An Introduction to CURE INTERNATIONAL


FOR PARTNER ORGANIZATIONS

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WHO WE ARE

*CURE is a network of charitable hospitals and specialty programs*

CURE International, based in Lemoyne, Pennsylvania, was founded in 1996 by Dr. Scott and Sally Harrison. CURE has grown from one hospital in Kijabe, Kenya, into a network of hospitals and specialty programs in 29 countries around the world with over 1,500 global employees, the vast majority of whom are citizens of countries other than the United States.

Our mission, taken from Luke 9:2, is to “heal the sick and proclaim the kingdom of God.” CURE brings healing to underserved areas where medical care is often most needed and least available. Our 10 hospitals offer a wide variety of care through specializing in areas such as orthopedics, neurosurgery, reconstructive surgery, and maternity care. The kids and families we serve experience physical, emotional, and spiritual restoration at CURE hospitals.

CURE also operates two specialty programs, CURE Clubfoot and CURE Hydrocephalus, with over 350 different program locations.

WHO WE SERVE

While the majority of our hospitals and programs are focused on serving children with disabilities, some of our hospitals also provide women with OB/GYN care, and all of our hospitals also provide care for private pay adults.

The children we serve have treatable conditions such as clubfoot, bowed legs, cleft lip, untreated burns, and hydrocephalus. In the places where CURE serves, children with disabilities are often viewed as cursed. They are frequently hidden inside their homes. Rejection, isolation, and abuse are common, both from family members and the outside world. In some serious cases, children are abandoned, thrown away, or drowned by their own families. Most who survive childhood, having no education or employment options, will end up as beggars or worse.

Without treatment, these kids have little hope for the future.

With treatment, everything changes.
Megertu
Healed at CURE Ethiopia

Megertu was born with clubfoot. When people saw that she was born disabled, they wanted to throw her away.

She was two years old when her mother died. Her father decided he did not want to be part of her life, so her grandmother took care of her. Clubfoot made it impossible for Megertu to work like other children in her family. Her uncles beat her because she was unable to work. She was relentlessly teased at school. There were no places of refuge.

Everything changed when staff from CURE Ethiopia visited Megertu’s village and brought her to the CURE hospital in Addis Ababa. For Megertu, the healing she found at CURE far exceeded straightened feet. For the first time in her life, she met the God who loves her.

“If the CURE hospital was not there, there was no hope for me. There was nothing for me. I might not get healed. I would be without hope. Now, I understand something: God hears and answers prayers.” - Megertu
WHAT WE DO

CURE is dedicated to providing life-changing healing through medical care, training, and spiritual ministry.

Our hospitals and programs provide quality medical care to children and families every day. In order to preserve our impact for generations to come, our hospitals are also centers for training, creating a sustainable, growing community of national medical professionals in each country we serve.

Medical care and training are truly transformative, to patients, their families, and to underserved areas that have access to high-quality medical care for the first time, but nothing can compare to the impact of healing for eternity. Through spiritual ministry, children and families are invited to know the God who loves them.

Medical Care

CURE operates hospitals and programs with a focus on surgical care in 29 countries with specialties that include orthopedics, neurosurgery, reconstructive surgery, and maternity care.
Hospitals

CURE Kenya
AIC CURE International Hospital
CURE’s first hospital opened in Kijabe, Kenya, in 1998 and was built in partnership with the Africa Inland Church. The 30-bed hospital provides care for children suffering from a wide range of orthopedic conditions, such as clubfoot, burn contractures, osteomyelitis, and other acquired or congenital conditions. The orthopedic training program at CURE Kenya is certified by the College of Surgeons of East, Central, and Southern Africa (COSECSA). It is widely recognized as one of the leading orthopedic surgical training programs in East Africa.

CURE Uganda
CURE Children’s Hospital of Uganda
CURE’s first neurosurgical hospital opened in Mbale, Uganda, in 2000. CURE Uganda is a specialty teaching hospital that treats the neurosurgical needs of children with an emphasis on conditions like hydrocephalus, neural tube defects, spina bifida, and brain tumors. CURE Uganda is recognized as a global leader in a minimally-invasive, shuntless treatment for hydrocephalus pioneered by Dr. Benjamin Warf of Harvard University. The hospital’s prestigious CURE Hydrocephalus surgeon fellowship program attracts surgeons from all over the world.

