg</p>
2i	<p>Persons served: Projected number: Over 1200 surgeries annually</p>
2ii	<p>Persons receiving primary and secondary benefit, and their location:</p> <p>The children will be served by the Hospital Infantil de las Californias (“HIC”). These children live on both sides of California, US and Baja California, Mexico, and they will receive state-of-the-art medical care. HIC serves children from all socio-economic backgrounds.</p> <p>To date HIC has provided nearly 325,000 patient visits; 215,000 hours of health education, and 7500 pediatric surgeries. In its 18 years of operation, HIC remains the only pediatric medical specialty center in Baja California Mexico.</p> <p>In September 2012, a 26,000 sq ft Pediatric Ambulatory Surgery Center will be completed, increasing (and at times doubling and tripling) HIC’s capacity to provide services. As part of equipping HIC’s new 3 OR Facility, LJGT would buy surgery instrument sets for three of the most common needed surgeries: Strabism correction (crossed eyes), tonsillectomy and myringotomy.</p> <p>The administrative support of the HIC is provided by the Foundation for the Children of the Californias, 2555 Camino Del Rio South, Suite 210, San Diego, CA 92108-3704, (619) 298-5437 (KIDS), www.usfcc.org, TIN 33-0415572 501 (c) (3). We encourage you to look at their website. It started as a dream by Dr. Elizabeth G. Jones EdD, MPH, RD and in the last 20+ years she has done wonders. She is a friend of both Eric Freeberg and Steve Brown since 1994.</p>
3	<p>Project purpose (indicate all that apply)</p> <ul style="list-style-type: none"> i. Education ii. Peace and conflict prevention/resolution iii. Water and sanitation iv. Public health, disease prevention and medical treatment. YES

	<ul style="list-style-type: none"> v. Maternal and child health. YES vi. Economic and community development. YES vii. Other
4	<p>Rotary connections (indicate all that apply)</p> <ul style="list-style-type: none"> i. Consistent with a special emphasis by The Rotary Foundation. YES ii. Consistent with a District Emphasis. YES iii. Builds upon an existing relationship (GSE team, Scholar, past projects). YES iv. Partners with another Rotary District or Club, or another organization. v Creates a high potential new relationship. vi. Is sustainable. YES vii. Encourages and provides opportunity for self-sufficiency. YES viii. Other: Historical relationship: LJGTRC and Hospital Infantil de las Californias. YES <p>LJGTRC has a longstanding, continuous relationship of support to this hospital. The 1st matching grant in which LJGTRC participated installed playground equipment at the site of HIC's first building constructed in 1993. Since then, LJGT has participated in various matching grants to support the facility, and has provided \$1000 or more per year for specifically identified needs at HIC. Steve Brown has also contributed additional personal donations through his personal foundation. Dr Dennis Bucko has advised that there is direct evidence that utilization of HIC reduces the charitable burden on San Diego medical institutions..</p>
5	<p>Project Resources (what resources will partner or already exist to facilitate project):</p> <ul style="list-style-type: none"> i. The Rotary Foundation, LJGT and/or Committee funds ii. Other funds (amount and source): Steve and Susan Brown (\$9000), Price Foundation (\$ 15,000) iii. Committee member commitment to facilitate project and report to Committee. iv. Other: Hospital Infantil de las California (see last page for full description, and artwork of surgical facility under construction.
6	<p>Interaction: How LJGT Rotarian(s) and project staff and/or population will interact:</p> <p>Over the years ISC members Steve Brown, Eric Freeberg, and John Thill have stayed in touch with hospital founder Dr Betty Jones. Construction of the playground involved many Club members. In addition, many Club members, including ISC Chairs, have visited HIC in various stages of its development. Dr Betty Jones has spoken to our Club on several occasions.</p>
7	<p>Self-assessment of outcomes: Results; ways in which we will know that it worked:</p> <p>Successfully increasing the capacity of HIC to perform these three most common types of pediatric surgeries.</p>
8	<p>Public disclosure: Who will be told about project:</p> <p>Dr Betty Jones takes many public opportunities to thank Rotary generally and our club specifically for this longstanding support.</p>

