Healthy people.

Better world.

Annual Report 2002
Dedication

This report is dedicated to Madame Vivian Oku of Ghana, with whom Direct Relief has worked as partner for the past five years to improve the health and lives of expectant mothers and their children.

Madame Oku is a third-generation midwife and nurse, and the former director of Ghana’s national “Safe Motherhood Program.” Direct Relief has been honored to provide the material support for Madame Oku's private midwifery clinics in Accra and for a new primary care clinic serving people of the Upper Volta region who previously had no access to services.

In recognition of her accomplishments as a nurse, midwife, educator, and health leader, we are pleased to dedicate this report to Madame Vivian Oku for her lifelong commitment, compassion, and tireless efforts to provide quality health services to women and children leading vulnerable lives in Ghana. We also honor her for the example she sets, and for representing the thousands of colleagues around the world that Direct Relief is honored to call “partner.”
Letter From the President and CEO

2002 was marked by deep international tensions and growing hardships for people here at home and internationally. In a difficult time, it was inspiring to witness the compassion, generosity, and talents that private American people and businesses lent to Direct Relief’s humanitarian efforts.

We were fortunate in a challenging year to have exceeded our financial goals — through typically lean fundraising efforts, the leadership and personal generosity of our Chairman and Board of Directors, and the individual decisions made by 3,000 people to entrust their money to our organization.

Over the past half-century, Direct Relief has seen how poverty and poor health kill innocent people or limit their potential to achieve a better life. Access to medicines and supplies that enable indigenous health professionals to care for patients is essential to the health of people in developing countries.

In 2002, Direct Relief provided over $67 million in wholesale medical aid. We increased by five percent our assistance to areas of the highest need around the world, with more than 20% directed to countries in the lowest rung of human development. Over 65% of our material assistance was furnished for ongoing support of excellent health projects, and 12% was directed to key maternal and child health efforts. We believe our focus on these areas creates the highest possible benefit for our efforts.

While our overall receipt of in-kind medical donations fell in 2002 by 14% - to $62 million on a wholesale basis - we were heartened by the ongoing strong commitment of many leading companies and new partnerships with several others. The skill, efficiency, and logistics capacity of companies that make medicines and equipment are astounding; working with them offers tremendous potential to help people in the most efficient manner. For each dollar we spent for operations, we were able to provide $26 in essential medical material resources.

As a nonprofit organization, we are inspired to be more efficient simply by the opportunity to help more people. In 2002, Direct Relief’s efforts provided enough resources to care for 9.7 million people in need who otherwise would have gone without. We consider it a privilege to have been able to help.

To each person who chose to invest their money, material, and time to make our efforts possible, I extend our heartfelt thanks.

Thomas Tighe

Letter From the Chairman

I am constantly amazed to see the immense impact Direct Relief International has on world health. From one warehouse in a small town in America, over $67 million of medical supplies (at wholesale values) – enough to care for over 9.7 million people – were delivered last year to 57 countries around the globe. This was accomplished with a small, highly competent staff of only 26 people and at a cost structure so low that we provided $26 of medical products for every dollar in our operating budget.

Of course this would not have been possible without our detailed knowledge of hundreds of qualified medical facilities in developing countries, dozens of generous companies throughout the U.S., and a committed and energetic Board and Advisory Board that not only raised a great deal of the money but gave over $360,000 of their own funds to support the agency.

The big question is, “Where do we go from here?” The need is almost infinite, so a compelling rationale exists to expand our services. However, we must now ask the rest of America to pitch in and support us as the people in our home community have done for the past 54 years. There is not a more worthy cause, as good health is fundamental. At a time when America is vilified around the world, a compassionate program to help the least fortunate can accomplish the greatest good at a cost we can all afford.

It has been my great honor to chair this remarkable organization for the past few years. I leave it in the very capable hands of Thomas Tighe and incoming chair Nancy Schlosser, whom I am certain will bring it to new heights in the years to come.

Richard D. Godfrey
Throughout the developing world, many obstacles prevent people from receiving needed health services. Sometimes it is the lack of trained personnel, often it is the total absence of any health facility in the area. A commonly occurring tragedy, however, is the existence of facilities with trained personnel who simply do not have the medicines, tools, equipment, or supplies to care for their patients.

A crisis arises in countries where there are few public assets, no private insurance, and patients do not have any money to pay for services. What results is a health system without resources, where doctors do not work, and patients do not receive needed care. This situation prevents people from realizing their inherent talents as students or workers and from enjoying the wonders of life and family.

Direct Relief recognizes both the enormity and complexity of achieving better health for people around the world, and we focus on specific actions and places where we can make a real difference for real people.

As an organization that provides medical material resources for humanitarian purposes, Direct Relief works to respond to our partner facilities’ and organizations’ individual needs, based on their requests. In these fragile indigenous healthcare systems, we support the immediate healthcare needs of today and, through our ongoing relationships, also help equip the healthcare providers and build an infrastructure that will serve the people of tomorrow.