CURE Malawi
Beit CURE International Hospital
Our teaching hospital in Blantyre, Malawi, opened in 2002 and specializes in treating the orthopedic needs of children and adults. The Beit Trust, a UK-based charity, provided support for the construction of the hospital as a gift to the people of Malawi. The hospital also has special expertise in total hip and knee replacement surgery, making it one of the few places where this surgery is available in Sub-Saharan Africa.

CURE Dominican Republic
Centro de Ortopedia y Especialidades CURE International
CURE’s hospital in Santo Domingo, Dominican Republic, is our first presence in Latin America. Opened in 2003, this pediatric orthopedic facility provides inpatient surgical and rehabilitative care to children with disabilities. CURE Dominican Republic also offers orthopedic and general medical services to aspiring baseball players in Major League Baseball summer academies.
CURE Afghanistan
CURE International Hospital of Kabul and Family Health Center
In 2005, CURE responded to an invitation from the Afghan government to assume control of a partially restored hospital in Kabul. Today, CURE Afghanistan is one of the leading medical institutions in the country. The hospital provides maternal and pediatric care and also offers training programs for national doctors and nurses to further elevate the level of care provided throughout the country. Officially recognized by the Afghan Ministry of Public Health, CURE trains medical practitioners through its family practice residency, obstetrics and gynecology, pathology, and general surgery programs.

Oasis Hospital
Note: Oasis Hospital is never referred to by any other term (e.g., CURE UAE, CURE Al Ain, etc.).
Oasis Hospital was founded by Christian missionaries Drs. Pat and Marian Kennedy at the invitation of Sheikh Zayed bin Sultan Al Nahyan and his brother, Sheikh Shakhbut, in November 1960. CURE acquired Oasis Hospital in 2006 and is grateful to be part of the excellent work that has taken place since the hospital's inception. With a focus on maternal care, Oasis has brought over 100,000 children into the world to families from the UAE, Oman, and many other countries. Many members of the Abu Dhabi ruling family have been among the 100,000 children born at Oasis Hospital.

CURE Zambia
Beit CURE Hospital of Zambia
Opened in 2006, our hospital in Zambia provides orthopedic, neurosurgical, and ENT care and is one of the few hospitals in Zambia able to adequately address the surgical needs of children with disabilities in the country. The Beit Trust, a UK-based charity, provided support for the construction of the hospital as a centennial gift to the people of Zambia. The Zambian government donated a 50-acre plot of land for the hospital site. The hospital campus is comprised of six buildings, housing 45 patient beds in the children’s ward and 16 beds in the private patients’ ward. The hospital also operates mobile ENT clinics led by Dr. Alfred Mwamba of Zambia, the nation’s only audiologist.

CURE Ethiopia
CURE Ethiopia Children’s Hospital
Our orthopedic hospital in Addis Ababa, Ethiopia’s capital city, opened in 2008. The hospital is a state-of-the-art complex that provides modern medical and surgical care to children with physical disabilities. Currently, the hospital is in the process of a multi-year project to maximize the number of children they can heal. In addition, CURE Ethiopia fills a critical need as an orthopedic training site in the country, providing didactic and clinical training in pediatric and advanced orthopedic techniques, and is an international COSECSA-accredited training site.
CURE Niger
CURE Hôpital des Enfants au Niger

Our hospital in Niger opened in 2010 in the capital city of Niamey, bringing pediatric orthopedic and reconstructive care to one of the poorest countries in the world. CURE Niger is the only hospital in Niger offering specialty surgical care for children with a variety of physical disabilities. As such, the hospital's impact is extensive. Located in the heart of the Sahara, CURE Niger serves children from every region of the country and from neighboring countries as well.

CURE Philippines
Tebow CURE Hospital

The Tebow CURE Hospital in Davao City, Philippines, opened in May 2015, bringing pediatric orthopedic care to this nation of 96 million people. Located on the island of Mindanao in southern Philippines, The Tebow CURE Hospital is one of the primary outreach initiatives of the Tim Tebow Foundation and features the first international “Timmy’s Playroom” location.

CURE Egypt

Since 2010, CURE’s hospital-based surgical program in Egypt has provided charitable surgeries to children with physical disabilities through a partnership with a local hospital and orthopedic surgeon in Cairo.
Programs

CURE Clubfoot

Children born with clubfoot face a lifetime of disability and pain. If treated early, however, clubfoot can be corrected through the Ponseti method, a low-cost treatment that results in straight, pain-free feet for life. CURE Clubfoot facilitates treatment for children born with clubfoot and training for medical professionals.

