

-2001-

Our Report



Direct Relief
INTERNATIONAL

Healthy People. Better World.



Dedication: LOUIS NETZER, M.D.

This report is dedicated to Dr. Lou Netzer,
in friendship and with deepest respect and appreciation.

For selfless devotion to care for people in need,
For boundless compassion,
For unfailing optimism,
For unflagging commitment,
For giving of himself so others' lives are saved and enriched,
For doing, not waiting for others to do, and
For living as most can only aspire to live.

A community physician for 35 years renowned for house calls and patient care, Dr. Netzer has devoted the last five years to the Rio Beni Health Project in Bolivia, bringing clinical services and health education to rural people in 25 remote villages. This program is sponsored by Direct Relief International. Dr. Netzer previously worked in Borneo, Indonesia, and in Mexico, with the support of Direct Relief-provided material, to offer health services and education to people without resources.

This is our report on 2001.

September 11 will define the year for history. The senseless loss of thousands of innocent lives at the hand of violence is beyond our ability either to condemn adequately or convey the enormity of the human tragedy.

Direct Relief International began with a humanitarian mission 54 years ago in the aftermath of WWII. As an organization devoted to improving the health and lives of people in need, we know that many people lose in battling the lethal combination of poverty and disease. We often see the tragedies caused by natural disasters and war. However, our work also offers an inspiring glimpse into the compassion that exists within Americans and people around the world. Nowhere was this more clear than in the response of people to September 11 – for victims in the United States and people affected worldwide. This response, and the innate compassion of people that it reflected, provides an antidote for the cynicism and sense of hopelessness that can pervade one's view of a better future.

In the course of this extraordinary year, the organization confronted increasing requests for assistance internationally and a difficult economic environment here at home. Despite these challenges, Direct Relief International was able – with a reduced budget — to provide more assistance, to more people, in more countries than at any time in our 54-year history.

In 2001, Direct Relief International provided nearly 1 million pounds of medical materials with a wholesale value of over \$81 million to local health facilities in 60 countries. These results represented a significant expansion above our 2000 efforts and were conducted on an operating budget of \$2.5 million. We want each of our financial contributors to know that for every \$1 they contributed, we were able to place \$32 worth of critically needed medical materials in the hands of trained health professionals who had requested them. Less than 1% of the total support we received was spent on administration and fundraising.

These numbers, and those in our financial statement, are important because they reflect what we did with the money and material entrusted to us. However, our aim as an organization is focused on people, not numbers. Direct Relief supports committed, local health professionals around the world. These people, more than the buildings they work in, represent the health infrastructure in many developing countries. We strive to help these deserving people stay productively engaged and provide treatment to millions of people who otherwise would simply go without.

This work is possible because of the strong support of many leading U.S. medical companies who donate their products, the hundreds of volunteers in our warehouse who donate their time and energy, and the many people who entrust us with their money to help others.

Please accept our thanks for what you have done to help people born or thrust into vulnerable circumstances realize healthier, more productive, and fuller lives.



Richard D. Godfrey & Thomas Tighe



CHAIRMAN



PRESIDENT AND CEO

strengthening local health efforts around the world

"For over ten years, Direct Relief International has been a loyal partner in helping the Foundation to provide top quality medicine to those it serves. Their assistance is immeasurable."

Celina de Choussy

Executive Director
Fundacion Salvadorena Para La
Salud y el Desarrollo Humano
(FUSAL)
San Salvador, El Salvador

Direct Relief International works to improve the health of people around the world. As each person knows from experience, good health is basic – it affects our ability to learn, work, earn a living, and realize the inherent abilities with which we are born.

The effects of health on a community or an entire country are similarly profound. Students who can't study and a workforce that cannot work cannot be productive, and this affects all areas of the economy, from small farming to the global marketplace.

In developing countries, people confront both routine health risks – from accidents, in giving birth, and common ailments – and those stemming from communicable, tropical, or infectious diseases such as HIV/AIDS, tuberculosis, and malaria. People without money to pay for private health care must rely on charitable or publicly provided services, which are often severely limited because they too lack money.

As a private organization, Direct Relief International believes that our best and most cost-effective contribution is to provide direct support to local, well-run health efforts with appropriate, essential tools of health care. The local, trained health professionals comprise the health infrastructure in many countries. Much has been invested in their training, and our work enables them to stay productively engaged. In turn, they are able to provide needed services to millions of people without resources who would otherwise simply go without.

For the over 500 health facilities in 60 countries that we supported in 2001, this was our approach.

latin america & the caribbean

Over the past 10 years, countries in Latin America and the Caribbean have experienced strong economic growth. However, according to the Pan American Health Organization, the benefits of that growth are more unevenly distributed there than in any other region in the world. One in six families is still unable to meet their basic needs. Important strides have been made in expanding the number of trained healthcare professionals in the region, but the lack of essential material resources hampers their ability to deliver effective care.

In 2001, Direct Relief International expanded assistance efforts to support these trained, but under-equipped, local health providers. As part of a strategic goal to strengthen excellent local facilities so they can fulfill their potential for caring for people in need, Direct Relief established more multi-year, multi-shipment programs with local facilities and health care providers. Over the course of the year, one hundred thirteen shipments were made to the Bahamas, Belize, Bolivia, Brazil, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Peru, and Venezuela.

In El Salvador, Direct Relief's longstanding ties with local facilities enabled a fast and targeted response to the healthcare needs that resulted from severe earthquakes in January and February.



PHOTO- KEVIN MCKERNAN

El Salvador CENTRO DE SALUD VISUAL

Earthquakes struck El Salvador in January and February of 2001, stressing an already overburdened health care system in Central America's most densely populated country. In response to the earthquakes, Direct Relief provided more than \$3 million in wholesale medical assistance to help replenish supplies and medicine inventories, and to equip damaged health facilities.

In addition to the emergency assistance, Direct Relief supported the important work of the Center for Vision Services, a program of FUEDEM, in the capital of San Salvador. FUEDEM (Fundación para el Desarrollo de la Mujer Salvadoreña), a women's development organization, operates this fast-growing non-profit clinic that provided eye care to over 24,000 patients in 2001. Patients are seen for very low fees on a sliding scale at their main clinic in San Salvador, and at four rural clinics, two of which opened in the last year.

The Center's clinics provided over 13,000 eye exams and their optics departments dispensed over 9,000 pairs of eyeglasses last year. 873 surgeries

"What makes the difference at DRI is that they understand the work, the challenges, and the vision. They understand that work overseas is delicate, intricate, complex, and immensely satisfying, and they are willing to be partners in la lucha (the fight)."

Linda Jo Stern, MPH

Director
PROMESA
Tegucigalpa, Honduras
A project of Brigham and
Women's Hospital
Boston, Massachusetts

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Guatemala AGROS FOUNDATION CLINIC

According to the Pan American Health Organization, 75% of people in Guatemala live in poverty, and 58% live in extreme poverty, subsisting on less than a dollar a day. These figures are even higher in rural areas and among the 43% of Guatemalans that are considered indigenous. Lack of access to clean water, appropriate waste disposal, and proper nutrition contribute to high rates of disease and malnutrition. An estimated 24% of children under age five are undernourished and underweight.

The Agros Foundation is committed to breaking the cycle of poverty through the process of land ownership. The limited acreage owned by Guatemala's indigenous population shrinks with every generation as property is split into smaller and smaller plots by siblings. In addition, many families have been forced to flee their homes and villages and abandon their land because the country has been ravaged by nearly 50 years of political conflict and guerilla warfare.

The Foundation has succeeded in resettling more than 250 Guatemalan families into eight communities, with each family receiving approximately five acres of land. Residents pay back the Foundation from profits they earn selling their produce, becoming landowners themselves. The Foundation also builds schools and provides training in basic public health and sanitation, small industry, and agricultural techniques. Local community leaders are trained as health promoters and each community is visited periodically by volunteer physicians and nurses from a centrally located medical clinic.

