Healthy & Ready to Learn

2012 ANNUAL REPORT

Children's Health Fund
Kids need good teachers, but they need good doctors, too.

If students can’t see the blackboard, how are they going to solve the math problems the teacher is writing there? If they can’t read their text book, how are they going to do their homework?

If they are falling asleep at their desks because uncontrolled asthma kept them up coughing all night, how are they going to concentrate on the classroom discussion?

If they are hungry in class, what hope does the teacher have to keep them engaged?

Ask any teacher or principal, especially those working in disadvantaged communities across the U.S., and you will hear heartbreaking stories of children struggling to succeed in school in the face of health barriers to learning like these.

For over 25 years, Children’s Health Fund has been a vital part of the solution.

Our mobile medical and dental clinics visit hundreds of schools every week in the country’s most blighted urban neighborhoods and isolated rural communities to diagnose and manage health problems that can stand in the way of success in the classroom. And we make sure children get the right start during the critical years from birth to kindergarten, when crucial brain development occurs that supports lifelong learning.

Without this help, these kids really don’t stand a chance.

Children in poverty already face disparities in academic opportunity and achievement. Poor health adds to the burden they shoulder.

Through our medical services and advocacy, Children’s Health Fund is committed to giving every child a chance to be healthy and ready to learn.
A NOTE FROM OUR LEADERSHIP

Learning is the work of children, from their earliest moments as newborns experiencing the world around them until they cross the finish line of graduation.

In the following pages you will meet kids of all ages who are going to school today able to do their best because they got the health care they needed this year, as well as young adults who are fulfilling their potential because Children’s Health Fund ensured that they had a doctor’s care in years past.

As our 25th anniversary year came to a close, we looked back with gratitude at this legacy of hundreds of thousands of children who have been able to grow up healthy and ready to learn thanks to dedicated doctors, nurses and other health care professionals who work with Children’s Health Fund. And we are grateful to the many generous donors who have made this work possible.

Each vulnerable child who has gotten health care through Children’s Health Fund is an important accomplishment. But we know from our work on the frontlines of poverty in America that an alarming number of children are walking into their schools each day, sick, exhausted or limited by health problems. Many of these health problems like asthma, vision impairment, hearing loss and anemia are readily preventable, treatable, or manageable, and we must do a better job of ensuring that all kids are healthy and ready to learn.

We have taken some important first steps. In collaboration with the Council of School Supervisors & Administrators (CSA), the New York City principals union in the nation’s largest school system, we surveyed 625 public school principals and assistant principals. The results were staggering. Our research study, “Crisis in the Classroom,” reported on the many health barriers to learning that school leaders observe and the substantial disparities in unmet student health needs between higher- and lower-poverty schools.

We have begun a dialogue with U.S. Secretary of Education Arne Duncan on how we can work together. And at NBC’s Education Nation Summit in Fall 2013, we shared our understanding that quality health care is part of the equation to improve academic performance for kids in poverty.

We must all be part of the solution. In partnership with Parents Magazine, we launched our EVERY CHILD A CHANCE campaign and we will do more in the year ahead to bring educators and health care professionals, policymakers and parents together to make sure that all America’s kids are healthy and ready to learn. We look forward to working with you as we pursue this essential goal.
If a child can’t see the blackboard, that child will have a more difficult time doing well in school. Tragically, all across America, many kids living in poverty go to school without the glasses they need to see. On Children’s Health Fund mobile clinics we meet these kids every day. Some children were absent the day their classmates were vision-tested and fell through the cracks. Others were diagnosed with vision problems, but their parents can’t afford the necessary glasses or treatment. Some kids once had glasses—but lost or broke them, like kids do—and need to wait until insurance reimbursement permits a new pair. That might mean a year or more in school not seeing the blackboard.

Los Angeles has more neighborhoods marked by concentrations of poverty than any other city in the nation. And one in four children in Los Angeles lives in extreme poverty. The Children’s Health Fund project in Los Angeles works with area schools to identify kids with vision problems. This year, they found that approximately 30% of the elementary- and middle-school children they examined failed the vision screening. Collaborating with a community partner, they ensure that kids like these get the follow-up services they need, including glasses.

In the Jordan Downs Projects, Ronald lives with his mother and older sister who made it into college. In seventh grade, Ronald hopes to go to college too, but he was having trouble seeing the board in school. His mother is the sole economic support for the family and is underemployed. She had no money for glasses. But now Ronald has the glasses he needs to see the blackboard.

Hilary’s last pair of glasses broke when she fell down. Because she has cerebral palsy, she falls quite often. Hilary has insurance, but it provides for a new pair of glasses only once every two years. The family lives in a single rented room in Koreatown, and her mother cannot afford to replace the broken glasses. But with assistance from the project, Hilary doesn’t have to wait till sixth grade to see again.
Isani Castro was a bright, lively child in Head Start when her mom first noticed that something wasn’t right with one of Isani’s eyes. Could her sight, and her future, be at risk?

Her mother immediately brought Isani to the Children’s Health Fund clinic in the South Bronx to see Dr. Altagracia Tolentino, a doctor she had known and trusted since her pregnancy. Dr. Tolentino suspected amblyopia, commonly called “lazy eye.” Because the health center is operated in partnership with Montefiore Medical Center, Dr. Tolentino was able to quickly refer Isani to a specialist. The Montefiore ophthalmologist confirmed the diagnosis and prescribed glasses with a special prism for Isani. The prism eventually corrected the problem and now Isani has outstanding vision without glasses.

Today a star student in high school, Isani has big plans for the future. “I’d like to be a lawyer someday,” she said. “I have my eye on Columbia University.”

Dr. Altagracia Tolentino
PEDIATRICIAN, CHILDREN’S HEALTH FUND CENTER FOR CHILD HEALTH AND RESILIENCY

Meet Isani in this short video bit.ly/1feu8kH

In preschool Isani Castro was diagnosed with a “lazy eye,” but she got the treatment she needed and today her vision is 20/20.

It’s fortunate we caught Isani’s eye problem early. As children age, the condition becomes more difficult to correct.

