International Foundation for Children with Cranio-Facial Disorders
April 2006: ICMFS Presidium decided to form the International Foundation for Children with Craniofacial Disorders (IFCCD).

Focus: Directly help children.

Spin-off:
- New friendships,
- Good will,
- Mutual learning,
- Contribution to world peace.

Presidium authorized Dr. Westine to obtain a charter in the U.S.A.
Obtaining a 501(c)(3) charter became restrictive in the USA after the terrorist attack 9/11/01. Board of Directors now must be USA Citizens.

- Spending 15% of our capital annually.
- Obtaining at least 10 donations annually.
- Dangers travelling to foreign countries, e.g., kidnapping.
Leadership

* Founding Directors
  * Dr. Tom Lanka, Past President of ACOMS.
  * Dr. Walter Guralnick, Professor Emeritus at Harvard University and Director of OMS training at Mass General Hospital in Boston.
  * Dr. John R. Westine, Past President of ICMFS.
* Current Directors
  * Lauralee Westine, Attorney.
  * Shannon Kennedy, Legal Counsel, Pinellas Sheriff Department.
  * John Ritota, General Dentist, Delray Beach, FL.
Seek partners to obtain money and find needy children.

Contact Smile Train, Doctors without Borders, Project Hope and People to People.

People to People led to Nigeria and Rwanda Projects.

Smile Train, a large advertising business, embraced our ideas but did not want to partner.

Project Hope interested in our donations.

Doctors without Borders wanted our expert lists.
IFCCD Objectives

* Identify needy children.
* Help the children to get to hospitals and clinics.
  * Transportation and housing
* Pay admission fees to hospitals and clinics.
* Develop infrastructure.
  * Operating Rooms, etc.
* Provide supplies and equipment.
  * Fiber optic instruments, plates, screws, needles, etc.
* Provide a registry of experts.
* Provide surgery pro bono.
Projects We’ve Done

* Katmandu, Nepal
* Lagos, Nigeria
* Ibadan, Nigeria
* Abuja, Nigeria
* Kigali, Rwanda
* Antigua, Guatemala
* Cordoba, Mexico
* Chiapas, Mexico
* Lima, Peru
What We’ve Done

Katmandu, Nepal

Young boy with massive bleeding from this vascular lesion. Bleeding stopped with electro cautery.

Defect was corrected by excision and a local flap.
What We’ve Done
Katmandu, Nepal

Boy, 2 years old, with vascular tumor hanging from his upper lip.

Excision was performed and reconstruction done using a local flap.
What We’ve Done
Katmandu, Nepal

Baby, 3 month old, with bi-lateral cleft lip and palate.

Post Op, one week.
What We’ve Done
Katmandu, Nepal

Unilateral Cleft-lip and Palate.
What We’ve Done
Katmandu, Nepal

Pierre-Robin Syndrome with Pre-Auricular Tissue Tags.
We’ve Done
Nigeria

Lagos and Ibadan
• Olympus Corporation provided pediatric intubation equipment worth $10,000.
• Inspired reconstruction of 4 operating rooms.

Abuja
• Helped sponsor the OMS African Meeting to find needy children.
What We’ve Done
Antigua, Guatemala

Dr. Rudolfo Ascencio’s Infant Surgery Clinic.
International College for Maxillo-Facial Surgery
What We’ve Done
Antigua, Guatemala

Dr. Rudolfo Ascencio with Patient.
He Performs 300 Surgeries Annually, 80% Free.
What We’ve Done
Antigua, Guatemala

Aided in developing his new operating room in order to perform more complex skeletal surgery.
What We’ve Done
Antigua, Guatemala

Dr. Rudolfo Ascencio’s Patient: Pre and Post Op Pictures of Bi-lateral Cleft Palate.
What We’ve Done
Kigali, Rwanda

Street in front of Military Hospital.
What We’ve Done
Kigali, Rwanda

Girl, 11 year Old, with Frontal Cranial Tumor with Military Chief of Surgery.
What We’ve Done
Kigali, Rwanda

Jaw reconstruction with hardware donated by BioMet USA.
What We’ve Done

Kigali, Rwanda

Patients in Pre-Op area.

Patients’ personal belongings area.
What We’ve Done
Kigali, Rwanda

Military Hospital Surgical Ward.
What We’ve Done
Cordova, Mexico

Donated $4,000 to CLAYPA – An Arizpe Family Organization that treats over 100 Children Each Year Pro Bono.
What We’ve Done
Cordova, Mexico
What We’ve Done
Cordova, Mexico

Nurse talking with mothers whose children are awaiting surgery.
What We’ve Done

Cordova, Mexico

Children awaiting surgery.
What We’ve Done
Cordova, Mexico

Dr. Juan Arizpe, University of Monterrey Surgeon.
What We’ve Done
Cordova, Mexico

Team is preparing to operate on infant.
What We’ve Done
Chiapas, Mexico

Patients outside hospital lobby.
Father travelled with his son and family for 6 weeks to obtain surgery. This led to a $100 stipend for each family with a child having surgery to pay for transportation and housing.
What We’ve Done

Lima, Peru

Hospital lobby where patients are registering for surgery.
What We’ve Done
Lima, Peru

Amy, 7 year old, born deaf in one ear and with Nasal Atresia, Maxillary Deformity and Malposed Supernumery teeth. Foundation Paid $500 for Hospital Admission Fee.
What We’ve Learned

Lima, Peru

Patient with Cranio-Facial Dystrophy illustrates the need for multidisciplinary care.
Local surgeons are well-trained and highly skilled.
Role of visiting surgeon is to assist by exchanging information and ideas; most of the time, no need to show them how to do surgery.
By sharing ideas and cultures across borders, we help generate Peace around the World.
Surgeons can be territorial. For example,

- A Puerto Rican school principal asked for our assistance; however, the plastic surgeons stepped in and told the principal they didn’t need help and that we were coming to practice on their patients.

- In Lima, an arrangement was made with a Catholic hospital to provide admission fees for the children ($250/patient) and to form a Cranio-Maxillofacial Department. The deal fell apart when different specialties couldn’t agree who would be the boss. We’re now interviewing other hospitals.

- A well-financed surgical team from another country went to Guatemala with the idea of doing Cleft Lip and Palate surgeries to teach local surgeons their techniques. The local surgeons were offended and rejected the team and their money. The local surgeons felt the team was more interested in using their patients for training their residents than treating the children.
It is tough to raise money.
* It was easier to raise money and obtain resources from corporations than individuals.

It is difficult to find optimal locations for needy children. Ideally we need:
* Enough children in one catchment area for efficiency.
* To be physically near hospitals or large clinics:
  * For multidisciplinary follow up care, for example Orthodontics, Speech Therapy, Advanced Maxillo-Facial Surgery, etc.
  * Routine post operative care.

Most Missions don’t need our skills, rather they need our money and material support.
The Future of the Foundation

* Continue to raise and distribute money and resources to help these needy children.
* Continue to seek partnerships with International Service Clubs, e.g., Rotary, Kiwanis, etc.
* Consider European and Asian satellite children’s foundations which can be independent or a part of our international foundation.
* Continue to ask our members to help us identify opportunities to help needy children.
The Sky’s the Limit

International College for Maxillo-Facial Surgery.
What Can You Do?

* Donate Time and Resources
* Help Us Connect with Corporations
* Send Us Ideas
* Visit www.ifccd.org
* Contact Us At:
  
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  Delray Beach, FL 33444
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Questions? Comments?