Direct Relief has supported the clinic for the past four years by providing primary care medicines and nutritional supplements. In October, Direct Relief furnished the Agros Foundation communities with antibiotics donated by Ortho-McNeil, ophthalmic drops from Bausch & Lomb, antiparasitics, analgesics, gastrointestinal agents, multivitamins, and first aid and minor surgical products.

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were performed at the main clinic in San Salvador, 67% of which were for cataracts. The Center provides transportation to and from the clinic for surgeries and follow-up appointments because many of its patients from rural areas have no way of getting to the capital.

Other programs of the Center include a training program on basic eye care for the medical personnel of other non-governmental organizations, a mobile eye-care clinic that completed 54 rural campaigns, outreach to senior-citizen homes, and a new pharmacy that dispenses medications at affordable prices. In September 2001, Direct Relief provided the Center with sterilizers, an operating table and light, patient-examination equipment, gurneys, primary-care supplies, and medications. These materials enabled the Center to expand its outreach capabilities and to open an additional surgical suite at the main clinic.

"Our overriding goal is to get the right tools to the right people at the right time. Common sense and sound health policy requires that the materials be appropriate for the circumstances and requested by professionals who will use them on the ground."

Susan Fowler, M.A.

Director of Programs
Direct Relief International

Peru EARTHQUAKE RELIEF

PHOTO—DAN SMITH



On June 23, 2001, an earthquake measuring 8.1 on the Richter scale struck off the coast of southwestern Peru. The earthquake, which was followed by a tsunami and numerous aftershocks, caused widespread destruction and displaced more than 200,000 people in the provinces of Arequipa, Ayacucho, Moquegua, and Tacna. The cities of Tacna and Moquegua sustained the most significant damage with homes and infrastructure destroyed, and public services severely interrupted. Many one- and two-family dwellings built with adobe (mud bricks and mud mortar), or from quincha (mud with reed reinforcement), did not stand up well, and a large percentage of homes were completely destroyed or condemned for safety reasons. Fortunately, the earthquake occurred at 3:30 in the afternoon, when most homes were vacant, resulting in relatively few deaths and injuries.

As is always the case in emergency scenarios, Direct Relief immediately made contact with Direct Relief's Peruvian partners, as well as the Pan American Health Organization and other disaster relief and international

assistance agencies responding to the emergency. Ten days later, Direct Relief's Senior Program Officer, Daniel Smith, traveled to the area to assess the needs and meet with facilities, organizations, and local officials. Following this assessment, Dan arranged to provide to long-time partner Caritas del Peru an emergency shipment of needed supplies and medicines for use in the cities and surrounding areas of Tacna and Moquegua.

Caritas del Peru has a strong history of working in both urban and rural development throughout the country. Immediately after the earthquake, emergency health teams were mobilized to assess the extent of the damage and to coordinate an emergency response. Caritas' primary emphasis during the emergency period was to set-up and run temporary health clinics and shelters. Direct Relief provided antibiotics, donated by Ortho-McNeil and Bristol-Myers Squibb, topical steroids from Watson Pharmaceuticals, anthelmintics from Johnson & Johnson, and ophthalmic pharmaceuticals from Alcon Laboratories. Shelter supplies and first aid provisions also greatly aided Caritas' work.

Jamaica MISSIONARIES OF THE POOR

Important gains in health and life expectancy that were made in Jamaica over the last several decades have been pushed back by the AIDS epidemic. According to the Pan American Health Organization, the Caribbean has the highest prevalence of HIV outside of sub-Saharan Africa and, in Jamaica, HIV/AIDS and sexually transmitted infections are the second leading cause of death for both men and women in the age group 30-34 years.

The provision of AIDS medications in developing countries is a difficult and complex problem in health care worldwide. Ministries of Health and non-governmental organizations in Jamaica and elsewhere have not been able to solve the problem, financially or logistically, but Direct Relief is committed to supporting health care projects and facilities that provide urgently needed palliative care for AIDS patients and those involved in prevention activities. If and when AIDS medicines become available, many of these Direct Relief-supported facilities will play a key role in their distribution and proper use.

Missionaries of the Poor operates five homeless shelters in the heart of Kingston for people who are HIV infected or have AIDS. Many have been

shunned by their relatives and left to live— and die— on the streets. The facilities provide shelter and medical care to 400 men, women, and children, many of whom are in the terminal stages of AIDS and need special care and comfort. All residents receive food and medicine, as do an additional 500 or so people living in the surrounding ghetto communities. In 2001, Direct Relief provided to these shelters three shipments consisting of antibiotics donated by TEVA Pharmaceuticals USA, psychotherapeutic medications from Merck & Company, antifungal agents, antidiarrheals, vitamins, cold and flu remedies, and medical supplies such as exam gloves and first aid provisions.



PHOTO- SANDY FARRELLY

"Direct Relief International uniquely, since no such organizations exists in Europe, enables us to supply health workers in Africa with means to do the job."

Michael Marks, MD

Bush Hospital Foundation
Jersey, Channel Islands, U.K.

People living in sub-Saharan African countries experience the most severe poverty anywhere in the world. Over 75% of the countries that United Nations classifies as having the lowest levels of human development are located in sub-Saharan Africa. Most African countries lack the financial resources to provide adequate health delivery services to their populations. In addition, sub-Saharan countries have proportionally fewer health professionals working in the rural areas where the majority of the population lives. Inadequate medical infrastructure and supplies severely limit access for people who require medical attention.

In 2001, Direct Relief International provided support to facilities in 18 African countries: Cameroon, Congo, Ethiopia, Ghana, Guinea Bissau, Ivory Coast, Kenya, Liberia, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Zambia and Zimbabwe. A total of 41 shipments were made to local health facilities and organizations working in the health sector.

Nigeria CEDPA MIDWIVES TRAINING PROGRAM

Poor maternity care in low-income and rural areas can lead to serious health problems that put both the mother and child at risk. This situation has long plagued sub-Saharan Africa, which has some of the highest maternal and infant mortality rates in the world. These high rates often stem from a lack of adequate medical supplies for use by trained midwives, nurses, and doctors.

In 2001, Direct Relief began a three-year program strategy concentrating on several key areas of health care service, including maternal and child health. An outgrowth of this strategy led to a partnership with the Centre for Development and Population Activities (CEDPA), based in Washington, D.C., CEDPA works in several countries, providing training for women from a variety of disciplines so they can assume and succeed in leadership roles.

In Nigeria, CEDPA conducts a multi-faceted program to enhance reproductive and child health services at the community level. Community training is provided to encourage healthy behavior and improve the quality and availability of health services. In 2001, this program provided training to 40 midwives to enhance their work in rural areas where often no other healthcare services exist. The three-week clinical and classroom training is intensive and greatly increases the skills of midwives so they can handle obstetric emergencies, a primary cause of maternal death.

To support this important initiative, Direct Relief furnished a complete midwife kit for each participant to take back to her community. The kits are critical for the midwives to put their newly learned skills to use and ensure better maternal and child health services throughout the region.

Liberia PHEBE HOSPITAL

While Direct Relief's primary focus is to support indigenous health professionals, on a case-by-case basis the organization provides material support to trusted U.S. health professionals and organizations to support quality medical training and clinical missions to developing countries. Direct Relief supported more than 20 such activities in 2001. One such example was the mission to Phebe Hospital in Liberia by Dr. Kathryn Challoner, associate professor of clinical emergency medicine at the University of Southern California, and a small group of American health professionals. Dr. Challoner and her colleagues made an extended trip to the facility, during which they carried Direct Relief-provided provisions including antibiotics, donated by Watson Pharmaceuticals and Bristol-Myers Squibb, antifungal and antiworm medications, and first aid supplies from Johnson & Johnson.