The following pages describe where Direct Relief’s medical material assistance was directed in 2002. Alone, this record of where our assistance was directed is important. But it is these larger issues and, ultimately, the positive effect of our efforts on people’s lives in which the purpose and true value of our program is rooted.
Our International Partners

In 2002, Direct Relief International provided humanitarian medical assistance to partner health care projects and facilities in 57 countries. More than 900,000 pounds of medical resources were furnished through 263 shipments with a total wholesale value of over $67 million. The medicines, medical supplies, nutritional supplements, and medical equipment helped provide health care for an estimated 9.7 million people.

What these numbers do not tell is the human impact of this assistance. Local physicians and nurses were able to employ their skills and care for patients who otherwise would not have received care. Lives were saved, children returned to school, parents returned to work, and people could enjoy better health and the richness of life.

Here is an overview of our work in 2002.

Afghanistan

Afghan Institute for Learning – Kabul, Jalalabad, and Herat

In 2002, Direct Relief’s assistance to the people of Afghanistan totaled over $5 million wholesale. Much of this assistance was made possible by a multi-million dollar commitment from Johnson & Johnson to ship medications directly from its factory in Pakistan. Afghan Institute for Learning (AIL) is just one of our partner organizations working to improve health care in Afghanistan after years of war and repression.

Staffed and operated by Afghan women, AIL ran clandestine home schools for girls under the Taliban regime and is now focusing on maternal and child health care at clinics in three Afghan cities with a fourth to open soon. Each clinic sees approximately 700 women and children a month. Other activities of AIL include income generating projects, teacher training, and a pre-school. Direct Relief specifically supports AIL’s midwife training program with midwife kits containing stethoscopes, blood pressure units, scissors, gauze, thermometers, alcohol, soap, and gloves.

Afghan Women’s Development Center - Kabul
Chak-e-Wadak Hospital - north of Kabul
Kart-e-Seh Hospital - Kabul
Wafia Education Center for Orphans - Kabul

Armenia

Angioneurology Clinic & Research Center - Yerevan
Health Ministry of Armenia - Yerevan

Bahamas

George Town Clinic - Exuma Cays

Belize

Mercy Care Center - Belize City
El Proyecto de Salud del Río Beni - Rurrenebaque

Regular health care was virtually non-existent along the Beni River, a tributary of the Amazon, before a doctor from California moved there. In 1996, Dr. Lou Netzer retired early from his practice in Los Olivos, California, and moved to the Bolivian rainforest where he found there was an acute need for health care among the indigenous population. With supplies from Direct Relief, Dr. Netzer began seeing patients in the town of Rurrenebaque and visiting more isolated villages by boat. Since then, the project has grown to include 45 remote villages covering an area of nearly 5,000 square miles. People in these areas receive regular clinical care; and a cadre of twelve health promoters from outlying areas have been trained to provide ongoing health education, treat common health/medical conditions, and refer serious cases to the regional center.

The future of this unique project was thrown into doubt when Dr. Netzer was diagnosed with cancer last year, but his many friends, colleagues, and donors to Direct Relief raised funds to keep the project going and hire a new doctor to work alongside the Bolivian staff. Dr. Netzer passed away in October but not before he was able to make one last visit to Bolivia and his home in the rainforest. Direct Relief now manages the project directly and is honored to continue this legacy of an extraordinary doctor who devoted himself to caring for people in need.

BOSNIA-HERZEGOVINA

Caritas Specialty Clinic - Banja Luka

BRAZIL

Aracaju Hospital - Aracaju
Asociación Obras Social Irma Dulce - Salvador
Keckler Medical Missions - Upper Amazon
Operation U.S.A. - San Luis
Santa Casa de Misericordia - Campos Altos

Total Wholesale Value: $243,603
Total Weight: 1,669 lbs.

Total Wholesale Value: $110,786
Total Weight: 971 lbs.

Total Wholesale Value: $274,488
Total Weight: 10,636 lbs.
The current maternal mortality rate reported in the Tibet Autonomous Region is high—73 per 10,000 live births. Children’s health problems are also severe with 90 out of every 1,000 dying of treatable afflictions such as malnutrition and diarrhea. Many children suffer from rickets, a bone disease most frequently caused by vitamin D deficiency.

The Tibet Child Nutrition Project is a program of the Terma Foundation. It provides at-risk women of childbearing age with prenatal vitamins and nutrition education, conducts home delivery training for birth attendants, and holds workshops and training programs on how to combat malnutrition and rickets in children. The project is also working with village women to revitalize traditional Tibetan health practices such as chugkpa, the sunbathing of infants to prevent and cure rickets, and the planting of droma, an indigenous root food that is high in iron and vegetable protein. Direct Relief provides the project with baby scales, prenatal and children’s vitamins, oral rehydration salts, gloves, and labor and delivery supplies.
**Boma Ophthalmic Hospital - Boma**

Blindness is a staggering problem in developing countries. The World Health Organization estimates that 90% of the world’s 45 million blind people live in the developing world and 80% of those cases are considered preventable. In the Boma region of the Democratic Republic of the Congo, there are only three ophthalmologists to serve the population of over four million. One of them is Dr. Joseph Konde, a Congolese native who trained at the University of North Carolina, Chapel Hill, and is a U.S. board-certified ophthalmic surgeon.