Dr. Altagracia Tolentino
PEDIATRICIAN, CHILDREN’S HEALTH FUND CENTER FOR CHILD HEALTH AND RESILIENCY

South Bronx

60% of participating principals in NYC’s high poverty schools report that vision problems are a significant barrier to learning.
Managing Medication

“Some of the kids we see have so many health challenges,” says Dr. Wendy Williams. “It can really overwhelm a parent.” Jasmine Johnson was born prematurely and has some developmental delay and hearing problems along with very significant asthma. She’s a handful for her mom, who has four other children and very limited resources.

This year, the Mississippi Gulf Coast project started to concentrate intensively on asthmatic children at the local elementary school. Dr. Williams saw Jasmine repeatedly, and even though her mom had the multiple medications her daughter needed, Jasmine continued to wheeze. “I realized the mom was just not able to keep the medications on schedule, so I reached out to the school nurse, Kathy Hicks,” said Dr. Williams.

Now, every single weekday, the school nurse sees to it that Jasmine gets her medication.

“I saw Jasmine at the school last Monday and, for the first time ever, when I listened, her lungs were clear,” reported Dr. Williams. She was happy, and so was Jasmine. The school nurse and Dr. Williams continue to collaborate to keep Jasmine healthy. Nurse Hicks is planning to make a home visit to help Jasmine’s mom learn how to manage her daughter’s asthma, and Dr. Williams will be providing regular checkups to make sure it stays under control. Now Jasmine has an opportunity to focus on learning, not wheezing in school.
Breathing Easy

Joshua Williams comes from a family with a history of severe asthma.

The world outside seemed so hazardous that his mom lived in constant fear of the many things that could trigger a deadly asthma attack.

In elementary school, week-long hospital stays were the norm for Joshua, and he missed so much school through the years he had to repeat two grades. Caring for her son was so demanding his mom had to leave her job.

For years, Joshua and his family felt hopeless and imprisoned by his condition. That all changed when Joshua’s teacher connected him with Dr. John Carlson, the pediatrician who leads the Children’s Health Fund project in New Orleans.

Dr. Carlson, an asthma and allergy specialist, came to Joshua’s school on the mobile clinic every week so he was able to have the frequent check-ups he needed right at school, instead of constantly being absent to go to a doctor’s office.

Due to this ongoing care, Joshua’s asthma is finally under control, and he has been able to stay in class and reclaim his life. He can finally play the trumpet again, and joined his high school marching band. This year, with his family and Dr. Carlson watching, Joshua even marched in the Mardi Gras parade.

Dr. Carlson has been working with each of the schools that the mobile clinic visits to “hot spot” kids with asthma. School nurses and teachers work with Dr. Carlson to help identify the kids who have chronic problems with asthma so they can receive intensive support. Thanks to this ongoing collaboration, dozens of kids like Joshua are now breathing easy in New Orleans.

Watch Joshua’s interview
bit.ly/1feu8kH

The Council of School Supervisors & Administrators (CSA) invited Children’s Health Fund to collaborate on a public service subway advertising campaign that reminds parents how they can help ensure that asthma will not stop their kids at school.
It could be an ordinary cavity. It could be a heavy buildup of tartar and plaque. Or it could be a severe neglect of teeth and gums. Whether it’s a lack of access to a dentist, inability to afford regular dental care, or fear of an unfamiliar and frightening process, for many low-income children, lack of proper dental care can mean more than just a smile that doesn’t glow. It can mean serious distress, sleepless nights, absence from school, and worse. The mobile dental clinics Children’s Health Fund projects operate in underserved communities provide a front-line of defense against tooth decay and oral pain that can distract a child from learning.

When it hurts to smile

For David Miller, nothing could be more frightening than a trip to the dentist—except maybe not doing anything about his painfully yellow teeth. The ten-year-old’s teeth and gums were in such bad condition they caused him continuing distress. Bad as that pain was, however, it was nothing compared to how he felt when kids at school ridiculed him over his unsightly smile.

Things were already tough enough for the boy, who had been living in a series of foster homes for most of his childhood. Now with the combination of mouth pain and relentless teasing by his classmates, David no longer enjoyed going to school. His aunt, who sometimes takes care of him, worried that if something wasn’t done about David’s dental problems, he would end up “falling through cracks of the foster care system.”

For David, the expansion of services by the Children’s Health Fund project in Washington, DC into parts of nearby Maryland came at just the right time. When his aunt showed up at the mobile clinic with David, the very heavy tartar on the boy’s teeth and the extremely poor condition of his gums alarmed the dental team. When they began to go to work on his mouth, David cried, terrified of what they would do to him. But being gentle is this team’s specialty, so they took it very slow—explaining each step of the exam and treatment and taking breaks whenever David got anxious. When they realized the cold water used in cleaning was causing his sensitive teeth to hurt, they even warmed up the water to make him more comfortable during the procedure.

“When David returned for his three-month follow-up, he was a totally different patient. His self-esteem was restored and he was looking forward to school,” said Holly Graham, the lead hygienist on the team.

“Through his tears, he told us not to stop. He didn’t want to go back to school with his teeth in such terrible condition.”

Holly Graham, RDH
Oral Health Team Leader, Washington, DC Project

Gleaming With Pride
Free From Pain

The pain was so bad that Yunuen Arteaga couldn’t study. The eight-year-old’s mouth was swollen and tender, preventing her from concentrating on her homework.

She even started missing days of school. When her mother realized that this was more than just the normal discomfort of losing baby teeth, she took her daughter to the dental clinic run by Dr. Adam Hodges at the Children’s Health Fund project in Idaho.

Dr. Hodges immediately saw that Yunuen had an infection in a baby tooth. It had to come out. But when he asked his patient which tooth was hurting, she pointed to one of her permanent molars. As Dr. Hodges completed his examination he found that all four of her adult molars were severely decayed.

Yunuen needed major treatment to repair her teeth. But her mother balked. She had no insurance and there was no way she could afford the procedure. Dr. Hodges told her that it was critical to save these teeth and stop the infection in her daughter’s jaw. He offered to discount the procedure to the bare minimum and told her that she should just pay whatever she could afford. Then he scheduled the earliest possible appointment to do the work.