Upon her return in November of 2001, Dr. Challoner reported to Direct Relief:

"I personally saw your boxes of medicines safely delivered to Phebe Hospital. Believe me, they were put to immediate use! I personally hung bottles of IV antibiotics in the emergency room on septic patients. They were a lifesaver – literally – and I am so grateful to all of you. The medical situation in Liberia after the war is critical. There was so much destruction at the time and, of course, there is still on-going fighting to the north. Much of the country's resources have been directed to that fighting. JFK Hospital, which is the country's main teaching hospital in Monrovia, does not appear to be functioning at this time. There were many miracles, some saves and some frustrations. I am so glad I went and I do want to go back. Again, thank you with all my heart for your help and support."

*Estelle Nabenin of
Edjambo, Ivory Coast,
holding a card made by
children participating
in Direct Relief's
Global Connections
program.*

PHOTO BY KELLY DARNELL



Ivory Coast EDJAMBO HEALTHCARE CENTER

The Ivory Coast is among the 15 countries in the world most affected by the AIDS epidemic. Out of a total population of only 16 million, there are an estimated 700,000 to 1 million cases. Other major health issues in the country include malaria, intestinal worms, vitamin deficiencies, and poor access to maternal and child health care. Although some healthcare services have improved over the last decade, the country's overall health-system performance, as ranked by the World Health Organization, is still among the lowest in the world.

Founded in 1992, the Edjambo Healthcare Center is the only healthcare provider for a population of 20,000 living in the village of Edjambo and surrounding rural areas. With a staff of one nurse, one midwife, and two health assistants, the center provides primary care, immunizations, maternal and child health care, and minor surgical operations.

Direct Relief's Program Officer, Kelly Darnell, lived and worked in Edjambo as a Peace Corps community health educator in the mid 1990s. During a return assessment trip for Direct Relief International, Kelly found that the center is struggling more than ever to provide medical care due to tough economic times and a severe drop in the amount of supplies provided to rural clinics by the Ministry of Health.

In 2001, Direct Relief sent its first assistance to the Edjambo Healthcare Center, which was also the organization's first shipment ever to the Ivory Coast. Included were analgesics donated by Johnson & Johnson, sutures from Ethicon, and antihypertensive medications from Bristol-Myers Squibb, as well as prenatal and children's vitamins, needles and syringes, and exam gloves.

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Kenya WASO MEDICAL SERVICES

The incidence of poverty is high throughout Kenya, and food insecurity affects increasing numbers of Kenyan families. Human development indices, including life expectancy, nutrition status, and education levels—once among the highest in sub-Saharan Africa—have fallen. Infectious respiratory diseases and malaria account for a high percentage of illnesses and deaths. Other common health problems include tuberculosis, dysentery, venereal diseases, and increasing cases of HIV/AIDS.

Dr. Mohamed Abdi Kuti founded Waso Medical Services in 1994 in Isiolo, a city located north of Mount Kenya, as an alternative to the area's government-run hospital.

The hospital had few supplies and required patients to purchase their own medications at prices too high for most to afford. Waso Medical began in a small rented space and soon grew to include a minor surgery suite, a birthing room, and 14 hospital beds. Until 2000, 60% of the clinic's patients were able to make some form of payment and the clinic was economically self-sufficient, allowing Dr. Kuti to provide free care to those who could not pay. Unfortunately, clan violence broke out in the Isiolo region and the economic situation in the city rapidly deteriorated. Currently,



Dr. Kuti

PHOTO-FILE

"Direct Relief International has been a pillar on which NPO has leaned for much needed support. They have never either wavered or failed to respond to our requests."

John Ganda, Ph.D

Executive Director
Ndegborme Development
Organization
Freetown, Sierra Leone

Waso Medical receives only partial payment from 40% of its patients and is finding it increasingly difficult to keep its doors open without outside assistance.

In March, northern Kenya experienced a severe outbreak of malaria and every bed in Dr. Kuti's small clinic was filled. People brought their own bedding and camped outside the clinic's main gate, hoping to receive help. In one week, over 50 patients, mostly children, died from malaria. Dr. Kuti was in dire need of quinine to help combat this outbreak. Direct Relief airfreighted both injectible and oral quinine directly from the manufacturer in Europe to Nairobi.

In June and November, shipments were made containing an assortment of equipment including two operating tables, a vital signs monitor, a gurney, an exam light, a mayo stand, and an ultrasound doppler, used to help diagnose obstetrical conditions. Waso Medical now has the only ultrasound in the region, which will greatly improve health care for pregnant women. It will also bring in revenue from patients who are able to pay for services helping to subsidize free care for those who are unable to pay. Direct Relief also facilitated the transport of an x-ray machine and provided pharmaceuticals and supplies, including additional quinine needed to help fight the seasonal resurgence of malaria.

The prolonged economic crisis in Asia and the Pacific region, along with rapid population growth, is placing great demands on the availability of medical resources and access to health care. Seven of the world's ten most populous countries are located in the region, which is home to an estimated 1.1 billion people who live in absolute poverty.

While advances have been made to defeat many of the infectious diseases most common in the developing world, Asian and Pacific Rim countries continue to struggle against basic health problems. The World Health Organization stresses that although the region has made significant progress in broad areas such as child survival and the creation of national health infrastructures, much more is needed to address the health challenges related to safe motherhood and the high incidence of maternal mortality, among other basic issues.

The financial setbacks experienced by Asian and Pacific countries have coincided with diminished national health budgets and a corresponding drop in availability of essential medical goods. To bolster the work of Direct Relief's key partners in the region, a total of 52 shipments were provided to institutions and organizations in 13 countries: Afghanistan, Cambodia, India, Indonesia, Iraq, Laos, Marshall Islands, Pakistan, Philippines, South Korea, Thailand, Vietnam, and Palestinian territories in West Bank and Gaza.

Afghanistan and Pakistan REFUGEE ASSISTANCE

Conditions in Afghanistan were unbearably harsh before September 11, 2001. The Afghan people suffered the effects of extended war, deep poverty, and a governing regime that failed to provide education, health, or social services. Millions of Afghans were at risk of starvation and malnutrition, and specific nutritional deficiencies were taking a terrible toll on the population, especially pregnant women and children. The military cam-

paign in response to the terrorist attacks on the United States has led to a new governance structure in Afghanistan, but millions of innocent people remain in vulnerable circumstances.

For the newly formed Afghan government, improving the health status of the Afghan population is a pressing priority. Life expectancy at birth is currently 43 years, one in four

children dies before age five, and one in 12 women dies in childbirth. The United Nations Development Program reports that the most urgent task is to revive the country's preventive and public health services, especially a number of low-cost interventions that have high payoff. This means expanding the basic programs of immunization, maternal and child health,



PHOTO—UNHCR

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Afghan Refugees, Aryen Medical Clinic, Pakistan

PHOTO BY LINDA L. CULLEN

Afghanistan THE NUMBERS

Population of Afghanistan

22,474,000

Number of Afghans without access to basic health care

6,000,000 (27%)

Life expectancy at birth for the average Afghan

43 years

Percentage of Afghan children vaccinated against major diseases

less than 40%

Percentage of Afghan children suffering from chronic malnutrition

50%

Percentage of Afghan population estimated to be suffering from major psycho-social problems

40%

Percentage of Afghan women that give birth away from a health care facility

90%

Number of Afghan women that die per day from pregnancy-related causes

53

Percentage of the deaths of children and young adults caused by preventable and treatable diseases

50%

Amount of money being sought by the UN and other non-governmental organizations to implement improved health care programs this year

\$130 million

Amount of money needed to implement improved health care programs in the next two years

\$2.2 billion

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communicable disease control (polio, measles, TB, HIV/AIDS), and reproductive health.

Public education regarding health, hygiene, and nutrition is a priority after years of inaction. Afghanistan also lacks needed capacity to deal with war-related catastrophic health problems such as reconstructive surgery, artificial limb production, fitting, and care, and mental trauma counseling.

In 2001, Direct Relief International provided 10 tons of medical goods to emergency medical teams and established health facilities in Afghanistan and those working with Afghan refugees in Pakistan. Eleven separate air and ocean freight shipments were completed, with a wholesale value of over \$400,000. Included were pharmaceuticals, such as antibiotics donated by Abbot Laboratories, TEVA Pharmaceuticals USA, and Watson Pharmaceuticals, and anthelmintics from Johnson & Johnson. Stethoscopes and blood pressure kits from Omron Healthcare and sterilization equipment from Midmark were also provided.