Dr. Konde’s hospital treats eye problems such as cataracts, which account for 50% of the blindness in the region, as well as tumors and conjunctivitis. Direct Relief’s support in 2002 was partially funded by a grant from the Allergan Foundation and included essential surgical equipment and new hospital beds donated by Hill-Rom Company. Given the level of Dr. Konde’s commitment and skills, it would be an enormous loss if a lack of materials prevented him from working. Direct Relief is committed to supporting doctors like Dr. Konde, as they provide care where it is so desperately needed.

**Diocese of Mweka - Mweka**

**Refugee Camps - Goma**

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**DOMINICAN REPUBLIC**

**Batey Relief Alliance - Santo Domingo**

**J.C. Hispaniola Fund, Inc. - Santo Domingo**

**Health Care Education Partnership - Santo Domingo**

**Servicio Social de Iglesias Dominicanas - Santo Domingo**

Young boys at a Batey Relief health post in the Dominican Republic
**ECUADOR**

Center del Muchacho Trabajador - Quito  
Fundacion de Proteccion - Quito  
Medical Aid to the Ecuador Amazon - Palora  
Organizacion de Zgaros del Ecuador - Pastaza  
Project Perfect World - Guayaquil

**EL SALVADOR**

American Jewish World Service Projects - San Salvador  
Clinica Maria Madre de los Pobres - San Salvador  
Fundacion Salvadorena (FUSAL) - Antiguo Cuzcatlan  
O.E.F. de El Salvador - San Salvador

A woman and child wait at FUSAL’s Luis Poma Health Center in San Julian, El Salvador.
A vision test is given at a FUDEM eye camp in El Salvador.

PHOTO: Frank Bott
ESTONIA
Nursing Home Consortium - Parnu
Total Wholesale Value: $662,646
Total Weight: 10,832 lbs.

ETHIOPIA
EOC-CFAO Migbare Senay Clinic - Addis Ababa
Total Wholesale Value: $165,663
Total Weight: 1,196 lbs.

GEORGIA
A Call to Serve (ACTS) Georgia - Tbilisi
Total Wholesale Value: $4,185
Total Weight: 649 lbs.

GHANA
Abura Clinic - Abura
Atuba Community Health Clinic - Bawku
Dr. J.C. Sam’s Children’s Clinic - Obuasi
Jehovah Rapha Healthcare Foundation - Motoka Island
Koforidua Midwife Training Center - Koforidua
Korle-Bu Teaching Hospital - Accra
Maranatha Maternity & Clinic - Kumasi
Tema General Hospital - Tema
Total Wholesale Value: $651,896
Total Weight: 14,718 lbs.

Young children waiting for a wellness exam in the village of Motoka Island, Ghana
"I wish to express my appreciation to Direct Relief International for the tremendous assistance the organization has rendered to the Guyana health services over the years. Direct Relief International has worked … in providing millions of dollars worth of medical equipment and facilities for our hospitals. For this my Government, on whose behalf I write, we are most grateful."

Honorable Obdeen Ishmael, Guyana Ambassador to the United States
Brigada de Salud / Honduras Relief Effort - Tegucigalpa

COHAPAZ - Tegucigalpa

Comité de Emergencia Garífuna - Trujillo

The Garífuna are a unique indigenous people who live on the Caribbean coast of Central America. Estimates of their number range from 200,000 to 450,000 with the greatest concentration living on the northern coast of Honduras. The needs of this population were brought to the attention of Direct Relief in 1998, shortly after Hurricane Mitch devastated much of Central America. The Garífuna Emergency Committee was formed in response and they asked Direct Relief to help supply clinics and rural health centers serving a number of Garífuna communities.

As the descendants of West African slaves and Carib Indians, the Garífuna have a unique language and distinctive music, dance, farming, and fishing traditions. In the last few years, the Committee has helped villagers replant much of their coconut crop, the foundation of the Garífuna diet, which was blighted by Lethal Yellowing Disease. Little government support for healthcare services reaches the Garífuna because of their geographic and cultural isolation, so supplying local clinics continues to be important. In 2002, Direct Relief provided primary care supplies and a computer system to upgrade patient record keeping and facilitate inventory control.

Dr. Polo Galindo Clinic - Roatan

Hacienda Cristo Salva - Santa Barbara

Honduran Health Exchange - Tegucigalpa

Project PROMESA - Tegucigalpa

Uhsan Clinic - Uhsan

Two Garífuna men carry a Direct Relief shipment into the town of Trujillo, Honduras.
Diwaliben Mohanlal Mehta Charitable Trust - Mumbai
Hyderabad Eye Institute - Hyderabad
Rajkot Voluntary Blood Bank - Rajkot
Society for Service to Voluntary Agencies - Mumbai

Venu Charitable Society - Delhi

The Venu Eye Institute and Research Centre was founded in 1980 to address the escalating problem of preventable and curable blindness in India. Venu has grown quickly and now provides quality eye care services to thousands of patients a year and education to many more through extensive outreach programs. A base hospital in Delhi provides tertiary services such as an eye bank and corneal transplants, while seven satellite clinics, one of which operates out of a temple, provide secondary services such as cataract surgeries. Primary services are provided through over 30 one-day eye-screening camps, surgical camps, school eye-screening programs, weekly mobile clinics, and a community-based rehabilitation program. In 2002, Direct Relief provided a complete corneal evaluation system and an extensive inventory of ophthalmic supplies.

