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|--|-------------------------------------|----------------------------------|
| 1. <b>Gabriel</b> , Dominican Republic | 17. <b>Sundaramurthy</b> , India    | 33. <b>Lalith</b> , India        |
| 2. <b>Andreas</b> , Dominican Republic | 18. <b>Sai</b> , India              | 34. <b>Nagoor</b> , India        |
| 3. <b>Jayro</b> , Dominican Republic   | 19. <b>Amal</b> , India             | 35. <b>Karthik</b> , India       |
| 4. <b>Masail</b> , Dominican Republic  | 20. <b>Soundey</b> , India          | 36. <b>Yukesh</b> , India        |
| 5. <b>Durgesh</b> , India              | 21. <b>Shahmagapriyan</b> , India   | 37. <b>Karuppusamy</b> , India   |
| 6. <b>Deepak</b> , India               | 22. <b>Ramesh</b> , India           | 38. <b>S. Dhandabani</b> , India |
| 7. <b>Vignesh</b> , India              | 23. <b>Saban</b> , India            | 39. <b>Aksany</b> , India        |
| 8. <b>Sachin</b> , India               | 24. <b>Dhakshanamoorthy</b> , India | 40. <b>Collen</b> , Zimbabwe     |
| 9. <b>Abizar</b> , India               | 25. <b>S. Mohan</b> , India         | 41. <b>Sadasivam</b> , India     |
| 10. <b>Dinesh</b> , India              | 26. <b>Naresh</b> , India           | 42. <b>M. Ajith</b> , India      |
| 11. <b>Veeramani</b> , India           | 27. <b>D. Nakul</b> , India         | 43. <b>Lucian</b> , Romania      |
| 12. <b>Jagadish</b> , India            | 28. <b>Satish</b> , India           | 44. <b>Emmanuel</b> , Zimbabwe   |
| 13. <b>Amol</b> , India                | 29. <b>Abdul</b> , India            | 45. <b>Manojkumar</b> , India    |
| 14. <b>Narenkumon</b> , India          | 30. <b>S. Sivashannugam</b> , India | 46. <b>Elton</b> , Zimbabwe      |
| 15. <b>Saimugilan</b> , India          | 31. <b>Ram</b> , India              |                                  |
| 16. <b>Anbarasan</b> , India           | 32. <b>R. Rahul</b> , India         |                                  |



ASD Healthcare sponsors these children and young adults through Save One Life. We encourage your participation as well. For as little as \$20 per month, you can help an individual with hemophilia in a developing country get the life saving treatment he needs. And 100% of your sponsorship goes directly to the sponsored child and his local hemophilia organization. For more information, visit [www.kelleycom.com](http://www.kelleycom.com).





# SAVE ONE LIFE FOUNDATION

By: Lauren A. Kelley

**T**HERE IS PERHAPS NO GREATER AGONY THAN FOR A PARENT TO WATCH THEIR CHILD SUFFER EXCRUCIATING PAIN—AND NOT BE ABLE TO RELIEVE IT.

I know this feeling all too well: my own son with hemophilia suffered many times, through long nights, and numerous hospital trips. But living in America, he has at least access to treatment and medicine, and now, at age 21, lives an almost normal life, mostly free from pain. But the memory of his pain doesn't go away so easily for me. So when I first heard of and then saw, children with hemophilia in developing countries who had no access to medicine, I could not turn away from their suffering.

Hemophilia is a devastating inherited blood disorder that causes severe pain, crippling and even death when untreated. The pain of uncontrolled bleeding into muscles, joints and abdomen is compounded by the immense poverty in which so many live. Indeed, 75% of the world's 400,000 with hemophilia have little or no access to factor, the blood-clotting medicine, and most of these live in total poverty, earning about \$1 a day. There is no money to travel to a clinic to get help; children become anemic after bleeding but there is no money for vitamins or even painkillers; fathers must take a day off to try to get medical help and thus must forgo wages; children miss school, eventually falling further behind, and often dropping out, to live in poverty. It's a vicious circle. In developing countries, there is usually no government budget to purchase the blood-clotting medicine needed to sustain life and keep quality of life.

In 1999, while visiting in the home of an impoverished boy with hemophilia in Karachi, Pakistan, I heard his father wish not so much for medicine, but for the child to stay in school. Mohammad was a good student, smart, but his family could not afford the \$20 a month needed to pay his school fees. As a first-born Muslim male, he would need to care for his whole family one day, including his parents. How could he without an education and good paying job? An idea came to me: I could pay the monthly fee. And why not ask other Americans to help? Save One Life was born.

My private company created a program to donate blood-clotting medicine, and now donates millions of dollars worth of factor to developing countries. And Save One Life, now a registered nonprofit, offers sponsorships for individuals to donate funds to help individual patients and families with hemophilia cope with their poverty. Only \$20 per month supports an individual with hemophilia in a developing country. And 100% of sponsorship goes directly to the sponsored child and his local hemophilia organization.

Since 2000, I've been privileged to see for myself what Save One Life can do: a child in Nepal can have a proper toilet, and not just a hole in the ground which requires flexible knee joints; a child in Romania can return to school; a young man in Calcutta is now in college; a man in the Philippines has purchased art supplies and can sustain himself as an artist; a child in the Dominican Republic can have medical tests. When I visited India in 2005, I saw a child horribly crippled from repeated bleeds; he had to scuttle about on the floor like a crab to move anywhere. This child could not even smile, he was so lacking in joy. Two years later, using his funds for physical therapy each day after school, we were amazed to see him standing, walking, using crutches. And smiling.

I was in the Philippines in October 2008 and visited six cities, seeing for myself the patients we serve and how this vital program is changing lives—the extra funding has become a lifeline. It's not hoping that aid will trickle down from the top—it's offering help immediately, now. And the real beauty is that it engages individual Americans with other individuals in need thousands of miles away. Sponsors receive photos, letters and updates on their sponsored child. But more than just charity, Save One Life is also a development tool that helps promote long term care and NGO capacity building by training, monitoring for progress, and rigid accountability.

Save One Life now donates funds to over 360 families in nine countries. One of these is Felicita Martinez Pozo, mother of Emmanuel, who has hemophilia. She writes, "I'm thankful to all the people in your foundation, specially the people sponsoring Emmanuel. Emmanuel's life has been different: he enjoys a better diet now because I can buy him food. We also use our money for school expenses, transportation costs, and visits to the doctor. There are so many things we do with the money. It's something we can count on. And Emmanuel just enrolled in a computer course so he can work some day. I hope God keeps blessing all of you."

The needs of the world can seem crushing when there are so many wars, disasters, refugees, and suffering children. I have found it comforting to focus on one child at a time, and to witness their progress and relief of pain. One child in 1999 has now turned into 360, and we pledge to raise that into the thousands in time. We greatly appreciate ASD Healthcare's support towards this goal. There is truth in the old proverb "He who saves one life, saves the world." Join us in saving the world, by sponsoring a child today.





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Save One Life was founded in 2000 by Lauren A. Kelley, a mother of a child with hemophilia, who has traveled to 17 developing countries since 1996. Laurie is the author of numerous parenting and children's books on bleeding disorders, and is president of LA Kelley Communications, Inc. For more information, visit [www.kelleycom.com](http://www.kelleycom.com)