An estimated 51 MILLION school hours are lost each year to dental-related illness.
Coming Through Loud & Clear

When Tomás Farias was around six years old, his mother noticed that he wasn’t responding to her when she called his name—at least not when his back was turned. Concerned, she experimented with speaking in a soft voice to him—and sure enough, he couldn’t hear her.

Immigrants from Argentina, the family had no health insurance, so Tomás’s mother took her son to our mobile medical clinic that provides health care services throughout Southern Florida—both on the tough streets of Miami and in out-of-the-way towns like Homestead, on the edge of the Everglades.

An initial exam revealed a serious problem, so medical director Dr. Lisa Gwynn referred Tomás to a specialist who determined that the boy had congenital middle ear hearing loss—a condition that results in an inability to hear some, but not all, frequencies. The clinicians at the center prescribed hearing aids for Tomás, and since then he’s been hearing loud and clear.

Good thing, too. When Tomás’s younger sister, Isabella, started saying “Qué? Qué? (What? What?)” all the time, her mother knew exactly what to do and brought her in to see Dr. Gwynn.

Today, Tomás is 13 and Isabella is 9, and both children have no problems hearing their mother—or their teachers.

South Florida

Children’s Health Fund believes that all children, regardless of their families’ legal status or country of origin, must have access to timely, continuous and quality health care. That is why Children’s Health Fund has been advocating aggressively for immigration reform that provides access to health care services for millions of children on the pathway to legal status. Providing immigrant children with coverage will yield dividends in the form of improved health outcomes, overall well-being of children and families, and long-term financial savings for American taxpayers. Children, their families, and the nation as a whole deserve nothing less.

Read the report bit.ly/1feu8kH

37% of elementary school children with hearing loss have to repeat at least one grade.
A few weeks before her third birthday, Sky’Lynn Warlick needed a required check-up for the Head Start pre-school program. She did not have a primary care physician, so her mother took her to our mobile medical clinic in Detroit.

That evening, Dr. Elliott Attisha notified Sky’Lynn’s mom that her blood lead level was more than 10 times the safe level. She needed to be admitted to the hospital immediately for treatment. Shocked to hear the alarming news, her mom said, “Sky’Lynn must have been eating paint chips with lead in them. I’ve heard they taste like candy to little kids.”

After eight days in the hospital with an IV drip in her arm, Sky’Lynn was released. Now she and her mother are staying with relatives while the dangerous lead paint is removed from their home. “We didn’t even know we had all this lead in our house, but we sure found out—the hard way,” said her mom. “Luckily for Sky’Lynn, ‘Dr. Elliott’ was on the scene. He and his team saved my daughter’s life.”

High lead levels can lead to decreased bone growth, damage to the nervous system, developmental delays and even seizures at extremely high levels. In addition, high lead levels are also associated with lower IQ scores, reading disabilities, absenteeism, and higher dropout rates.

Dr. Elliott Attisha
MEDICAL DIRECTOR, DETROIT PROJECT
POOR NUTRITION SPELLS TROUBLE FOR KIDS IN SCHOOL

Good nutrition isn’t just energy for the body, it's fuel for the mind. Kids who don’t eat right don’t have what it takes to stay focused in class and absorb their lessons. In America today, more than 16 million kids struggle with hunger. And even when low-income families can afford to go food shopping, their communities often don’t have nearby grocery stores stocked with affordable fresh fruits and vegetables. Sometimes parents don’t have the education to know what a nutritious meal should include to ensure a child is healthy and ready to learn. That’s why Children’s Health Fund has expanded the care many of its projects provide to include health educators who work with parents and teachers to help kids understand the nutrition they need to do their best in school.

At Progress Elementary in Baton Rouge, the classroom door flies open and two caped crusaders leap into a room full of suddenly energized fourth-graders. Their super power? Info on eating right and staying fit.

“We go into the classroom and get the kids on their feet,” said health educator Jeff Soileau. “We have them stretch, do jumping jacks, sometimes even a little dancing. It’s a way to give them a ‘brain break’ that lets them go back to work with more focus and better concentration.”

Waving his cape before a legion of smiling students, Mr. Soileau also teaches good nutrition through games like the My Plate Relay, where teams of kids build plates of rubber foods. The team that gets all five food groups on its plate first wins. But everyone is a winner here, because all the kids learn how to put together a nutritious meal.

Activities like this feed into the Mayor’s Healthy Cities Initiative, Baton Rouge’s effort to promote healthy eating and active living. This includes the promotion of 5-2-1-0+10, a daily practice of five servings of fruit or vegetables, two hours or less of screen time, one hour or more of physical activity, zero sugary drinks, and the 10 hours of sleep recommended for children by the National Institutes of Health.

Since the Great Recession, more families—especially those with young children—lack enough money to buy the food they need, while others make unwise choices, buying sugary drinks, chips and other “empty calories.” For teachers trying to help young minds grow, it’s a recipe for disaster. Luckily for folks in Baton Rouge, they’ve got superheroes like Jeff Soileau to help save the day.

1 IN 6

Louisiana households struggle with hunger.
At the start of puberty, girls sometimes don’t realize that their fatigue is a symptom because that’s the way they feel all the time. They don’t know they could be anemic.

Regina Perry  FAMILY NURSE PRACTITIONER, MEMPHIS PROJECT

A Win Against Anemia

Kimbrielle Burns had been feeling weak and tired for some time—especially when she was playing on the school volleyball team.

“I just don’t have any energy,” the middle-school student at Memphis Academy of Health Sciences told family nurse practitioner Regina Perry during her sports physical.

Kids often come to the mobile medical clinics for their required sports physical, and it’s a great opportunity to spot medical problems. Ms. Perry discovered that Kimbrielle was anemic, and over the months ahead, she monitored Kimbrielle’s condition. “We rechecked it and her hemoglobin levels were consistently low,” the nurse practitioner said.

Ms. Perry was able to help Kimbrielle focus on a healthy diet, encouraging her to eat more meat and vegetables. “I’m eating chicken and green beans, which are now my favorite foods,” she said. “And I have much more energy for volleyball—and school!”