Wanless Hospital - Miraj

Patients after cataract surgery at Direct Relief-supported Bidada Hospital in Kutch, India.
Red Crescent Society - Mazandaran Province

On June 22, 2002, a 6.3 earthquake struck the northwest region of Iran. According to the Iranian Red Crescent Society, 237 perished in the quake and 1,178 were left injured. Many buildings in the region were made of mud and quickly collapsed. A total of 115 villages were damaged, eight of which were completely destroyed.

Direct Relief immediately sent an emergency shipment to the Red Crescent Society for distribution. The shipment included specifically requested equipment such as a defibrillator with monitor, ambu bags and an intubation set, a suction machine, and a diagnostic set which includes a stethoscope, blood pressure unit, and oto-ophthalmoscope. Also included in the aid was a Johnson & Johnson Disaster Module with supplies such as gauze, tape, bandages, sutures, plaster casting materials, and analgesics.

Relief International - Kurdistan
Saint Raphael Hospital - Baghdad
Cornwall Regional Hospital - Montego Bay
Food for the Poor - Kingston
Jamaica Humanitarian Dental Mission - St. James
Missionaries of the Poor - Kingston
Alice Nursing Home - Nairobi
Holy Family Dispensary - Eldoret
Immaculate Heart of Mary Hospital - Kilimambogo
Kibera Community Health Centre - Nairobi

The sprawling Nairobi slum of Kibera is home to an estimated 600,000 people. Homes typically consist of only one room and are constructed of cardboard, sticks, mud, and scraps of sheet metal. The crime rate is high, sanitation is very poor, and public utilities such as electricity, water, and sewage are practically non-existent.

In the face of such challenges and despite their own lack of resources, a group of committed residents established the Kibera Community Health Centre. To build the clinic, community members carried construction materials by wheelbarrow through the alleyways of the slum. The recently completed clinic is now fully staffed with support from the African Medical and Research Foundation (AMREF), and health practitioners are busy providing immunizations, patient consultations, and treatment. Besides much-needed supplies and pharmaceuticals, Direct Relief has provided laboratory and basic diagnostic equipment, wheelchairs, a baby scale, an autoclave, and an infant warmer.

“Teaching a person to fish is great, but it doesn’t necessarily mean they’ll eat for life. A pole or net is also required.”

Thomas Tighe, President and CEO, Direct Relief International
**Nyumbani Orphanage - Nairobi**

The World Health Organization estimates that approximately 120,000 HIV-infected children live in Kenya. The Nyumbani Orphanage was founded by Father Angelo D’Agostino in 1992 to care for HIV/AIDS children either abandoned by their families or orphaned because of the disease. “Nyumbani” means “home” in Swahili, which is what the current facility in the Kangemi community is for 76 children.

The orphanage’s newer community-based Lea Toto program aims to expand the capacity of the Kangemi facility to provide holistic care within a family setting for an additional 200 HIV-infected children. Direct Relief is providing Nyumbani Orphanage and its Lea Toto program with medicines and supplies that bring comfort to children and treat the symptoms of common opportunistic infections.

**Waso Medical Services - Isiolo**

**Laos**

**Mahosot Pediatric Hospital - Vientiene**

**Muang Sing Hospital - Muang Sing**

The Muang Sing Hospital is the only source of health care for the 103 villages that make up the farming and trading community of this rural district. Staffed by two doctors and five nurses, Muang Sing provides primary care, delivery services, minor surgical procedures, and pre- and post-natal care. For decades, the hospital has been housed in a dilapidated building, but with the help of a Japanese non-governmental organization, a new building will be constructed in 2003.

This hospital was brought to the attention of Direct Relief by Bryan Watt, a photographer from Santa Barbara, who was studying and photographing the people living in northern Laos. The doctors at the hospital told him that a critical lack of basic medical supplies severely curtailed their ability to treat patients and that they had received almost no outside help. In May of 2002, Bryan and his wife Leila Sroul, a pediatrician, moved to Laos where Leila began teaching at the Laos Pediatric Teaching Hospital. They returned to Muang Sing, hand carrying medical supplies from Direct Relief, much to the surprise and delight of the hospital’s doctors.

A pediatrician in training at the Direct Relief-supported Mahosot Pediatric Hospital in Vientiene, Laos.