The Ponseti Method: CURE’s clubfoot program utilizes a minimally invasive treatment known as the Ponseti method, a specific method of manipulation to stretch contracted ligaments, tenotomy (an outpatient surgical procedure performed under local anesthetic to release the Achilles tendon), bracing, and follow-up visits. This six- to eight-week long process casts the foot gradually into the correct position. During treatment each week, the cast is removed and replaced with a new cast that incrementally moves the foot into the correct position. A tenotomy is often performed before the final cast is applied. Once the casting phase is completed, the patient begins the bracing phase of treatment. The brace is worn 23 hours a day for the first three months and then while sleeping until the age of five. In the majority of clubfoot cases, children under the age of two can have a clubfoot corrected with limited surgical intervention. There is minimal scarring and bone development is not hindered, and the result is mobile, pain-free, flexible feet.

CURE Hydrocephalus

CURE Hydrocephalus trains and equips surgeons in the treatment of hydrocephalus, a fatal condition where fluid in a child’s brain increases and causes the head to swell. There are few surgeons qualified to correct this condition in middle- and low-income countries. Through CURE Hydrocephalus, life-saving treatment is being introduced to new areas.
**Dr. Benjamin Warf and the ETV/CPC Procedure:** Dr. Benjamin Warf, Senior Medical Director of CURE Hydrocephalus, is a pediatric neurosurgeon who has revolutionized the treatment of intracranial diseases in very young children, with a particular focus on hydrocephalus (“water on the brain”).

Because traditional treatment of hydrocephalus—insertion of shunts—is both prohibitively expensive and requires sustained medical monitoring beyond the reach of most children in underserved areas, Warf pioneered an alternative, low-cost treatment known as the ETV/CPC procedure (combined endoscopic third ventriculostomy and choroid plexus cauterization).

In carefully designed clinical trials, he demonstrated that a relatively straightforward, one-time treatment using modern endoscopic techniques (based on a surgical approach first attempted in the early twentieth century) results in outcomes that are at least as safe and effective as ventricular shunts, but requires far less medical infrastructure and post-surgical maintenance. As an adjunct to his clinical practice, Warf developed CURE Hydrocephalus.

Dr. Warf currently serves at the Boston Children’s Hospital as an Associate in Neurosurgery and Director of Neonatal and Congenital Anomaly Neurosurgery. He became the hospital’s Hydrocephalus and Spina Bifida Chair in 2014. Dr. Warf also serves as Associate Professor of Neurosurgery at Harvard University, where he earned his medical degree in 1984, and he was honored as MacArthur Foundation Fellow in 2012.

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**Commonly Treated Conditions**

CURE treats a variety of disabling conditions. These are some of the most common:

**Bowed Legs**
A leg (or legs) bowed outward at or below the knee

**Cleft Lip**
A birth defect characterized by one or more clefts (separations) in the upper lip resulting from failure of the embryonic parts of the lip to unite

**Cleft Palate**
A birth defect characterized by a split in the roof of the mouth

**Clubfoot**
A congenitally misshapen foot twisted out of position, often resembling the angle of a golf club
Contractures
A permanent shortening (of muscle, tendon, or scar tissue) producing deformity or distortion; usually seen as severe scarring caused by untreated burns

Hydrocephalus
An abnormal increase in the amount of cerebrospinal fluid within the cranial cavity that is accompanied by expansion of the cerebral ventricles, enlargement of the skull and especially the forehead, and atrophy of the brain (commonly referred to as “water on the brain”); often fatal if untreated

Knock Knees
A condition in which the legs curve inward at the knees

Obstetric Fistula
A hole between the vagina and rectum or bladder that is caused by prolonged obstructed labor, leaving a woman incontinent of urine, feces, or both

Osteomyelitis
An infectious and usually painful inflammatory disease of bone that is often of bacterial origin and may result in death of bone tissue, most frequently occurring in the legs, arm, or spine

Spina Bifida
A neural tube defect marked by congenital cleft of the spinal column, usually with hernial protrusion of the meninges and sometimes the spinal cord

Windswept Deformity
A condition in which one leg is bowed outward and one leg is bowed inward, causing the legs to look “windswept”

Definitions informed by the Merriam-Webster Medical Dictionary.
Training

Each CURE hospital and specialty program is dedicated to training national medical practitioners. Since inception, CURE has trained over 8,100 medical professionals.