9	<p>Project initiatives: What special emphases, if any, distinguish this project:</p> <p>Children’s health, Economic and community development, disease prevention and medical treatment. The majority of lower economic Hispanic members of the San Diego Community utilize medical services Tijuana due to lower costs. The ability to match the \$15,000 will be a major benefit.</p>
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B.Funding Criteria

1	<p>What are the practical realities of the proposed project? Is it ready to be implemented, and just needs funding? Is the project sustainable? Is it controversial? Is the project and the use of the money well thought out?</p> <p>The surgical expertise already exists, the facility is being completed. Quotes regarding the cost of specific equipment have been obtained. What’s lacking is the specific equipment. The project is ready to be implemented, and just needs funding. The equipment is sustainable – HIC is a well-developed organization, and is successful at obtaining funding as needed. The project is not controversial.</p>
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2	<p>Non-monetary involvement of the member making the request: Is the club member willing to go to the project location and be involved, or personally support the project? This is a critically important consideration.</p> <p>Club members are invited to tour the HIC at any time, before or after project implementation. Steve and Susan Brown are personally supporting the project (\$9000).</p>
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3	<p>Monetary involvement of the member making the request: Has the ISC member pledged personal funds, is he or she willing to raise substantial portion of the money, and willing to take charge of the project? (While member involvement in providing funds and/or personal involvement should be encouraged, it should never be compulsory. Some projects may require more money than others in order to make an impact, but are as equally important. Some projects deserve support whether or not the member supporting the request has pledged any money to the project.)</p> <p>We (Steve and Eric) have outlined the funding of the project in B6 (below); both of us are willing to take charge of the project. Steve will contribute \$9000.</p>
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4	<p>Who is making the request: An active member of ISC, a new member or an uninvolved member with a good idea? (Historically involvement in ISC by the member requesting the support is a condition of funding, but there may be unique exceptions.)</p> <p>We are long-standing members of ISC, active and in good standing.</p>
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5	<p>What is the impact of the proposed project: How many people are positively impacted? How? How significant is the impact? Are the impacts able to be evaluated objectively?</p> <p>Spending Cost per unit units total import fee tax totals</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">ADENOIDECTOMY</td> <td style="width: 10%; text-align: right;">3,519.0</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">7,038.0</td> <td style="width: 10%; text-align: right;">1,407.6</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>INSTRUMENT SET</td> <td style="text-align: right;">4</td> <td style="text-align: right;">2</td> <td style="text-align: right;">8</td> <td style="text-align: right;">1</td> <td style="text-align: right;">929.02</td> <td style="text-align: right;">9,374.71</td> <td></td> </tr> </table>	ADENOIDECTOMY	3,519.0		7,038.0	1,407.6				INSTRUMENT SET	4	2	8	1	929.02	9,374.71	
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Myringotomy Instrument Set	1,745.8		5,237.5	1,047.5		
	5	3	5	1	691.35	6,976.41
STRABISM SURGICAL SET	4,473.8		8,947.6	1,789.5	1,181.0	11,918.2
	3	2	6	3	9	8
					total	28,269.4
Contingency if needed or alternatively to purchase heat sealer machine 1,730.6						
Total \$30,000						
<ul style="list-style-type: none"> • Impacts of Adenoidectomy and Myringotomy surgical instruments, and heat sealer machine as identified by beneficiary: 						
Adenoid /Tonsils removal						
<p>Tonsils and adenoids are part of the lymphatic system. Tonsils are in the back of the throat; adenoids are higher up, behind the nose. They help protect one from infection by trapping germs coming in through the mouth and nose. The two most common problems affecting the tonsils and adenoids are recurrent infections of the nose and throat, and significant enlargement that causes nasal obstruction and/or breathing, swallowing, and sleep problems.</p> <p>Abscesses around the tonsils, chronic tonsillitis, and infections of small pockets within the tonsils that produce foul-smelling white deposits can also affect the tonsils and adenoids, making them sore and swollen.</p> <p>Adenoid removal is surgery to take out the adenoid glands. The adenoid glands sit behind the nose above the roof of the mouth. Air passes over these glands when one takes a breath.</p> <p>Removal of the tonsils (tonsillectomy) and/or adenoids (adenoidectomy) may be recommended if there are recurrent infections despite antibiotic therapy, and/or difficulty breathing due to enlarged tonsils and/or adenoids. Such obstruction to breathing causes snoring and disturbed sleep that leads to daytime sleepiness, and may even cause behavioral or school performance problems in some children.</p> <p>Chronic infections of the adenoids can affect other areas such as the eustachian tube—the passage between the back of the nose and the inside of the ear. This can lead to frequent ear infections and buildup of fluid in the middle ear that may cause temporary hearing loss. Studies also find that removal of the adenoids may help some children with chronic earaches accompanied by fluid in the middle ear (otitis media with effusion).</p> <p>Myringotomy: Sometimes ear infections and/or fluid in the middle ear may become a chronic problem leading to other issues, such as hearing loss, or behavior and speech problems. In these cases, insertion of an ear tube (myringotomy) may be considered. Ear tubes are often recommended when a person experiences repeated middle ear infection (acute otitis media) or has hearing loss caused by the persistent presence of middle ear fluid (otitis media with effusion). These conditions most commonly occur in children, but can also be present in teens and adults and can lead to speech and balance problems, hearing loss, or changes in the structure of the ear drum. Other less common conditions that may warrant the placement of ear tubes are malformation of the ear drum or eustachian tube, Down Syndrome, cleft palate, and barotrauma (injury to the middle ear</p>						