PHOTO: Bryan Watt
Malawi

Montfort Hospital - Nchalo

Queen Elizabeth Central Hospital - Blantyre

Malawi is one of the least developed countries in the world, with over 65% of the population living in poverty. Some of the root causes of the increasing poverty are the prevalence of HIV/AIDS, extreme food shortages, and the low literacy rate. Twenty-seven percent of antenatal women are HIV positive; in addition, malnourished people, especially children and the elderly, are particularly vulnerable to a host of illnesses since they have little or no body reserves to fight disease.

Despite being a government-run tertiary facility, the Queen Elizabeth Central Hospital is in desperate need of basic drugs and equipment. The 1,100 bed hospital recently built a new emergency room for the pediatric department. Direct Relief has provided a wide range of equipment for both the ER and for general use in the pediatric department such as ambu bags, suction machines, autoclaves, and a neonatal monitor. This project was evaluated and referred to us by our long-term partner and medical advisor for Africa, Dr. Mike Marks from the Bush Hospital Foundation in Jersey, Channel Islands, United Kingdom.

Trinity Hospital - Limbe

Marshall Islands

Ebeye Hospital - Ebeye

Mexico

AéroMedicos of Santa Barbara - Cadeje
Casa Clinica Convivencia Campesina - Las Varas
Club Rotario de Técate - Técate
Fundacion Justicia y Amor, I.A.P. - Mexico City
Fundacion Rotaria de La Laguna - Torreón
Hendido del Club Rotario - Las Flores
Júarez Eye Center - Júarez
LDS Humanitarian Services - Mexico City
LIGA International - Sinaloa State
Mexican Medical - Tijuana
Potter's Clay - Ensenada
PVO Mexico - Mexico City

“The contributions made by your organization in the form of medications and other medical supplies, helped us cope with the needs of the people of Yucatan, Mexico. Such an immediate and effective response made a difference where it counted most—saving lives and relieving pain and suffering.”

Dr. Jose Antonio Pereira Carcano
Secretario de Salud y Director General
De los Servicios de Salud de Yucatan
Secretaria de Salud - Yucatan

Hurricane Isidore hit Mexico's southern state of Yucatan on September 23, 2002, causing extensive damage to homes, schools, and hotels, and decimating the agricultural sector of this lush, tropical area. Nearly 100,000 people were evacuated from high-risk coastal areas; and since the region’s economy depends almost entirely on tourism and agriculture, thousands of people lost their jobs and livelihoods.

Direct Relief responded to appeals from Mexican health officials to assist overburdened local hospitals and clinics and to provide medical supplies to temporary shelters. Donated air freight was provided by Federal Express, and on October 4th, the shipment was air-lifted to the official disaster relief coordinating agency in Merida, Yucatan. Direct Relief often relies on donated air freight in disaster situations. In this case, the value of FedEx's contributed freight was in excess of $3,500. Without such generosity, a timely response to the disaster would not have been possible.

Total Wholesale Value: $8,434
Total Weight: 80 lbs.

Riverside Hospital & Rescue - Shyauli Bazaar

Nicaragua

American Nicaraguan Foundation - Managua
Companeros de las Americas - Rivas

Millions of children around the world are at risk of permanent blindness and associated mortality because of vitamin A deficiency. Fortunately, just two capsules of high-dose vitamin A per child per year produce remarkable results, preventing blindness and reducing mortality up to 23%. Direct Relief has long been involved in supplying this critical micronutrient to countries around the world. In Nicaragua, Direct Relief supplies vitamin A to Companeros de las Americas, a partnership between the Wisconsin/Nicaragua Partners of the Americas and Lions Clubs in Wisconsin and Nicaragua.

The Companeros program began in 1996 and now provides high-dose vitamin A annually to 81,000 infants and 330,000 children from ages one to ten in seven municipalities. Distribution programs such as this one are not only effective in preventing blindness and improving overall health but are remarkably cost effective as well.

For only five cents per child per year, this intervention can protect both the sight and the immune systems of children.

Lions Club Distrito D-5 - Managua
Nicaraguan Children’s Fund - Puerto Cabezas

In 2002, each dollar spent for operations resulted in more than $26 (wholesale value) of appropriate medical resources provided to high-need areas.

A vitamin A distribution program in Nicaragua prevents blindness in children.
“Throughout the years, the aggregate of your generous gift of time, skills, work, and medical supplies through Direct Relief International are a source of inspiration to all of us, transcending beyond temporary, to fundamental contributions to our charitable programs.”

Dr. Ralph Kuon
President
Peruvian American Medical Society
Southern California Chapter

NIGERIA

Our Lord’s Hospital - Okigwe

Total Wholesale Value: $93,273
Total Weight: 753 lbs.

NORTH KOREA

Overseas Korean Welcoming Committee - Rasun
Sariwon Orphanage - Sariwon

Total Wholesale Value: $2,347,424
Total Weight: 22,531 lbs.

PAPUA NEW GUINEA

Kimbe Hospital - Kimbe
Wewak General Hospital Outreach Boat - Wewak

Total Wholesale Value: $18,067
Total Weight: 132 lbs.