CRISIS IN THE CLASSROOM

Participating NYC principals reported poor diet and lack of exercise have a significant impact on learning, with the problems especially apparent in high-poverty schools.

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We are grateful to the Walmart Foundation for supporting expanded nutrition activities at Children’s Health Fund programs across the country.
Finding Focus

Emma Baisden has four daughters and all were doing well in school except for Kayla, who could not sit still long enough to pay attention to anything. “I always helped my daughters with their homework and I just couldn’t understand why I couldn’t help Kayla with something as simple as spelling,” recalls Ms. Baisden. “She would study her words and be able to spell them all correctly. Then if I asked her to spell one of the words five minutes later, she would not know what I was talking about.”

Kayla’s second grade teacher suggested that perhaps Kayla needed testing and offered to introduce her to Dr. Isabel Pino on the mobile medical clinic that regularly visited the school. After taking a thorough history and examining Kayla, Dr. Pino diagnosed ADHD. “When Kayla went on medication her condition immediately improved. She could retain what she had studied, her grades improved, her self-esteem improved. It was a complete about-face,” says Ms. Baisden. “Ms. Baisden did everything right as a mom, she even had insurance, but the issue here in rural West Virginia is access,” explains Dr. Pino. “On the medical clinic, I get to know my patients and they know that I’ll be here for them.”

CONCENTRATING ON SCHOOL SUCCESS

Childhood mental and behavioral disorders, which are widespread in America, can be disruptive to learning. The most common form of behavioral challenge suffered by children in the 8 to 15 age group is attention deficit hyperactivity disorder, often called ADHD. By middle school, kids with ADHD have significantly lower academic achievement, miss more school days, and are three times more likely to repeat a grade than children without ADHD. Children with this kind of disorder are also nearly three times more likely to drop out of high school. In the face of these daunting statistics, Children’s Health Fund project teams work to identify children who need help and ensure they get the support they need.

CHILDREN’S HEALTH FUND

ADDITIONAL INFORMATION

Distance and the lack of transportation often stand in the way of children getting the health care they need in both rural areas and cities that have limited public transportation. Children’s Health Fund is tackling this problem with advocacy at the federal and state level, to increase coordination between the health care and transportation systems so kids can get to the doctor.

Thank you!

We deeply appreciate the Kresge Foundation’s investment in Children’s Health Fund’s Child Health Transportation Initiative.
Speaking Their Language

When her son José was five years old, Dora Medrano of New Orleans realized something wasn’t right.

He was hyperactive, especially compared to his younger brother. It seemed José couldn’t concentrate and was always in motion. Ms. Medrano took José to the Children’s Health Fund clinic where Dr. John Carlson’s team examined him thoroughly, diagnosed ADHD, and prescribed medicine to control the condition. The effects were dramatic, said Ms. Medrano. “Almost overnight, he went from being restless and unable to pay attention in school to getting A’s and B’s. He’s calm and relaxed. His conduct is excellent now.”

There was one hitch, however. The medicine José needs to keep his ADHD at bay is expensive. That’s where Carlos Naranjo jumped in. A longtime case manager with the New Orleans team, Mr. Naranjo serves as an interpreter, counselor and facilitator for Spanish-speaking immigrants like the Medranos. Mr. Naranjo contacted the manufacturer of the ADHD medicine and worked out a program to get José’s prescriptions filled for free.

“Gracias a Dios,” Ms. Medrano said. “Thank goodness for Carlos and Children’s Health Fund.”
PROTECTING CHILDREN FROM TOXIC STRESS

To ensure a child is healthy and ready to learn, steps must be taken long before that child enters school. The earliest years, birth to age four, are critical for brain development and long-term disease prevention.

Children born into poverty are surrounded by factors that can threaten their start in life. Unemployment anxiety, food insecurity, household instability, maternal depression, and domestic violence are among the “toxic stressors” that may be part of their home environment.

Young children who have prolonged exposure to stressors like these may be permanently impaired. Toxic stress can affect brain development in ways that reduce a child’s capacity to learn and even have an impact on the cardiovascular and immune systems, increasing risks for health problems and social problems as the child ages.

New research reveals that effective parenting skills can help insulate children from toxic stressors. But moms and dads who were raised in low-income, low-education households may lack positive role models to shape their own behavior as parents. They may not know how important it is to talk to their kids and to read them stories to promote early learning, to discipline them without violence, and to establish healthy habits for nutrition, exercise and sleep.

By providing a comprehensive medical home for young children, and treating the family holistically, Children’s Health Fund projects mitigate toxic stress and help build healthy families so infants and preschoolers can thrive.

“\nI learned so much from the Pregnancy Group my eating habits changed 100%. Now I am serving my family healthy foods and breastfeeding my youngest son for the first time.

Charisse Grissom
MOM IN SOUTH BRONX WELL-BABY GROUP\n”
Learning to Nurture Together

Lining up their strollers against the wall and calling out greetings, the moms in the Well-Baby Group are gathering. While one mom gets some advice on treating her child’s diarrhea from the pediatrician, other mothers compare stories about their children’s first steps. “Try some water, just small sips,” the doctor advises to rehydrate the toddler. “Está caminando bien ahora!,” a mom says happily as her son starts walking. The chatter eases effortlessly from English to Spanish and back.

The Well-Baby Group meets at the Center for Child Heath and Resiliency, the South Bronx pediatric clinic that Children’s Health Fund’s New York Program operates in partnership with Montefiore Medical Center. This innovative program in group care is designed for post-partum mothers, families and their babies from birth to 18 months. All the basic well-baby care that a pediatrician would provide in an individual visit is included, but the group setting enables mothers to form attachments with one another and allows the health care team to spend more time with the mothers and get to know them. The nurse takes the toddlers one by one for their immunizations, and moms are encouraged and empowered to closely monitor their child’s health status, to measure and weigh their child and plot their gains on growth curves.

The program builds on and reinforces relationships formed during the center’s Pregnancy Group, which offers prenatal care in small groups. The goal is to build community as the moms share joys and concerns, nurture healthy family development, and provide an efficient way for the medical team to share information on a wide range of topics.