CURE’s commitment to training is exemplified through the orthopedic training program at CURE Kenya. The program is certified by the College of Surgeons of East, Central, and Southern Africa (COSECSA), and is widely recognized as one of the leading orthopedic surgical training programs in East Africa. Doctors participating in the residency program spend five years training at CURE Kenya, the Kijabe Medical Center, and, whenever possible, CURE hospitals in other African countries. Upon completion of the program, the orthopedic surgeons continue to work at hospitals in Africa, including CURE hospitals, for an additional length of time. In addition to the residency program, CURE Ethiopia, CURE Malawi, CURE Uganda, and CURE Zambia are all accredited COSECSA training hospitals.

Training is also an integral component of our specialty programs. CURE Clubfoot trains medical professionals and counselors in Asia, Africa, and Latin America. Medical professionals in these regions are identified, trained in the Ponseti method, and mentored to become leaders in their field. Counselors also go through training to assist families in all phases of clubfoot treatment.

The same is true of CURE Hydrocephalus. The program’s training center is located at CURE Uganda, where surgeons participate in a three-month fellowship to be trained in the comprehensive treatment of hydrocephalus, including the revolutionary ETV/CPC procedure (combined endoscopic third ventriculostomy and choroid plexus cauterization).

The training program has established a legacy of leaders at CURE Uganda. Former Medical Director and current Senior Consultant Neurosurgeon Dr. John Mugamba worked as a pediatric neurosurgery fellow under Dr. Ben Warf before taking over as the Medical Director. Current Medical Director Dr. Peter Ssenyonga worked as a medical officer for three and a half years under Dr. Warf.

The effects of the training program are reaching far beyond Sub-Saharan Africa. Pediatric neurosurgeons from leading centers in North America have come to CURE Uganda to receive training from our experienced team of neurosurgeons, all of whom hail from Uganda.
Spiritual Ministry

CURE places equal value on medical and spiritual ministry. Just as there is an Executive Director at every hospital who manages operations and a Medical Director who presides over procedures, there is also a Spiritual Director who oversees ministry and leads a team of staff and volunteers. These full-time employees are part of senior leadership and speak into issues at the very core of hospital operations.

CURE’s spiritual ministry teams work with patients, their families, and their communities to understand a biblical view of disability in places where a much harsher view is commonly accepted. Through spiritual ministry at CURE hospitals, many patients learn for the first time that they are not cursed, as they’ve often been told, but loved by God. Many of our patients and families are given the opportunity to participate in a study of the Gospel of Mark through a curriculum called Christianity Explored. They are encouraged to share their own beliefs and questions about Jesus while studying the healing accounts found throughout Mark.

Through hospital devotions, counseling, prayer, and outreach events, our goal is to demonstrate the love of Jesus to those we serve and provide the kind of healing that outlasts physical bodies and extends into eternity.

At many of our hospital locations, local pastors are sought out during mobile clinics and outreach events. These pastors are trained in how to recognize the disabilities that CURE treats and also in how to help families understand a biblical view of disability. Carrying out our mission is greatly aided through partnership with these local pastors.
THE LANGUAGE OF CURE

What CURE Does

CURE’s mission is to do what Jesus did: heal the sick and proclaim the kingdom of God. By providing life-changing medical and spiritual care, we share God's love with patients, their families, and the communities we serve.

Who and Where CURE Serves

CURE treats patients in underserved areas whose physical disabilities can be corrected or alleviated through medical intervention. We treat patients regardless of gender, ethnic background, or religious affiliation.

Cost and Funding

The cost of providing medical care for our children varies widely between countries, conditions, and even specific cases. Across our network, the average operational cost to CURE is $2,000 for orthopedic surgery, reconstructive surgery, and neurosurgery; $1,000 for cleft lip and palate surgeries; and $400 for complete treatment for children born with clubfoot using the Ponseti method. Of the $2,000 needed for every surgery, half is provided by major donors to CURE. The remaining $1,000 is funded by Heroes who donate to our CUREkids program. For cleft lip and palate surgeries, approximately half of the funding is provided through a partnership with Smile Train, an international children’s charity.

CURE functions differently than traditional “child sponsorship” models. Rather than funding specific children, gifts are allocated to CURE hospitals for operational costs in order to provide life-changing surgical care. Through the CUREkids program, supporters can follow the real-time progress of individual children receiving medical treatment at many CURE hospitals.