PERU

Ciudad de Dios Medical Mission - Trujillo
Dispensario de Salud de Pomata - Pomata
Hospital de Apoyo Departamental Cuzco - Cuzco
Hospital Regional de Ayacucho - Ayacucho
Instituto Nacional de Defensa Civil (INDECI) - Lima
Ministerio de Salud - Lima
Valley Baptist Church Mission Team - Pucallpa

Total Wholesale Value: $1,397,275
Total Weight: 32,247 lbs.

PHILIPPINES

Dr. Jose Locsin Memorial Hospital - Silay City
Philippines Medical Outreach Clinic - Baggao

Total Wholesale Value: $204,632
Total Weight: 9,097 lbs.
**ROMANIA**

Central Clinic Pediatric Hospital - Bucharest
World Opportunities International - Bucharest

**SIERRA LEONE**

- Ndembormei Development Organization - Freetown
  - Norway-Sierra Leone Health Project (NSLHP) - Freetown

During the 1990's, Sierra Leone endured a vicious civil war. Maiming and raping of civilians was common, and living conditions deteriorated so severely that Sierra Leone dropped to the bottom of the United Nations' Human Development Index—173rd out of 173. The signing of the Lome Peace Accord in July 1999 has raised hopes for a lasting peace, but the humanitarian community has only recently regained access to rural areas.

One of the first priorities of the NSLHP has been the rebuilding and re-supplying of destroyed and looted rural clinics with hospital beds and mattresses, autoclaves, and primary care supplies donated by Direct Relief. NSLHP is also addressing the needs of children separated from their parents during the war and of children who were conscripted to fight and are now abandoned. The Project has set up a home care center to provide rehabilitation, reunification, and the administration of health care to these traumatized children.

**SOUTH AFRICA**

Kalafong Hospital - Pretoria

**SOUTH KOREA**

St. John of God Clinic - Kwang-Ju

Total Wholesale Value: $100,508
Total Weight: 429 lbs.

Total Wholesale Value: $834,334
Total Weight: 25,083 lbs.

Total Wholesale Value: $8,662
Total Weight: 15 lbs.

Total Wholesale Value: $7,804
Total Weight: 952 lbs.
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<th>Country</th>
<th>Location</th>
<th>Total Wholesale Value</th>
<th>Total Weight</th>
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<td><strong>SRI LANKA</strong></td>
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<td>Grace Church Care Center - Trincomalee</td>
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<td>$5,125</td>
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<td>Health Department KADERES - Karagwe</td>
<td>Jambo Health Clinic - Jambo</td>
<td>Kagera Salient Dispensary - Kyaka</td>
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<td>$181,662</td>
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<td>Children's Hospital #7 - Kiev</td>
<td>L'viv Regional Specialized Children's Clinic - L'viv</td>
<td>Metropolitan Andrew Sheptytsky Hospital - L'viv</td>
<td>$235,800</td>
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</table>

“As a donor, I think you're right on target to set politics and religion aside and help people who need it. Keep it up.”

Dr. Tom Reynolds, Donor
American Indian Health & Services - Santa Barbara, CA
Carrillo Family Dental Clinic - Santa Barbara, CA
Health Linkages Program - Santa Barbara, CA
Healthy Smiles Dental Program - Santa Barbara, CA

Direct Relief works to address unmet healthcare needs in its local area as well as internationally. The Healthy Smiles Dental Program was designed in response to a Santa Barbara County needs assessment that identified dental care, especially among children, as the county's number one unmet need. Healthy Smiles provides bilingual dental hygiene education, distributes dental supplies, and offers free dental care to needy children.

The Santa Barbara County community of Santa Maria was the site of 2002's Healthy Smiles Dental Clinic. Children urgently needing care were screened at local schools and treated by dentists who donated their time and office space. The children received, on average, over $800 in dental care free of charge. Direct Relief also provided dental hygiene education and supplies to the children and their families.

Healthy Start - Santa Maria, CA
Maine’s Worldwide Missions Outreach, Inc. - Turner, ME
Marian Medical Center - Santa Maria, CA
Migrant Education Program - Santa Maria, CA
People Assisting the Homeless (PATH) - Los Angeles, CA
Planned Parenthood of Santa Barbara - Santa Barbara, CA
Salvation Army - Oxnard, CA
Santa Barbara Cancer Foundation - Santa Barbara, CA

Proper dental hygiene is taught in the Healthy Smiles dental program.
In 2002, Direct Relief International earned national recognition from Worth magazine as one of “America’s 100 Best Charities.” Forbes magazine also ranked Direct Relief as one of only four charities with 100% efficiency.