While all the members of the bustling group appear to be doing fine, the medical team has established trusting relationships with the mothers. They know which ones may be having trouble getting food for their children, dealing with an abusive partner, or struggling with their own mental health, and they are able to connect these moms to services so they can focus on being the best parent possible.

“Do you all know what to do with a stomach virus? Winter is coming and it’s important to be prepared. The most important thing to remember is clear fluids like water or pedialyte.

Dr. Hildred Machuca
PEDIATRICIAN SOUTH BRONX
WELL-BABY GROUP

THANK YOU!
United Health Foundation support enables us to increase access and the quality of Children’s Health Fund flagship programs in New York City.

4-YEAR-OLDS in families on public assistance have been exposed to 30 million fewer words than 4-year-olds from high-income families.
A hurricane can tear apart a community in a matter of hours. And then it’s gone. But those caught in the path of a violent storm can feel the pain for years to come. Children tend to be hit hardest by the lingering effects of a disaster. With homes destroyed, families displaced and routines disrupted, the acute shock of the emergency gives way to long-term anxiety, depression and emotional distress that can wreak havoc on developing minds and bodies and make concentration on school and learning impossible. That’s why, when disaster strikes, Children’s Health Fund moves in quickly to vulnerable communities, providing urgent care—and then stays for the long haul to help children cope and recover.

As Superstorm Sandy sent seawater streaming into their house, the Smith family of Brick, New Jersey ran for their lives, leaving behind just about every worldly possession. With the ferocious waves pounding the shoreline, Jim Smith, his wife, Denise, and their three kids—Riley, Kirsten and Sean—joined a group of 21 people who sought refuge in a small house on high ground.

When the storm subsided, the Smiths found a ruined shell where they used to have a home. As they ripped out soaked insulation, thick dust filled the air and mold was quick to grow. For the Smiths’ youngest son, Riley, these conditions constantly threatened to trigger his severe, chronic asthma. Things were touch and go, but at least the Smiths had health insurance. That would change soon when Jim was let go from his job.

The Smiths turned to the New Jersey Children’s Health Fund mobile medical clinic, which pulled up to the Visitation Church Relief Center every Saturday and provided care to anyone in need. The doctors and nurses on board treated the Smith children, who all have asthma in varying degrees, and provided access to low-cost lifesaving medication. Like many in Brick, the Smiths face a long road to recovery. But as they struggle to get back on their feet, at least they know Riley’s asthma is under control—and they can all breathe easier for that.
When Sandy slammed into New York City, it shattered coastal areas with 80-mile-per-hour winds and record-breaking tidal surges.

In the low-lying community of Gerritsen Beach, Brooklyn, some parents carried their children as far as a mile through waist-deep water to reach higher ground. Others watched helplessly as the relentless storm left their homes in ruins.

Working in partnership with Columbia University’s National Center for Disaster Preparedness, Children’s Health Fund identified Gerritsen Beach as an area in need of sustained recovery efforts. Drawing on its experience with disaster relief and long-term recovery gleaned from Hurricanes Andrew and Katrina, as well as 9/11 and the Deepwater Horizon oil spill, Children’s Health Fund knew that the need for mental health care would persist long after the rubble was cleared from the streets.

The trauma is still palpable for many children. Teachers tell of students who feel comfortable only on the second floor of the school, above the reach of a flood. This summer, anxious kids from this devastated neighborhood were too afraid of the water to enjoy a day at the beach. And after having Halloween costumes washed away, even holidays provoke haunting memories in many of the kids who survived Sandy’s wrath.

“We’re holding teacher and parent workshops and resiliency training, showing adults ways they can help their children cope with stressors. And we are providing individual therapy, targeting children who are most vulnerable,” said psychologist Paula Madrid, who has coordinated the mental health components of Children’s Health Fund’s Sandy response.

Recovery is a long process for families—and especially for children—whose capacity to cope with loss, disruption and frightening memories has been extremely challenged. That’s why Children’s Health Fund is still hard at work and will continue providing critical mental health services to the families in Gerritsen Beach through the end of the 2014 school year.

Children’s Health Fund distributed coping kits with therapeutic toys and organized family fun days to help knit the mentally exhausted community back together.

“They don’t have their own beds. They don’t have their own toys. They are afraid of rain. Some children are having a difficult time focusing in school. Our work is to help them find some semblance of normalcy again.”

Dr. Paula Madrid
PSYCHOLOGIST, CHILDREN’S HEALTH FUND
SANDY RESPONSE TEAM

The victims of Hurricane Sandy are grateful for the support of Robin Hood, the Sanofi Foundation for North America, Merck, and United Health Foundation.
Thank You

Dear people on the Hank Bus,

Thank you very very much. The medicine was perfect. I just want to thank you for everything. Also my physical went well. I thank everyone who helped me through all of it. I am so happy that you guys are here at my school so we could be healthy and ready for whatever happens. You gave us everything we need and I am speaking for all of this school. You guys are so awesome, and I will like to dedicate this poem to you. We're so happy that we have you here. You check our heart, nose, mouth, and ears. Thanks for all the things you do. I don't think we could make it without you. We love you guys. Without you we would cry.
Detroit Gets a Second Mobile Clinic

The first Children’s Health Fund mobile pediatric clinic in Detroit, operated in partnership with the Henry Ford Health System, is called HANK, in honor of Henry Ford. Now HANK has been joined by CLARA, named for Henry Ford’s wife. This new state-of-the-art and larger mobile clinic will enable the Detroit project to expand the number of schools it visits and kids it serves. The launch event took place at Dixon Educational Learning Academy and U.S. Senator Debbie Stabenow participated in the ribbon-cutting.

Sixth-grader Laura Whitley recently wrote a heartfelt thank-you letter to the whole medical team on HANK that has provided her with health care.

Detroit project Medical Director Dr. Elliott Attisha read the letter out loud at the launch event and shared Laura’s career aspirations—to be a pediatrician and perhaps America’s first African-American female president—bringing the audience to their feet in a round of applause.

The new clinic was underwritten by W. K. Kellogg Foundation, and the new clinic’s operations will be funded, in part, by the Foundation.