Direct Relief will continue providing assistance to the health care institutions and organizations it is currently supporting as well as expand our aid to additional hospitals, clinics, and health programs in Afghanistan.

*"Direct Relief
is making a
meaningful
contribution
toward ensuring
the well-being
of Santa
Barbara's
youngest
residents in
the event
of a natural
disaster."*

Hon. James Lee Witt

Former Director
Federal Emergency
Management Agency,
Washington, D.C.

Thailand HILL TRIBE CLINICS AND PALONG VILLAGE SCHOOL

Over one hundred years ago, Hill Tribe peoples started migrating south from China into Myanmar, Laos, Vietnam, and Thailand. The six major tribes currently represented in northern Thailand are the Karen, Hmong, Yao, Akha, Lisu, and Lahu.

Each tribe is distinct with its own culture, religion, language, art, and dress and most members continue to practice a traditional lifestyle. The main profession of these tribes is farming, often as day laborers for Thai farmers. The Thai royal family has sponsored special projects for the Hill Tribes that provide training and supplies to farmers to help replace the growing of opium poppies with cash crops such as flowers, coffee, and macadamia nuts.

In October, Direct Relief provided a donation of antibiotics, analgesics, infant, children's and adult multivitamins, dermatological creams, and first aid products to the Palong Village School. These medical items are being dispensed and used to treat minor injuries for both the students and their families by the trained health promoter stationed at the school. Primary care medicines, first aid supplies, and nutritional supplements were distributed in November to the government health stations that provide services to these various Hill Tribes.

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*Primary school children in India gather to receive high-dose
vitamin A, which protects their sight and health.*

PHOTO BY SUSAN FOWLER



India EARTHQUAKE ASSISTANCE, GUJARAT

At 8:46 am on January 26, 2001, as many of India's Republic Day celebrations were just getting underway, a massive earthquake measuring 7.9 on the Richter scale hit the state of Gujarat killing more than 20,000 people and leaving hundreds of thousands more injured and homeless. The Kutch District, a sparsely populated area home to many tribal and semi-nomadic populations, was the hardest hit. In total, 15 million people were affected by the earthquake with over 1 million homes, 1,200 health institutions and 11,600 schools damaged or destroyed.

Within 12 hours we were in contact with our partner organizations in India to determine the most critical needs. Working around the clock, we airlifted the first of several emergency shipments within 72 hours. On January 31, in partnership with Los Angeles-based Operation USA, 13 tons of medical supplies worth over \$1 million were airlifted. The 747 cargo jet used was donated by Atlas Air, Inc., as a memorial to their founder and CEO, Michael A. Chowdry who had died in a private plane accident just days before the earthquake.

On February 20, Direct Relief sent the largest emergency airlift in our 53-year history: 35 tons of medical supplies on a second Atlas Air 747. Both airlifts were received and distributed by the Diwaliben Mohanlal Mehta Charitable Trust, our partner organization in India for the past eight years. Their extensive experience, numerous warehouses, and contacts throughout Gujarat made them the ideal organization to handle the volume of products provided.

Additional emergency shipments were provided to the Shree Bidada Sarvodaya Trust, a non-profit charitable organization that runs one of the only two hospitals left standing in the area. Its three operating theaters remained fully functional so doctors were able to work round the clock for 20 days to treat emergency cases. Orthopedic and

neurosurgeons from throughout India, as well as many expatriate Gujaratis, traveled to the Bidada Hospital to evaluate and operate on patients with crushed bones and spinal cord injuries. Physical, rehabilitative, and occupational therapy as well as artificial limb manufacturing and fitting emerged as major activities at the hospital. Direct Relief's shipments of specialized surgical tables, wheelchairs, orthopedic devices, physical therapy equipment, and assorted supplies were desperately needed and put to immediate use.

The hospital's Rehabilitation Department and training services will be significantly upgraded in 2002 with the assistance of Direct Relief. Rehabilitation programs also will engage patients in income-generating activities such as the manufacture of special braces, the use of which will significantly improve their mobility and independence.

Media attention to the devastation in India has faded, yet the long-term rebuilding of lives and structures will continue for many more years. Despite the tragedy, victims maintain an incredible resilience and optimism and are determined to rebuild their lives despite the loss of family members and the occurrence of major life-altering injuries. Direct Relief will continue to help local organizations upgrade their facilities, obtain needed prosthetic devices, medicines, and supplies, and provide care to the many people without financial means. In 2001, Direct Relief provided 12 disaster relief shipments in response to the Gujarat earthquake with a total value of over \$3.2 million.

(note: Direct Relief International was approved in 1979 by the Governments of the United States and India under the terms of the U.S.-India Bilateral Agreement concerning humanitarian assistance. This status enables Direct Relief to provide humanitarian aid readily and on a duty-free basis.)

*Earthquake survivors at the
Bidada Rehabilitation Center*

PHOTO BY SUSAN FOWLER



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South Korea ST. JOHN OF GOD CLINIC

South Korea has achieved exceptional economic growth since its creation at the end of World War II. However, in the last five years the nation has experienced a deep economic downturn, from which it is seeking to recover.

For over 20 years, Direct Relief has been supporting the St. John of God Clinic, operated under the auspices of the Order of the St. John of God Brothers in Kwangju. The Brothers provide service to the sick and poor, which includes a general medical clinic, a hospice for cancer patients, a psychiatric hospital, and a unit for Alzheimer patients. In addition to a home-care and hospice program for cancer patients, medical and welfare support is also given to two leper villages in the countryside. Brother Brendan Flahive, Direct Relief's long-time partner in Kwangju, explains that the regular arrival of Direct Relief supplies enables him to provide consistent and quality care to those most in need.

Direct Relief's twice-yearly shipments help residents of the two leper villages as well as those who are homebound or terminally ill. They include products that provide comfort and relief such as soothing skin lotions, antacids, dressings, bandages, analgesics, and liquid nutritional supplements.

Healthcare systems in Eastern Europe and the Commonwealth of Independent States (Russia and the former Soviet Republics) have long been plagued by under-funding and an inadequate infrastructure. Despite a sufficient number of trained health workers in the region, international health experts note that care standards are still low — due largely to the poor allocation of essential material resources. Up-to-date instruments and medical materials remain scarce, and modern operating and diagnostic procedures are not widely practiced.

Direct Relief's material assistance targets facilities and programs with trained healthcare professionals who, without proper medical supplies, would not be able to carry out their work. In 2001, Direct Relief provided assistance to clinics, hospitals, and health organizations in nine countries throughout the region. A total of 27 shipments were made to Albania, Armenia, Bosnia-Herzegovina, Bulgaria, Estonia, Romania, Ukraine, Uzbekistan, and Yugoslavia.

Armenia ANGIONEUROLOGY CLINIC & RESEARCH CENTER

Direct Relief has been working in Armenia since the devastating 1988 earthquake that leveled portions of the country and killed tens of thousands of people. The ongoing conflict with Azerbaijan over the ethnic Armenian-dominated region of Nagorno-Karabakh and the breakup of the centrally directed economic system of the former Soviet Union contributed to a

severe economic decline beginning in the early 1990s. By the mid-1990s, more than half the hospitals in Armenia had ceased functioning due to a lack of electricity, heat, and supplies.

In 2001, an acute shortage of basic drugs and medical supplies, especially analgesics, was greatly limiting health providers' ability to assist patients suffering from pain at all levels of the health care system. Direct Relief responded with over 1,100 pounds of assorted analgesics and hospital and clinic supplies in two shipments, both consigned and distributed by the Angioneurology Clinic in Yerevan.