Santa Barbara County Fire Department - Santa Barbara, CA
Santa Barbara Day & Winter Shelter - Santa Barbara, CA
Santa Barbara Food Bank - Santa Barbara, CA
Santa Barbara Neighborhood Clinics - Santa Barbara, CA
Santa Barbara Public Health Department - Santa Barbara, CA
St. Francis Parish Nurses - Santa Barbara, CA
St. Paul’s Chapel - New York, NY
Venice Family Clinic - Venice, CA
Victory Outreach - Lompoc, CA
White Mountain Lake Fire District - White Mountain, AZ
Women’s Community Clinic - San Francisco, CA

**VENEZUELA**

Municipio del Alto Orinoco - Esmerelda
Turimiquire Foundation - Cumana

**WEST BANK/GAZA**

Rafidia Hospital - Gaza

Red Crescent Ambulance Teams - West Bank & Gaza
The Palestine Red Crescent Society provides Emergency Medical Services through 32 emergency stations and substations in West Bank and Gaza. It also operates the only Emergency Medical Technician (EMT) school in the area. Its fleet consists of 105 ambulances and 22 mobile first aid field posts, staffed by 260 EMTs and over 3,000 volunteers. Between September 2000, and the end of 2002, over 184 EMTs and volunteers have been injured while on duty in 215 recorded attacks on their ambulances.

In partnership with American Near East Refugee Aid (ANERA), Direct Relief shipped a Johnson & Johnson Disaster Module to the Red Crescent Society containing a large assortment of sutures, bandages, splinting devices, and stretchers. Despite the ongoing risk, Red Crescent’s EMTs continue to serve the sick and wounded in an extremely stressful and dangerous environment.

St. John Eye Hospital - Jerusalem
The Order of St. John dates back to the Crusades and founded its first hospital in Jerusalem over 900 years ago. The eye hospital was founded in 1882 and now treats tens of thousands of people every year. Outreach programs have become especially important because travel restrictions in the West Bank and Gaza have made it difficult or impossible for patients from outlying communities to travel to Jerusalem.

The hospital’s mobile clinic was unable to travel for three months of the past year, but it has now returned to service in the West Bank. A recently refurbished clinic is operating in Gaza and includes an operating room for cataract surgery. Direct Relief supplies the hospital with primary care items and specifically requested ophthalmic medications.
“Direct Relief receives approximately 1,000 requests for assistance each year from overseas health facilities and international organizations. Current financial and material resources allow for only 200-250 requests to be met each year.”

Susan Fowler, Director of Programs, Direct Relief International

**ZAMBIA**

HOSO UNHCR/Kawambwa Hospital - Kawambwa

Total Wholesale Value: $214,727
Total Weight: 4,864 lbs.

**ZIMBABWE**

J.F. Kapnek Charitable Trust/ PMTCT Program - Harare

Total Wholesale Value: $212,499
Total Weight: 14,518 lbs.

Masai handshake, Kenya

PHOTO © Alison Jones Photography
INTRODUCTION AND CERTIFICATION OF FINANCIAL STATEMENTS BY THE PRESIDENT AND CEO

Direct Relief’s financial statements must account for both cash and medical material resources (or in-kind contributions) that are entrusted to the organization to fulfill its humanitarian medical mission. In 2002, approximately 96% of our total public support and revenue of $65.6 million was in the form of in-kind materials and services. In the previous pages, we have described where and why these material resources were provided in 2002. We recognize, however, that the merging of cash and in-kind contributions in the following financial statements, which are necessarily prepared in accordance with Generally Accepted Accounting Principles, can be confusing. The notes below are to assist you in understanding how our program model is financed and works, to explain the state of our organization’s financial health, and to inform you how we spent the money that was generously donated to Direct Relief in 2002 by people, businesses, and organizations.

I am pleased to report that, at the close of 2002, the financial state of Direct Relief was stronger than ever. The leadership of our Board, each of whom made a substantial personal financial investment in our work, and the generosity of people, enabled us to exceed our fundraising goals in a very challenging year. We raised more than we spent due to a generous outpouring during the last six weeks of the year, which typically accounts for approximately 20% of our annual cash income. This enabled us to begin 2003 with operating funds, a welcome occurrence since historically the early months of any year are very lean for us, as is common for many other nonprofit organizations.

As you will see in the statements that follow, the wholesale value of in-kind medical products we received decreased in 2002. Drawing upon carry-over inventory from 2001, we were able to provide more material assistance than was received during the course of 2002. This explains why the “bottom line” on our financial statements reflects a net loss despite the fact that we ended the year in a better financial position than we began with respect to our liquid assets and ability to maintain operations.

<table>
<thead>
<tr>
<th>CASH AND SECURITIES</th>
<th>IN-KIND MATERIALS AND SERVICES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>What we received</td>
<td>$2,962,570</td>
<td>$62,643,794</td>
</tr>
<tr>
<td>What was used</td>
<td>(2,524,398)</td>
<td>(68,280,962)</td>
</tr>
<tr>
<td>Year-end totals</td>
<td>$ 438,172</td>
<td>$(5,637,168)</td>
</tr>
</tbody>
</table>

Finally, in recognition of the heightened expectations of all corporations in our country – whether nonprofit or for-profit – I certify these financial statements as the CEO. This is not a legal requirement – yet – of nonprofit corporations, though it is for public companies of a certain size under recently enacted legislation. Given the nature of our work, the professionalism of our staff, and the extraordinary level of trust that people and businesses place in our organization to help others without any promise of financial return to themselves, I am pleased to do so.