Check out TV news coverage bit.ly/1feu8kH
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Members of the Yankees Home Run Club enjoy the great game of baseball while contributing to Children’s Health Fund. They pledge that their gift will grow with every home run the Yankees hit in a season. Sponsored by Delta Air Lines, the Yankees Home Run Club hits it out of the park for kids, and we thank all the Yankee fans who have ensured kids have access to important and life-saving medical care this year. For more information, call 212-452-3340 or email dev@chfund.org.
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We are grateful to our monthly donors who provide support all year long, enabling kids with complicated health issues to visit their doctor three or four times during the year. Dependable monthly support enables Children’s Health Fund to provide these critical ongoing services. For more information on this easy and important way to give, call 212-452-3340 or email dev@chfund.org.

2012 MONTHLY DONORS ARE MARKED BY THIS SYMBOL
“I am, and have been, an asthmatic for my entire life,” says Walter Schmidt, who raised more than $4,000 for Children’s Health Fund by undertaking a 500-mile bike trip. Using our new do-it-yourself fundraising tool, Walter created his own fundraising web page to share with friends and family. It makes raising money for Children’s Health Fund easy and fun.

“I am lucky to have grown up in a loving family with sufficient means to cover thousands of dollars of asthma-related costs over the course of my childhood. Without proper treatment, there is no way I would be able to live the life I do today, including finishing an Olympic-distance triathlon,” said Mr. Schmidt.

Kids who get treatment for asthma at Children’s Health Fund programs in New York City and in Washington, DC were inspired as Walter stopped by en route to show them that asthma doesn’t have to hold you back. “I wanted to support an amazing organization and to allow others affected by asthma to experience a life more free of asthma symptoms—knowing that asthma is no longer a barrier to their dreams!” he told them.
The work of tending to a child in need and affording them the opportunity to thrive is so critically important... it is truly a privilege and an honor to work with Children’s Health Fund, an organization that is dedicated and committed to making a difference in the lives of so many children.

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A Magical Evening for Healthy Kids

Music legends Wynton Marsalis and Paul Simon, joined by the internationally acclaimed Dianne Reeves and Bobby McFerrin, thrilled a full house of supporters when Children’s Health Fund brought its annual spring benefit to Jazz at Lincoln Center’s Frederick P. Rose Hall for the first time last June. The star-studded celebration also featured a video message by Stephen Colbert. A memorable moment in the evening was when Joshua Williams, a New Orleans high school student, shared the story of his struggle and triumph over chronic asthma, and then Wynton Marsalis presented the young man, an aspiring musician, with a trumpet (see page 5 for Joshua’s story).

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Circle of Care Society members have a special relationship with Children’s Health Fund, and we are grateful for their commitment of $1,000 to $10,000 in annual support. To join and learn more about the benefits of the Circle of Care Society, call Rachel Hanser at 212-452-3340.
“We had an opportunity to see one of the New York mobile clinic teams helping homeless teens. It really impacted us when we heard these kids’ stories...living on the streets. And when we saw how much their doctor cared about them, and that he was there for them, we knew right then we had to support Children’s Health Fund.”

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Corporations are partnering with Children’s Health Fund in new and innovative ways to raise awareness of the health care needs of children in poverty and increase support for the work we do across the country. These Campaigns for Change are engaging thousands of individuals and companies throughout America.

TYLENOL® enlisted TV star and mom Alyson Hannigan to kick off their SMILING IT FORWARD™ campaign, and Chief Medical Officer Dr. Delaney Gracy introduced her to some kids we serve.

Inspired by the heartwarming smile of a child, and the millions of photos that moms proudly post online of their children every day, the TYLENOL® team developed the SMILING IT FORWARD™ campaign. This dynamic cause marketing promotion encourages parents to visit SmilingitForward.com to upload a photo that makes them smile, with each “smile” shared triggering a $1 donation to Children’s Health Fund. In the first few months of launch, the program has already attracted extensive media attention, raising public awareness of the Children’s Health Fund national network and our efforts to make sure kids are healthy and ready to learn.
To celebrate Black History Month, Colgate created a rewarding activity for their consumers to give back to other kids in need. Throughout the month of February, Colgate offered daily wellness tips on a dedicated campaign website and every time someone shared a tip through their social media, Children’s Health Fund received a dollar.

American Express issues a co-branded American Express® Children’s Health Fund Gift Card. Children’s Health Fund is so proud to continue our relationship with American Express. For each of the past two years, American Express has donated an amount equal to 100% of the purchase fee to Children’s Health Fund from co-branded Cards sold, up to a maximum allowable donation of $250,000 in any program year. The cards are offered for sale to individual customers on AmericanExpress.com.

Delta Air Lines participated in the launch of our EVERY CHILD A CHANCE campaign with an ad in the September issue of Delta Sky magazine. As Children’s Health Fund’s Official Airline, Delta has been a proud supporter since 2011. They have demonstrated their commitment to the health of at-risk kids in many ways, as they engage their employees in volunteer days, provide in-kind donations, and serve as the Title Sponsor of the Yankees Home Run Club. It’s all in an effort to make a difference in the health of our next generation.

To learn more about these campaigns, contact Kate Conrad at 212-535-9400 x253.
Corporate Council for America’s Children

Children’s Health Fund works with major corporations, foundations and government agencies to create cooperative alliances that bring together participants’ strengths and experience. Together, these organizations create a unified voice for America’s children.

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President & CEO, Sanofi U.S. Services, Inc. & Senior Vice President, Global Services, Sanofi

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United States Senate

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Alex Karnal, Partner, Deerfield Management

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John Spinnato, VP, NA Corporate Social Responsibility

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Rose Stuckey Kirk, President, Verizon Foundation
Anthony Llompart, Director, International and Healthcare Philanthropy

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Gail Grimmett, Senior Vice President, New York
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Paula Luff, Vice President, Corporate Social Responsibility

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Keesal, Young & Logan
Samuel A. Keesal, Jr., Esq., Founding Partner

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Mark Feinberg, MD, Vice President, Public Health and Scientific Affairs

“We believe that America’s corporations share a responsibility to ensure that the next generation is equipped to contribute fully to our society and our economy, and I am proud to lead the energetic and committed corporations that support Children’s Health Fund. By working to give every child the chance to be healthy and ready to learn, Children’s Health Fund is playing a fundamental role in preparing a new generation to build a richer future for everyone in our nation.”