	<p>caused by a reduction of air pressure, usually seen with altitude changes as in flying and scuba diving).</p> <p>Each year, more than half a million ear tube surgeries are performed on children, making it the most common childhood surgery performed with anesthesia. The average age for ear tube insertion is one to three years old. Inserting ear tubes may:</p> <ul style="list-style-type: none"> • Reduce the risk of future ear infection; • Restore hearing loss caused by middle ear fluid; • Improve speech problems and balance problems; and • Improve behavior and sleep problems caused by chronic ear infections. <p>Bair Hugger Patient Warmer: The patient warmer helps prevent unintended Hypothermia in the patient while in the surgical center or hospital. Provides clinical warmth to the patient before, during and after surgery.</p>
6	<p>Amount of money requested: A large commitment is not necessarily bad -- but is it worth it? Does the project take a very large proportion of the ISC budget? Is that a good idea? Is the amount small but the bang for it the very large?</p> <p>District Grant requires \$30,000 as follows:</p> <ul style="list-style-type: none"> ○ LYGTRC ISC \$3,000 ○ District 5340 DDF \$3,000 ○ Steve and Susan Brown \$9,000-confirmed pending grant approval ○ Price Charities \$15,000—confirmed pending grant approval <p><u>Note: This funding will release \$1000 back to contingency from the HIC line in ISC budget.</u></p>
7	<p>The importance of our donation to the project’s success: Is ISC the critical seed money to make the project happen, or are we simply supplying more money to close the financial gap? (This can be a subjective analysis but should be given consideration.)</p> <p>The designation of this as a District Grant – receiving both \$3000 from ISC and \$3000 from the District – is critical to successfully funding the \$30,000 contribution of equipment.</p>
8	<p>Date of this request, or prior requests: Did the member previously make similar requests and has he or she been turned down in the past? Is this a last-minute request, or has the member given the project significant consideration and worked within the ISC framework?</p> <p>We believe the timing of our request is reasonable as we only became aware of the \$15,000 matching opportunity and the ISC has not yet made a commitment to any other project.</p>
9	<p>In some cases, a project may have great value and deserve support, but not meet any of the criteria above. If so, what are the criteria that suggest this project is unique, and exceptional, that it should be funded even though the criteria generally applied to all Club projects do not apply to the project? (Such a project should be exceptional and pass a very high level of due diligence and scrutiny.) Not applicable.</p>

ADDITIONAL BACKGROUND INFORMATION ON THE HOSPITAL INFANTIL DE LAS CALIFORNIAS AND THE FOUNDATION FOR THE CHILDREN OF THE CALIFORNIAS :

The Foundation for the Children of the Californias (FCC) is a tri-national collaboration (Canada, the United States, and Mexico) founded by a group of concerned professionals to improve the health of children in the region of Southern California and North West Mexico. Our most significant accomplishment to date has been the construction of a pediatric specialty medical and education complex located one-half mile into Baja California. These facilities serve both families in Mexico and also families residing in the U.S. returning to Mexico for cost-effective health care. The facilities have been built exclusively with donated funds and are debt-free.