PHOTO- KATHERINE POMA

This facility established a special committee to visit mountainous regions and villages with the specific purpose to help those most in need, mainly pensioners and children. Dr. Bakunts, head of the special committee, reports that many of the villages are so remote that they have no electricity, gas, telephone, and in many cases, no drinking water, for months at a time. There are no pharmacies or clinics in these areas and Dr. Bakunts and his committee are distributing analgesics to those individuals in the greatest need.

*"Direct Relief's
response is
very effective,
efficient, and
professional...
we feel in our
hearts that
they are
listening
to us."*

Pilar Martinez
de Orduna

Director
Fundación Justicia y Amor
I.A.P.
Mexico City, Mexico

Bosnia-Herzegovina CARITAS BISKUPIJE BANJA LUKA U BIHACU

The Caritas Clinic, an outpatient clinic located in the Bosnian town of Banja Luka, is the only health facility for a population of 250,000. According to Sister Mirna who works in the clinic, the legacy of war continues—poverty, no jobs, no health insurance, and no place to receive medical help. Returning refugees continue to flow into the city from other parts of the former Yugoslavia straining the fragile medical, social, and economic infrastructure of the city. There are no programs to help the returnees, many of whom are elderly.

In 2001 Direct Relief provided the Caritas Clinic with analgesics, antibiotics, and cardiovascular agents as well as an EKG, cardiac monitor, ambu bags, and basic diagnostic items such as stethoscopes. After receiving the donation, Direct Relief received a letter from Sister Mirna who wrote, "Thank you, to all the nice and so good people that are helping unknown people somewhere in the world. Thank you for every box, every move of your hands for us. Thank you for every minute you spend preparing shipment."

Romanian orphan
PHOTO BY MARY POMEROY



Romania DEPARTMENT OF CHILD PROTECTION, BUCHAREST, SIBIU, AND BRAILA

Over 50,000 of the total population of 1.3 million Romanian children live in orphanages. Many were given by their families to state facilities during the economic turmoil following the collapse of the communist regime in the 1990's. Nicolae Ceausescu, the former dictator executed in 1989, had required that Romanian women each have four children – later increased to five – before they could become eligible for birth control. As parents often could not afford to take care of these children, it became an accepted part of the Romanian culture to give children over to state-run orphanages.

The documented living conditions in these facilities during the 1980's and early 1990's were horrendous, with virtually no food, clothing, or other necessities provided by the government. Although conditions have improved over the last decade, continuing shortages of food, medicine, clothing, heat, and health care persist and have a traumatic impact on these children. Most of them are in need of medical as well as psycho-social assistance.

Direct Relief has partnered with the Spence-Chapin Adoption and Family Services Agency for a number of years, providing assistance to orphanages throughout Eastern Europe and especially to those in Romania. Spence-Chapin and Direct Relief work with the Andrea Foundation, a Romanian non-profit organization that, together with the Romanian Department of Child Protection, identifies the orphanages throughout the country that are lacking even the most basic necessities.

In 2001, Direct Relief's shipments to Romanian orphanages were distributed by the Andrea Foundation to facilities in the cities of Bucharest, Sibiu, and Braila. Among the medicines, supplies, and personal care items that were included, Johnson & Johnson provided analgesics and first aid supplies, and combs for lice removal were provided by the National Pediculosis Association.

Direct Relief International's extensive international work is complemented by vigorous local efforts in our home community to improve the quality of life for poor and at-risk groups including children, seniors, and the homeless. In 2001, our Preparedness Response Emergency Program (PREP) completed the 20th disaster-preparedness module at local schools. Personal care items, such as toothbrushes, toothpaste, and shampoo, were provided to thousands of impoverished families and individuals through our Personal Care Packs program. Our Healthy Smiles Dental Program for needy children was extended and a free dental clinic to provide comprehensive care for low-income and uninsured children with severe dental problems was conducted. Screening and education were also provided for hundreds of low income seniors at risk for osteoporosis.

RESPONSE TO SEPTEMBER 11

In response to the September 11 terrorist attacks in New York and Washington, D.C., Direct Relief immediately provided several thousand dollars worth of respiratory inhalers and offered up our extensive medical inventory for relief efforts to New York State and Federal officials. As events unfolded, it became clear that the type of material assistance that Direct Relief is best suited to provide was not needed.

However, at the request of many donors who trusted Direct Relief and wished to provide their financial support through our organization, Direct

"DRI is a remarkable organization that we value and hold in the highest regard. We are able to do so much more because of our partnership with them."

Chandrakant
Koticha

Executive Trustee
Life
Saurashtra Medical
& Education Charitable Trust
Rajkot, Gujarat, India

Relief on September 19 established an account and resolved to provide 100% of the funds we received for direct support of victims. As stewards of these designated funds, we consulted with a number of national and New York-based charitable organizations to identify the most suitable recipient. American Jewish World Service (AJWS) is a New York-based organization with which Direct Relief has a long and trusted relationship built through collaborative efforts on disaster-response efforts around the world. Following these consultations, and in light of AJWS's presence in Manhattan, deep ties to the local community, insight into community affairs, and its strict adherence to the highest ethical principles, Direct Relief transferred all funds we received to AJWS for allocation. AJWS identified the victims and surviving family members of those killed who needed help the most, including families of low-wage and immigrant workers, and provided them direct financial assistance.

(Note: Direct Relief received more than \$300,000 from individual contributors and businesses in response to September 11. Consistent with the decision taken on September 19, all of the funds we received were distributed, and Direct Relief International retained no portion to defray administrative expenses or for any other purpose.)

STRATEGIC ALLIANCES CONFERENCE

In February of 2001, Direct Relief International hosted a two-day conference, bringing together major corporate supporters of international health care efforts, leading U.S. nonprofit organizations, and Direct Relief's local



*Mobile Dental Clinic,
Direct Relief International headquarters*
PHOTO BY RACHEL ADENA RUBIN

United States HEALTHY SMILES DENTAL PROGRAM

The National Institutes of Health report that 80% of all cavities occur in only 25% of children, the vast majority being from poor families. Santa Barbara County Health Assessment surveys have indicated that lack of access to quality dental care services is the leading health problem in the county, particularly among children. Thousands of children have no access due to lack of funds, lack of insurance, and lack of transportation. The vast majority of these children are among Santa Barbara's minority groups, especially Spanish-speaking populations.

Since 1993, Direct Relief International has been working to fill this gap in services as part of a consortium of agencies called the Dental Access Resource Team (DART). From 1994 to 1997, Direct Relief's Healthy Smiles program, in partnership with DART and the USC/UCLA Mobile Dental Clinic, provided dental care services, including preventive treatment and dental education, to 3,000 children and adults.

Due to the continued need for dental services for local children, Direct Relief re-established its partnership with USC/UCLA in 2001. From November 9th through the 16th, a Healthy Smiles Dental Clinic provided comprehensive dental treatment and bilingual dental education to 94 severely affected, low-income children who had no other means of receiving dental care.

The children ranged in age from four to eighteen with the majority between six and eleven. Almost \$97,000 worth of dental procedures were performed on the children and each child received approximately \$60 worth of dental supplies, including toothbrushes, toothpaste, and floss for themselves and their families. Each child departed with a healthy smile and each family with an understanding of the essentials of good dental hygiene and the supplies with which to practice it.

continued from page 39

partners in developing countries who work with the donated medical products. The conference offered a rare opportunity for representatives of the companies who manufacture and donate medical products to meet some of the health care providers from the developing world who ultimately use those donations.



Conrad Person & John Ganda

PHOTO-FILE

Speakers included Conrad Person, Director of International Programs and Product Giving for Johnson & Johnson. He reported on Johnson & Johnson's corporate policies regarding community investment and the company's innovative "Produce-to-Give" Program, through which certain products are manufactured and provided immediately through donation, as opposed to being made available when excess inventory exists.



PHOTO-FILE

International speakers included John Ganda, Ph.D., founder and director of a non-governmental organization helping women and children in Sierra Leone. He gave a chilling report on the terrible violence that has consumed that country in a bloody civil war since 1991 and the impact it has had on providing basic health services. Dr. Andrey Markov, of the University Hospital St. Ekaterina in Sofia, Bulgaria, discussed the effect of a failed economy on the medical infrastructure in his country, and Dr. Carl Niamatali of Guyana spoke of the rivalries between military and political factions, financial downturn, and "brain drain" in his country.