Greg Irace
PRESIDENT & CEO, SANOFI U.S. SERVICES, INC. & SENIOR VICE PRESIDENT, GLOBAL SERVICES, SANOFI
CHAIRMAN, CHILDREN’S HEALTH FUND CORPORATE COUNCIL FOR AMERICA’S CHILDREN

Molina Healthcare, Inc.
Martha Bernadett, MD, MBA, Executive Vice President of Research and Innovation

Wynne Grossman, Project Management Director, Research and Innovation

Morgan Stanley
Joan Steinberg, Managing Director; President, Morgan Stanley Foundation

Pfizer

Bristol-Myers Squibb Company
Ron Miller, Vice President, Policy & Federal Government Affairs

Sojo Studios, Inc.
Alberto Escarlate, Co-Founder

Hilary Meserole, Chief Marketing Officer
“There is no more important investment we can make as a society than giving kids access to basic health care so they can succeed in school and become well functioning members of our community. Seeing a Children’s Health Fund patient who came through the program—now a doctor giving back to his community—was an absolute revelation to me. Children’s Health Fund helps to level the playing field so children who are less fortunate have a chance to succeed as well.”

Paul Metselaar
CHAIRMAN AND CEO, OVATION TRAVEL GROUP
MEMBER, LEADERSHIP COMMITTEE OF THE ADVISORY COUNCIL
Board of Directors

Throughout its history, Children’s Health Fund has had a remarkable Board of Directors committed to keeping the wheels of our mobile medical clinics turning, expanding the reach of the services we provide to vulnerable kids, and increasing the depth of our Enhanced Medical Home Model that gives families the full range of health care services they require.

**OFFICERS**

Irwin Redlener, MD  
Co-Founder and President

Paul Simon  
Co-Founder,  
Singer / Composer

Robert Essner  
Chair  
Former CEO & Chairman, Wyeth

Jeffrey S. Maurer, Esq.  
Treasurer  
Partner and CEO, Evercore Wealth Management

Karen B. Redlener, MS  
Secretary,  
Executive Director

Robert F. Tannenhauser, Esq.  
Chair Emeritus  
CEO, Ruxton Capital Group, LLC

**MEMBERS**

Sean F. Cassidy  
President, DKC

Honorable David N. Dinkins  
Former Mayor of the City of New York,  
Professor in the Practice of Public Affairs,  
School of International and Public Affairs, Columbia University Senior Fellow, Center for Urban Research and Policy, Columbia University

W. Robert Friedman, Jr.  
Managing Director, Healthcare Investment Banking, Northeast Securities, Inc.

Alex Karnal  
Partner, Deerfield Management

Samuel A. Keesal, Jr., Esq.  
Founding Partner, Keesal, Young & Logan

Paul J. Madden, MD, PHD  
Founder and Vice Chairman,  
Progenics Pharmaceuticals, Inc.

Martha Molina Bernadett, MD, MBA  
Executive Vice President of Research and Innovation, Molina Healthcare

Robert C. Osborne  
Chairman, The Osborne Group, Inc.

Jane Pauley  
Former Anchor, NBC’s Today  
Founding Co-Host, Dateline NBC

Dr. Rock G. Positano  
Professor and Director, Joe DiMaggio Sports Medicine Foot and Ankle Center,  
Hospital for Special Surgery and New York-Presbyterian Hospital/Weill Cornell Medical Center

Hervé Sedky  
Entrepreneur

“I've been involved with Children’s Health Fund since 1991 and have watched it expand over the years to have an ever greater impact on the lives of so many. Today, in the current health care environment, Children’s Health Fund is more relevant and needed than ever before. Together, we must do all we can to help it evolve and grow so it can continue to meet the needs of America’s poorest and most deserving children.”

Robert Essner  
CHAIR, BOARD OF DIRECTORS
Statement of Revenue & Expenses 2012

Children’s Health Fund is proud of the way it manages and safeguards the generous contributions it receives from individual donors, corporations and other organizations.

**REVENUE**

Contributions

<table>
<thead>
<tr>
<th>FOUNDATIONS</th>
<th>$ 3,736,230</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORPORATIONS</td>
<td>9,059,638</td>
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<tr>
<td>INDIVIDUALS</td>
<td>1,633,233</td>
</tr>
</tbody>
</table>

Special Events 2,031,849

Total Revenue Raised  $ 16,460,950

Interest and Dividends, and Gains on Investments

<table>
<thead>
<tr>
<th>INTEREST AND DIVIDENDS</th>
<th>$ 304,695</th>
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<tbody>
<tr>
<td>NET GAIN ON INVESTMENTS</td>
<td>429,359</td>
</tr>
</tbody>
</table>

Total Revenue  $ 17,195,004

**EXPENSES**

Program Services  $ 14,035,737

Fundraising  $ 1,576,007

Management & General  $ 1,104,582

Total Expenses  $ 16,716,326

Net increase in funds  $ 478,678

Net Assets—Beginning of Year  $ 8,930,636

Net Assets—End of Year  $ 9,409,314

Ratio of supporting services to Total Expenses  16%

Fundraising Percentage  9%

Management & General  7%

Clinical & Public Health Program, Policy & Education  84%

Eighty-four percent of expenses Children’s Health Fund incurs are directed to program services. This percentage well exceeds the standard upheld by organizations that monitor the work of charities.