- 1993: Construction of a 2,100 sq. ft. clinic building named “Hospital Infantil de las Californias (HIC)” (opened in 1994).
- 2000: Construction expansion of an ambulatory center by 22,000 sq. ft. building (opened in 2001).
- 2012: Construction of advanced surgery center (26,000 sq. ft.), creating a campus with a total of 50,000 sq. ft. of buildings.

Our staff consists of 140 highly-trained members (75 percent volunteering their services). Since 1994, HIC has expanded to provide 35 medical specialties and services, including vital health and dental care, with outreach programs and projects on both sides of the international border.

Our patients pay a very low fee on a sliding scale (from nothing to an average of 50% of the cost). Our invested dollars are conservatively stretched 5 to 10 times the comparable costs in the US.

Beginning in the summer of 2012, the Shriners Hospitals for Children will utilize the HIC campus as a satellite clinic to provide orthopedics, burn, and cleft reconstruction surgery at no cost.

As of January 2012, HIC has had a total of 318,000 patient visits, and has provided 7,500 surgeries. More than 212,000 hours of expert health-education have been provided for medical and health professionals, children and their families, including student internships, practicums, many whom have come from our 31 affiliated universities in San Diego, and distant parts of the North-American continent.

One of our cross-border initiatives, has been the distribution of more than 75,000 bilingual health-record passports to parents in the region. These mini-identification health-records reduce parental anxiety, repetition of procedures, and promote better communication between health care providers and reduce costs bi-nationally. Some have proudly displayed Rotary as their sponsor. All our projects are targeted to provide any child an opportunity to become a healthier and more productive citizen in this border region.

The Foundation for the Children of the Californias has been repeatedly recognized by diplomats for its important contribution of goodwill in our regional international relations.

For an Advanced Pediatric Surgery Center at Hospital Infantil de las Californias, BC, Mexico and the south west U.S. frontier. Hospital Infantil de las Californias (HIC) delivers state-of-the-art medical care to children living on both sides of California, U.S., and Baja California, Mexico. HIC serves children of all social-economic backgrounds. Many

families working and living in the U.S. turn to Mexico for their pediatric health care for both financial and cultural reasons. To date, HIC has provided nearly 325,000 patient visits, 215,000 hours of health education and 7,500 pediatric surgeries regardless of social economic background. After 18 years and a positive track record of child-focused service HIC remains the only pediatric medical specialty center in Baja California, Mexico.

MISSION: *“To improve the health and nutrition for the children of the region”* and a present goal to equip the new surgery building and expand our advanced surgical specialties and supporting medical services:

Three point three million dollars was raised for the 26,000 sq. ft. surgical center construction. It is 98 % completed and scheduled to be inaugurated August 31st of 2012.

HIC is proudly affiliated with Rady Children’s Hospital, San Diego, and is also excited to be partnering with Shriners Hospitals for Children, who will be offering ambulatory orthopedic, cleft and burn reconstruction services on the campus at no cost to the patients. HIC will continue to offer its 23 other specialties.

NEED:

THREE million dollars is the projected funding required to equip the new Surgery Center building. Of this Shriners International has provided three hundred thousand dollars towards equipment.

SOLUTION:

A 2.7 million dollar campaign is underway in the United States, Canada and Mexico. Price Charities has provided a *challenge matching grant* of two hundred thousand dollars to kick start the campaign.

PRESENTLY:

- HIC is a debt free medical facility with an appraised value of \$13 million dollars and a \$1.5 million annual operating budget.
- 70% of the staff, including medical professionals, are volunteers.
- The average surgery cost is \$750 dollars versus approximately \$2,500 at a private Mexican and significantly more at a San Diego hospital. An office visit is approximately \$10.00 to see a pediatrician and \$15.00 to see a specialist.
- The Surgery Center business plan has been developed with a sound financial basis providing a revenue generating complement to existing surgical services, which are projected to double. This will increase the ability to provide surgical care on a fee-for-service basis as well as other donation-supported services for economically challenged patients. The financially sustainable model has projected \$1,500,000 annual operating costs. Revenue after the second year is projected to cover operating costs with continual growth produced in the third year.

GRAPHIC OF NEW SURGERY CENTER