Jim Russo, PQMP

Financials

STATEMENT OF ACTIVITIES for the year ending December 31, 2001

PUBLIC SUPPORT & REVENUE

Public Support

Contributions in-kind	\$72,413,876
Contributed freight/services	332,909
Contributions in cash and securities	<u>2,846,724</u>
	75,593,509

Revenue

Earnings from investments and miscellaneous income	(83,250)
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TOTAL PUBLIC SUPPORT

<i>AND REVENUE</i>	<u>75,510,259</u>
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EXPENSES

Program Services

Value of medical donations shipped by Direct Relief	81,512,743
Freight provided to Direct Relief	283,568
Operations and shipping	2,133,209
Contributed services	<u>43,955</u>
	83,973,475

Supporting Services

Resource acquisition	275,991
Administration	<u>451,579</u>
TOTAL EXPENSES	84,701,045

DECREASE IN NET ASSETS	<u>(\$9,190,786)</u>
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STATEMENT OF CASH FLOW

Cash flows from operating activities

Decrease in net assets	(\$9,190,786)
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Adjustments to reconcile change in net asset to net cash (used)

provided by operating activities

In-kind receipt of inventory	(72,413,876)
In-kind shipment of inventory	81,512,743
Depreciation	81,666
Investment adjustments	251,900
Changes in other operating assets and liabilities	<u>37,782</u>

<i>Net cash provided by operating activities</i>	279,429
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<i>Net cash used by investing activities</i>	(268,756)
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<i>Net cash used by financing activities</i>	<u>(30,503)</u>
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<i>Net decrease in cash</i>	<u>(\$19,830)</u>
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Financials

STATEMENT OF FINANCIAL POSITION as of December 31, 2001

ASSETS

Current Assets

Cash and cash equivalents	\$1,017,491
Securities	1,531,508
Receivables	114,794
Inventories	18,098,032
Prepaid expenses	123,694
	<u>20,885,519</u>

Other Assets

Future interest in Unitrust	766,715
Investments	155,413
Property and equipment	3,598,063
Miscellaneous	23,055
TOTAL ASSETS	<u><u>\$25,428,765</u></u>

LIABILITIES AND NET ASSETS

Current Liabilities

Payables	\$99,710
Current portion of long-term debt	27,133
Other liabilities	7,140
	<u>133,983</u>

Other Liabilities

Long-term debt	1,667,038
Distribution payable	39,777
TOTAL LIABILITIES	<u>1,840,798</u>

Net Assets

Unrestricted net assets	19,735,764
Temporarily restricted	3,852,203
TOTAL NET ASSETS	<u>23,587,967</u>

TOTAL LIABILITIES AND NET ASSETS	<u><u>\$25,428,765</u></u>
---	----------------------------

*less than 1%
of Direct Relief's
public support
and revenue is
used to cover
fundraising and
administrative
expenses.*

Financial Report

Notes to Financial Statement

The previous tables are summarized from the 2001 audited financial statements for Direct Relief International.

Product Valuation In-kind contributions, such as contributed medicines, supplies, or equipment, are valued at the wholesale price in the United States. Specifically for pharmaceutical products, the source of and basis for product values are the “Average Wholesale Price” (AWP), which is published by Thomson Healthcare’s “Redbook.” While retail values may be significantly higher, Direct Relief has traditionally used the AWP to value pharmaceutical products that are contributed.

Cash versus In-Kind Support Direct Relief International’s activities are financed on an operating or cash budget that is not directly affected by the value of contributed products. The organization’s program model involves obtaining and providing essential medical material resources. Cash support — as distinct from the value of contributed goods — is used to pay for the logistics, warehousing, transportation, program oversight, administration, fundraising, and all other expenses.

In 2001, operating expenses totaled \$2.5 million. The expenditure of these funds enabled Direct Relief to furnish \$81.5 million worth (wholesale value) of medical material resources to 60 countries. The weight of these materials was 951,000 lbs, or 475.5 tons.

In addition, Direct Relief received \$318,000 in cash to assist victims of the September 11 attacks. All funds received for this purpose were distributed (\$310,000 was disbursed in 2001, the remaining \$8,000 in 2002), and the organization used none of these funds to defray related administrative, banking, or oversight purposes.

Leverage For each \$1 that Direct Relief received in 2001 for operating purposes, the organization provided \$32 worth of wholesale medical material assistance.

Endowment Fund Direct Relief's Board of Directors established a quasi-endowment fund to help ensure the organization's financial future. At the end of 2001, the fund had a total of \$3.8 million in assets. By Board resolution, all bequests are deposited into the endowment fund unless the donor requests otherwise.

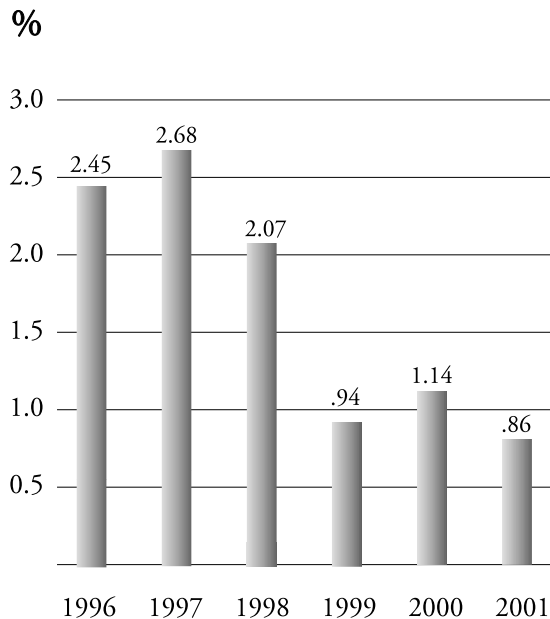
Timing of Activities Direct Relief International receives donations of in-kind medical products on an ongoing basis. These donations are recorded in inventory upon receipt. Direct Relief policy is to distribute products at the earliest practicable date, consistent with sound programmatic principles. While the distribution typically occurs in the same year of receipt, it may occur in the following year. An expense is recorded when the products are shipped. In 2001, Direct Relief shipped approximately \$9 million more in product than it received. This accounts for the decrease in net assets of \$9 million, equal to the reduction of net assets reported in the statement of financial position.

Administration and Fundraising Expenses In 2001 Direct Relief spent a total of \$275,991 on fundraising ("resource acquisition" in financial tables). This amount represents spending on fundraising personnel (one full-time and two part-time employees), the production, printing, and mailing of public education and fundraising literature, and all other costs related to fundraising (such as events, advertising, and related travel). Direct Relief spent a total of \$451,579 on administration in 2001. This amount includes spending on personnel responsible for financial management (one controller, two part-time accountants), an independent audit by a Certified Public Accounting firm, graphics and multimedia (one part-time employee), volunteer coordination (one part-time employee), general office assistance (one part-time employee), general management expenses including banking fees, telephone and utilities, office supplies, insurance, and a pro-rata portion of the mortgage on the warehouse facility corresponding to the space assigned to these functions. Any other expenses not appropriately classified elsewhere are charged to administration. The salary of the President and CEO is allocated to both fundraising and administration and to programmatic activities, in accordance with the time spent on each function.