Whether donors become “CURE Heroes” through a monthly donation, choose to give one-time gifts through the CUREkids program, or join us at a higher level of giving as a country-specific Bed or Surgery Sponsor, 100% of every dollar from those donations goes directly toward the delivery of medical care throughout our network of hospitals and programs.

CURE’s Religious Affiliation

As a Christian organization, CURE believes in healing the sick and proclaiming the kingdom of God, and we believe in doing it together, regardless of denominational affiliation. CURE is an independent Christian organization and is not affiliated with any one church or denomination.
CURE in Speech and Writing

General Name Usage
When CURE is mentioned in copy text (articles, emails, headlines, etc.) it should always be styled using all capital letters, e.g. “CURE” rather than “cure” or “Cure.”

It is acceptable to refer to CURE International as simply “CURE.” The word “International” can be included or left out at the discretion of the speaker/writer.

Hospital Names
When referring to a specific CURE hospital, there are two acceptable naming conventions. You may use either CURE plus the name of the country where the hospital is located (e.g., CURE Kenya, CURE Philippines, etc.) or the legal name of the hospital (e.g., AIC CURE International Hospital, Tebow CURE Hospital, etc.). Do not use the CURE name plus the city (e.g., CURE Kijabe, CURE Davao, etc.). There is one exception to this rule; Oasis Hospital is always referred to as “Oasis Hospital” and should not be referred to as “CURE UAE.”

If writing or designing for CURE, please familiarize yourself with our Brand Guidelines, which can be found at https://cure.org/press.

Terminology
When speaking of the medical services we provide, simply using “medical care” or “surgeries” is generally sufficient without any modifiers. However, if a modifier regarding costs is necessary, “charitable medical care” or “charitable surgeries” is the most accurate term to use for our network. Do not use “free.”

When the areas we serve need to be called out, it is preferable to speak in geographic terms: Africa, Asia, and Latin America. However, if other terms are needed, we prefer “underserved areas” rather than the “majority world” or “developing world” or “third world.”

When speaking about those who have disabilities as a group, put people first. We serve “children with disabilities,” not “disabled children.” We do not use the terms “crippled” or “deformed” or “handicapped” when speaking in generalities about those we serve.
RESOURCES

Website
cure.org

Social media links
https://www.facebook.com/cureinternational
https://twitter.com/CUREIntl
https://instagram.com/cureintl/
https://www.linkedin.com/company/cure-international
https://plus.google.com/+CUREorg
http://curekids.tumblr.com/
https://www.youtube.com/cureorg
https://vimeo.com/cure

For downloadable photos for press usage, brand guidelines, and logos, visit https://cure.org/press

For specific questions or additional information, please email info@cure.org
CURE Core Values

**Being Christlike**
We value reflecting Jesus with compassion to those we serve.

**Being Childlike**
We value a child’s passion for life and dependence on God in how we think, live, and love.

**Integrity**
We value doing what we say and saying what we do.

**Restoring the Broken**
We value taking action in responding to the physical and spiritual needs of those without voice and resources.

**Intentional Relationships**
We value collaborative partnerships that cultivate trust and authenticity.
CURE Essential Standards

Excellence in Action
CURE delivers first world quality patient care and program administration in underserved countries, while training national professionals to continue this level of service into the future.

Intentional Spiritual Ministry
CURE seamlessly integrates proclamation of the kingdom of God into the delivery of medical care and training in a culturally-sensitive fashion, taking into account varying levels of corporate (group) and individual receptiveness to the gospel.

StratOp
CURE is developing a culture of proactively planning for future activities (maximization/expansion/contraction) while managing for today by holding all of our hospitals and programs, along with headquarters, accountable to stated outcomes through a system called StratOp.

Operational & Financial Sustainability
In order to sustain our impact for generations to come, CURE employs entrepreneurial methods to generate revenue both globally and in the countries we serve, while continuing to nurture the personal and professional lives of those who care for our children and families, maintaining the highest possible quality of facilities and equipment, and developing intentional relationships with local partners to further medical, spiritual, and training activities.

Ongoing Monitoring & Evaluation
CURE regularly measures and analyzes the effectiveness of its facilities and programs utilizing standardized metrics and network-wide IT infrastructure, adjusting our practices as needed to conform with our Core Values, Essential Standards, and other StratOp goals.

Facts and figures referenced in this document reflect Fiscal Year 2016.