OUR ANNUAL REPORT, AUDITED FINANCIAL STATEMENTS AND IRS 990 FORMS ARE AVAILABLE IN PDF FORMAT ON OUR WEBSITE, CHILDRENSHEALTHFUND.ORG
Our Mobile Medical Clinic

Equipped to provide primary care, dental care and mental health services, our fleet of mobile medical clinics brings health care professionals to children who otherwise would not get the care they need.
<table>
<thead>
<tr>
<th><strong>PROJECT NAME</strong></th>
<th><strong>HOME INSTITUTION / AFFILIATION</strong></th>
<th><strong>PROJECT NAME</strong></th>
<th><strong>HOME INSTITUTION / AFFILIATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> AUSTIN CHILDREN’S HEALTH PROJECT</td>
<td>Dell Children’s Medical Center, Austin, TX MEDICAL DIRECTOR: Marilyn Doyle, MD</td>
<td><strong>13</strong> NEW JERSEY CHILDREN’S HEALTH PROJECT</td>
<td>Rutgers School of Nursing, Newark, NJ MEDICAL DIRECTOR: Madolene Aliparo-Causing, MD</td>
</tr>
<tr>
<td><strong>2</strong> BATON ROUGE CHILDREN’S HEALTH PROJECT</td>
<td>Our Lady of the Lake Hospital, Baton Rouge, LA MEDICAL DIRECTOR: Shaun Kemmerly, MD</td>
<td><strong>14</strong> NEW ORLEANS CHILDREN’S HEALTH PROJECT</td>
<td>Tulane University School of Medicine, New Orleans, LA MEDICAL DIRECTOR: John Carlson, MD</td>
</tr>
<tr>
<td><strong>3</strong> CHICAGO CHILDREN’S HEALTH PROJECT</td>
<td>University of Chicago Comer Children’s Hospital, Chicago, IL MEDICAL DIRECTOR: Icy Cade-Bell, MD</td>
<td><strong>15</strong> NEW YORK CHILDREN’S HEALTH PROJECT</td>
<td>Montefiore Medical Center, New York, NY SENIOR MEDICAL DIRECTOR: Alan Shapiro, MD MEDICAL DIRECTOR: AJ Khaw, MD</td>
</tr>
<tr>
<td><strong>4</strong> DALLAS CHILDREN’S HEALTH PROJECT</td>
<td>Parkland Health &amp; Hospital System, Dallas, TX MEDICAL DIRECTOR: Susan Heinlen Spalding, MD</td>
<td><strong>16</strong> ORLANDO CHILDREN’S HEALTH PROJECT</td>
<td>Arnold Palmer Hospital for Children and Women, Orlando, FL MEDICAL DIRECTOR: Vinny Chulani, MD, MSED</td>
</tr>
<tr>
<td><strong>5</strong> CHILDREN’S HEALTH PROJECT OF DETROIT</td>
<td>Henry Ford Health System, Detroit, MI MEDICAL DIRECTOR: Elliott Attisha, DO</td>
<td><strong>17</strong> PHILADELPHIA AFFILIATE</td>
<td>Philadelphia Health Management Corporations Health Connection Clinic and National Nursing Centers Consortium, Philadelphia, PA</td>
</tr>
<tr>
<td><strong>6</strong> COLORADO AFFILIATE</td>
<td>Colorado Health Foundation and Telluride Foundation, Montrose, CO</td>
<td><strong>18</strong> PHOENIX CHILDREN’S HEALTH PROJECT</td>
<td>Phoenix Children’s Hospital, Phoenix, AZ MEDICAL DIRECTOR: Randy Christensen, MD, MPH</td>
</tr>
<tr>
<td><strong>7</strong> HO-CHUNK CHILDREN’S HEALTH PROJECT</td>
<td>Ho-Chunk Nation Department of Health, Black River Falls, WI MEDICAL DIRECTOR: Bethany Schilling, NP</td>
<td><strong>19</strong> SAN FRANCISCO PENINSULA CHILDREN’S HEALTH PROJECT</td>
<td>Lucile Packard Children’s Hospital at Stanford University, Palo Alto, CA MEDICAL DIRECTOR: Seth Ammerman, MD</td>
</tr>
<tr>
<td><strong>8</strong> IDAHO CHILDREN’S HEALTH PROJECT</td>
<td>Family Health Services, Twin Falls, ID DENTAL DIRECTOR: Adam Hodges, DDS</td>
<td><strong>20</strong> SOUTH FLORIDA CHILDREN’S HEALTH PROJECT</td>
<td>University of Miami School of Medicine, Miami, FL MEDICAL DIRECTOR: Lisa Gwynn, DO, MBA</td>
</tr>
<tr>
<td><strong>9</strong> LOS ANGELES CHILDREN’S HEALTH PROJECT</td>
<td>Cedars-Sinai Medical Center, Los Angeles, CA MEDICAL DIRECTOR: Arthur K. Cho, MD</td>
<td><strong>21</strong> SOUTHERN ARIZONA CHILDREN’S HEALTH PROJECT</td>
<td>Chiricahua Community Health Centers, Inc., Douglas, AZ MEDICAL DIRECTOR: Darlene Melk, MD</td>
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<td><strong>10</strong> MEMPHIS REGIONAL CHILDREN’S HEALTH PROJECT</td>
<td>Le Bonheur Children’s Hospital, Memphis, TN MEDICAL DIRECTOR: Cynthia Cross, MD</td>
<td><strong>22</strong> S. BRONX HEALTH CENTER &amp; CENTER FOR CHILD HEALTH AND RESILIENCY</td>
<td>Montefiore Medical Center, New York, NY SENIOR MEDICAL DIRECTOR: Alan Shapiro, MD MEDICAL DIRECTOR: Robin Scott, MD</td>
</tr>
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<td><strong>11</strong> MISSISSIPPI CHILDREN’S HEALTH PROJECT</td>
<td>Aaron E. Henry Community Health Center, Inc., Clarksdale, MS PROGRAM DIRECTOR: Dorcus Eshun, MD</td>
<td><strong>23</strong> CHILDREN’S HEALTH PROJECT OF D.C. (ALSO SERVING MARYLAND)</td>
<td>Children’s National Medical Center, Washington, DC MEDICAL DIRECTOR: Marceé White, MD, FAAP</td>
</tr>
<tr>
<td><strong>12</strong> MISSISSIPPI GULF COAST CHILDREN’S HEALTH PROJECT</td>
<td>Coastal Family Health Center, Inc., Gulfport, MS MEDICAL DIRECTOR: Wendy Williams, MD</td>
<td><strong>24</strong> WEST VIRGINIA CHILDREN’S HEALTH PROJECT</td>
<td>Joan C. Edwards School of Medicine at Marshall University, Huntington, WV MEDICAL DIRECTOR: Isabel Pino, MD</td>
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</tbody>
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