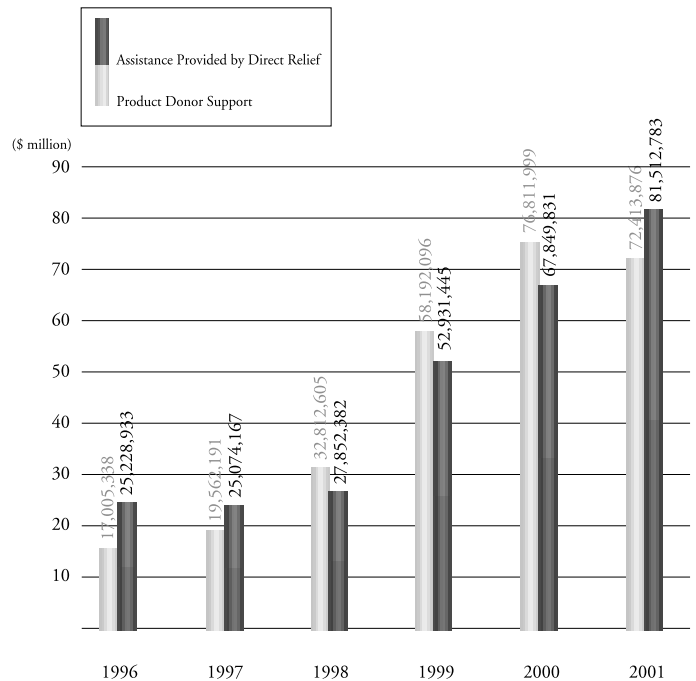
"Among the key features of DRI's philosophy is a holistic approach to their work that causes them to look beyond satisfying immediate material needs towards health care system support and development."

Conrad Person

Director of International Programs
and Product Giving
Johnson & Johnson
New Brunswick, New Jersey



Maintaining Low Fundraising
and Administrative Expenses
(as percent of total public support)



Expanding Support From Product Donors and
Expanding Assistance to People in Need

Countries Assisted in 2001

Latin America and the Caribbean PARTNER COUNTRIES: Bahamas, Belize, Bolivia, Brazil, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Peru, Venezuela

Africa PARTNER COUNTRIES: Cameroon, D.R. Congo, Ethiopia, Ghana, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe

Asia PARTNER COUNTRIES: Afghanistan, Cambodia, India, Indonesia, Iraq, Laos, Marshall Islands, Pakistan, Philippines, South Korea, Thailand, Vietnam, West Bank/Gaza

Eastern Europe and the CIS PARTNER COUNTRIES: Albania, Armenia, Bosnia-Herzegovina, Bulgaria, Estonia, Romania, Ukraine, Uzbekistan, Yugoslavia

United States

A happy recipient of dental care at Direct Relief's mobile clinic

PHOTO BY BRYAN WATT



Special Thanks *for extraordinary support.*

Direct Relief International is honored by every contribution we receive - from individual people, from corporations and businesses, from foundations, service organizations, church groups, and classrooms. Each contribution represents a judgement and a trust in our efforts to assist those without means and facing enormous health challenges to have a better chance at a better life. Our commitment, both to those who have honored us with their trust and to those whom we strive to serve, is to make every dollar count toward advancing this important mission.

Our Supporters

Corporations providing medical in-kind contributions

Abbott Laboratories
 3M Pharmaceuticals
 Alcon Laboratories, Inc.
 Allergan
 AstraZeneca
 Bausch & Lomb Pharms. Inc.
 BD
 Benco Dental
 Biotrol International
 Bristol-Myers Squibb Company
 Ciba Vision Ophthalmics
 Circon Corporation
 Codman & Shurtleff, Inc.
 Crosstex International
 DCI International
 Den-Mat Corporation
 Dupont Pharmaceuticals
 Edgepark Surgical
 Ethicon Endo-Surgery
 Ethicon, Inc.
 Faichney Medical Company
 Fine Science Tools Inc.
 First Choice
 Fisher Scientific Co.
 FNC Medical Corporation
 Fujisawa Healthcare, Inc.
 Geneva Pharmaceuticals
 Genzyme
 GlaxoSmithKline
 Hardwood Products Company
 Hudson RCI
 John O. Butler Company
 Johnson & Johnson
 Johnson & Johnson Consumer
 Johnson & Johnson Medical
 Kawasumi Laboratories America, Inc.
 K-Mart
 Maxxim Medical, Inc.
 McGraw-Hill Inc.
 McKesson Corporation Medical Group
 McNeil Consumer and Specialty Pharmaceuticals
 Medical Innovations, Inc.
 Medline Industries, Inc.
 Medtronic Physio-Control
 Mencar Pharmaceutical Corporation
 Mentor Corporation
 Merck & Co., Inc.
 Meyer Distributing Co.
 Microflex
 Midmark Corporation
 Morton Grove Pharmaceuticals, Inc.

Nexus Products Company
 Nonin Medical, Inc.
 Nordent Manufacturing, Inc.
 North Safety Products
 Olympus America Inc.
 Omega Medical
 Omron Healthcare, Inc.
 Onyx Medical
 Ortho-McNeil Pharmaceutical, Inc.
 Paragon
 Pfizer, Inc.
 Progressive Medical International
 Safe Skin Corporation
 Sage Products, Inc.
 Schering Plough Corporation
 Searle
 Shaman Botanicals
 Tagg Industries
 Tecfen Corporation
 TEVA Pharmaceuticals USA
 Tillotson Healthcare Corporation
 Tissue Banks International
 Tyco Healthcare, Kendall
 Ultradent Products, Inc.
 Valleylab Inc.
 Walgreens
 Watson Pharmaceuticals
 Welch Allyn Inc.
 Wisconsin Pharnacal Company

Medical facilities, organizations and institutions, and individuals providing medical in-kind contributions valued at \$5,000 or more

Bishop Rotary Club
 Brother to Brother
 Bruderhof Foundation, Inc.
 The Church of Jesus Christ of Latter-Day Saints
 Mari Devillers
 Foodbank of Santa Barbara County
 Global Links
 Goleta Valley Cottage Hospital
 John Hess
 Human Performance Center
 Jain Center of Southern California
 K-Mart
 C. R. Kalin
 Longs Drugstore
 Medical Associates Clinic
 New Horizons Outreach
 Ojai Valley Community Hospital

Operation USA
 Patterson Dental
 Sansum Medical Clinic
 Santa Barbara Cottage Hospital
 Santa Barbara Foundation Clinic
 S.B. Visiting Nurses Association
 Alex Sapre
 Simi Health Center
 Vitamin Angel Alliance
 Western Medical Center
 Wheelchair Foundation
 Wisconsin Nicaragua Partners

Thank you to each member of the Kiwanis Clubs, Emblem Clubs and Lions Clubs for supporting our Save Our Sight Program through donations of thousands of pairs of eyeglasses.

Thank you to the individual donors who donated medical equipment and supplies for the clinics and hospitals overseas.

Individuals and organizations, including corporations and foundations, providing non-medical in-kind contributions of \$500 or more

A & A Computers
 Big Dog Foundation
 Benton Oil and Gas Company
 SB Mailworks
 Jim Everson
 David K. Harrison
 Diamond Polythelene Products
 FedEx
 The Home Depot
 Insite Logistics, Inc.
 Tania Knox
 Kennedy's For Tires, Inc.
 McGraw-Hill, Inc.
 Mattell, Inc.
 Nancy M. Lessner
 Fredric C. Leutheuser
 Novell
 Pliant Corporation
 Power Equipment Company
 Phil Soderman
 Rusack Vineyards
 TCI Listing Rentals
 TRW Astro Aerospace
 Wizards of the Coast

Individuals, corporations, and foundations, providing cash contributions

CONSUL GENERAL

\$50,000 and above

Anonymous

Mrs. Sheila Johnson Brutsch

Capital Group Co. Charitable Foundation

G. Harold & Leila Y. Mathers Foundation

Trust Company of the West

GLOBAL EMISSARY

\$25,000 to \$49,999

Charles H. Bell

Bush Hospital Foundation

Mr. & Mrs. Stephen M. Dow

Mr. & Mrs. Jack Eiting

Guyana Medical Relief

Liselotte Kuttler

Mr. & Mrs. Jon B. Lovelace

Santa Casa de Misericordi

WORLD HEALTH ENVOY

\$10,000 to \$24,999

Mr. & Mrs. John H. Adams

Allergan Foundation

Mr. & Mrs. William J. Bailey

Mr. & Mrs. Robert Beyer

Mr. & Mrs. Glen E. Bickerstaff

Bishop Rotary Foundation

James S. Bower

California Community Foundation

The Hon. & Mrs. Henry E. Catto

Coast Village Business Association, Inc.

Conrad N. Hilton Foundation

Leigh Crawford

Robert A. Day

The Disarm Education Fund, Inc.

Estonian Am. Fund for Economic Edu., Inc.

Mr. & Mrs. Brooks Firestone

Penelope D. Foley

Mr. & Mrs. Emmette Gatewood

Global Partners for Development

Helping Hearts

i2 Foundation, Inc.

The Ann Jackson Family Foundation

Johnson & Johnson Family of Companies

Barry Kravitz

The Laurel Foundation

L.S. Research, Inc.

MADRE

Mercy Corps International

The New York Community Trust

Novell

Mr. & Mrs. Donald E. Petersen

Mrs. Robert Sommer

Steinmetz Foundation

Marc & Eva Stern Foundation

Ellen Strickland

Elizabeth Ash Strode

Mr. & Mrs. Nicholas W. Tell Jr.

Tenet Healthcare Corporation

Mr. & Mrs. William Tennity

Alice Tweed Tuohy Foundation

Victoria R. Ward

Weingart Foundation

Wisconsin Nicaragua Partners of America

Wood-Claeysens Foundation

PRESIDENT'S COUNCIL

\$5,000 to \$9,999

Abbott Laboratories

American Jewish Joint Distribution Cmmtt.

American Jewish World Service

Mr. & Mrs. Mohan Asnani

B & B Foundation

Mr. & Mrs. Javier Baz

Mr. & Mrs. Robert Blecker

Mr. & Mrs. Jack Bowen

The Lynde and Harry Bradley Foundation

Kelly Burke

John Howard Clowes

Helen S. Converse

Mr. & Mrs. Thomas Crawford

Crosby Family Foundation

The Crosby Fund

Food For The Poor, Inc.

Lee H. Garlington

Glens Falls Medical Missionary

God's Hidden Treasures

Mr. & Mrs. Richard Godfrey

Melville H. Haskell, M.D.

Hy Cite Corporation

Nancy Katayama

Mrs. R. Grice Kennelly

The Kindergarten Unit

Kingdon Capital Management, LLC

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Mr. & Mrs. Larry Koppelman

Mrs. Frances D. Larkin

Shirley & Seymour Lehrer

Nancy M. Lessner

Dr. & Mrs. Donald Lewis

Mr. & Mrs. John F. Lowman

Mr. Frank Magid

Mr. & Mrs. Mohammad Mahboob

Mr. & Mrs. Calvin Marble

Kim Margolin M.D.

Dr. Modi

MOI Teaching and Referral Hospital

Sanjay Motwani

Mr. & Mrs. Martin Gore

Suzanne M. Muir

New Horizons Outreach, Inc.

Oblix, Inc.

James C. Pigott

Mr. & Mrs. Alexander Power

Produbanco

Josh Richman

Mr. & Mrs. Ian Ritchie

Mr. & Mrs. John C. Rocchio

Rotary Club de Grigota

Rotary Club of Goleta

The Ryland Group, Inc.

Mr. & Mrs. Denis Sanan

Santa Barbara Bank and Trust

Mr. & Mrs. C. William Schlosser

Share and Care Foundation

Southern California PAMS

Spence-Chapin Services to Families

Mr. & Mrs. Walter J. Thomson

J. E. Tipton

Turpin Family Charitable Foundation

United Way of Santa Barbara County

U.S. Omen National Organization

Venoco, Inc.

Dr. & Mrs. Thomas A. Weber

Joseph Wong

Yardi Systems, Inc.

MINISTERS OF HEALTH

\$2,500 to \$4,999

A & A Computers

Alvin R. Able Jr.

ADA International, Inc.

Aero Medicos

Anonymous

Mrs. Elizabeth Potter Atkins

Mr. & Mrs. Arnie Bellowe

Mr. & Mrs. Srirammohan S. Beltangady

Susan Bergan

George V. & Rena G. Castagnola Family Fdn

Centro De Salud Visual - FUDEM

Ciba Vision Corporation

Denmat Corporation

The Doehring Foundation

Ethiopian Orthodox Church

Terence M. Flynn

Dr. & Mrs. John M. Foley

Fox Point LTD.
 Mr. & Mrs. Roy Gaskin
 Mr. & Mrs. Mark W. Gibello
 Global Humanitarian Services, Inc.
 Guinea-Bissau Assoc. of Students
 Hands Across The Andes
 Healing for the Poor, Inc.
 Help Diocese of Kikwit In Zaire
 Gavin S. Herbert, Jr.
 Mrs. Alice W. Hutchins
 Indian Association of Santa Barbara
 Indian Council for Advancement
 Insite Logistics, Inc.
 Interacciones
 Dr. & Mrs. Herbert Koteen
 Latkin Charitable Foundation
 Clayton Lewis
 Andrea and Pal Maleter
 Mr. & Mrs. George L. Matthaai
 Mr. & Mrs. Stephen McDonald
 Medical Amateur Radio Council
 Mr. & Mrs. Bhupen R. Mehta
 Midwest Chapter of Peruvian Institutions
 Mr. & Mrs. Kendall A. Mills
 Mrs. Erna Molnar
 Mostyn Foundation Inc
 National Baptist Foreign Mission Board
 Mr. & Mrs. James Neitz
 Mrs. Sandra Nowicki
 OEF De El Salvador
 Mr. & Mrs. Everett Pachner
 Patrick Pagni
 Peruvian American Medical Society
 Pfizer Foundation Matching Gift Program
 Mr. & Mrs. John D. Platt
 Potter's Clay
 Robert Radin
 Michael Riedel
 Mr. & Mrs. Richard H. Roberts
 Santa Barbara City College
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 The Spaulding Foundation
 Mr. & Mrs. John Steed
 TCI Leasing Rentals
 Tetrionics, Inc.
 Mr. & Mrs. Stanley Tomchin
 United Armenian Fund
 Mr. & Mrs. Alan Van Vliet
 Dr. & Mrs. Daniel Vapnek
 Watling Foundation, Inc.
 Witness For Peace
 Mr. & Mrs. Victor Zilinskaskas

DIPLOMATIC CORPS

\$1,000 to \$2,499

Cris Aboobaker
 Stephen Acronico
 Albertson Foundation
 Mr. & Mrs. Kent Allebrand
 David H. Anderson
 Anonymous
 The Antioch Company
 Dr. & Mrs. Steve Arle
 Michael Lee Armentrout
 Dr. & Mrs. Gilbert L. Ashor
 ATHG Foundation
 Mrs. Marilyn Atkinson
 Bonnie Niten Baha
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 Bank of America
 Benjamin B. Basilio
 Bay Branch Foundation
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 Sally Behnke
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 Mr. & Mrs. Donald H. Benson
 Mr. & Mrs. Wiley Blair, III
 Evelyn K. Blau
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 Mr. & Mrs. Russell S. Bock
 Mr. & Mrs. Mario Borgatello
 Mr. & Mrs. Edward Bottler
 John Botz
 Conley Brooks
 Mr. & Mrs. J. Wesley Brown
 Cameron Brown Foundation
 Mr. & Mrs. Anthony H. Browne
 Mr. & Mrs. Greg Bruce
 John Bryan
 Mr. & Mrs. John Buccieri
 Burch Plumbing
 William S. Burtness
 Mrs. Eunice Butler
 Mr. & Mrs. Ted Campbell
 Andrea K. Capachietti, Ph.D.
 Cars 4 Causes
 Caulkins Family Foundation
 Celite Corporation
 Richard Certo
 Mr. & Mrs. Michael E. Chapman
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 Church of the Redeemer
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 Mr. & Mrs. Fred Clarke
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 Mr. & Mrs. Barton E. Clemens, Jr.
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Robert L. Coffey, M.D.
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 Dolly Dickinson
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