Thomas Tighe
STATEMENT OF ACTIVITIES
FOR THE YEARS ENDING DECEMBER 31, 2002 AND 2001

**PUBLIC SUPPORT**

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions of goods and services</td>
<td>$ 62,643,794</td>
<td>$ 72,818,750</td>
</tr>
<tr>
<td>Contributed in cash and securities</td>
<td>2,827,813</td>
<td>2,774,759</td>
</tr>
<tr>
<td>Total Public Support</td>
<td>65,471,607</td>
<td>75,593,509</td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment and miscellaneous income</td>
<td>134,757</td>
<td>(83,250)</td>
</tr>
<tr>
<td>TOTAL PUBLIC SUPPORT &amp; REVENUE</td>
<td>65,606,364</td>
<td>75,510,259</td>
</tr>
</tbody>
</table>

**EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of medical donations shipped</td>
<td>67,883,685</td>
<td>81,512,743</td>
</tr>
<tr>
<td>Operations and shipping</td>
<td>2,076,896</td>
<td>2,416,777</td>
</tr>
<tr>
<td>Contributed services</td>
<td>29,644</td>
<td>43,955</td>
</tr>
<tr>
<td>Total Program Services</td>
<td>69,990,225</td>
<td>83,973,475</td>
</tr>
<tr>
<td>Supporting Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td>381,820</td>
<td>275,991</td>
</tr>
<tr>
<td>Administration</td>
<td>433,315</td>
<td>451,579</td>
</tr>
<tr>
<td>Total Supporting Services</td>
<td>815,135</td>
<td>727,570</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>70,805,360</td>
<td>84,701,045</td>
</tr>
</tbody>
</table>

**DECREASE IN NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ (5,198,996)</td>
<td>$ (9,190,786)</td>
</tr>
</tbody>
</table>

STATEMENT OF CASH FLOWS
FOR THE YEARS ENDING DECEMBER 31, 2002 AND 2001

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease in net assets</td>
<td>$ (5,198,996)</td>
<td>$ (9,190,786)</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in inventory</td>
<td>5,526,894</td>
<td>9,098,867</td>
</tr>
<tr>
<td>Changes in other operating assets and liabilities</td>
<td>190,134</td>
<td>369,435</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>518,032</td>
<td>277,516</td>
</tr>
<tr>
<td>Net cash used by investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase and sale of investments and equipment</td>
<td>(730,605)</td>
<td>(267,560)</td>
</tr>
<tr>
<td>Net cash used by financing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage payments</td>
<td>(30,471)</td>
<td>(30,503)</td>
</tr>
<tr>
<td>Net decrease in cash</td>
<td>(243,044)</td>
<td>(20,547)</td>
</tr>
<tr>
<td>Cash, Beginning of Year</td>
<td>1,066,223</td>
<td>1,086,770</td>
</tr>
<tr>
<td>Cash, End of Year</td>
<td>$ 823,179</td>
<td>$ 1,066,223</td>
</tr>
</tbody>
</table>
# Statement of Financial Positions
## As of December 31, 2002 and 2001

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$823,179</td>
<td>$1,066,223</td>
</tr>
<tr>
<td>Securities</td>
<td>2,991,948</td>
<td>1,561,069</td>
</tr>
<tr>
<td>Inventories</td>
<td>12,571,138</td>
<td>18,098,032</td>
</tr>
<tr>
<td>Other current assets</td>
<td>237,159</td>
<td>238,488</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>16,623,424</td>
<td>20,963,812</td>
</tr>
<tr>
<td><strong>Other Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment</td>
<td>3,566,541</td>
<td>3,598,063</td>
</tr>
<tr>
<td>Remainder interests</td>
<td>40,684</td>
<td>718,835</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>20,891</td>
<td>148,055</td>
</tr>
<tr>
<td><strong>Total Other Assets</strong></td>
<td>3,628,116</td>
<td>4,464,953</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$20,251,540</td>
<td>$25,428,765</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables and other current liabilities</td>
<td>$160,314</td>
<td>$106,850</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>33,711</td>
<td>27,133</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>194,025</td>
<td>133,983</td>
</tr>
<tr>
<td><strong>Other Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term debt</td>
<td>1,631,398</td>
<td>1,667,038</td>
</tr>
<tr>
<td>Distribution payable</td>
<td>37,146</td>
<td>39,777</td>
</tr>
<tr>
<td><strong>Total Other Liabilities</strong></td>
<td>1,668,544</td>
<td>1,706,815</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,862,569</td>
<td>1,840,798</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board-designated endowment fund</td>
<td>3,854,414</td>
<td>3,736,631</td>
</tr>
<tr>
<td>Undesignated</td>
<td>14,473,876</td>
<td>19,735,764</td>
</tr>
<tr>
<td><strong>Total Unrestricted Net Assets</strong></td>
<td>18,328,290</td>
<td>23,472,395</td>
</tr>
<tr>
<td><strong>Temporarily Restricted Net Assets</strong></td>
<td>60,681</td>
<td>115,572</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>18,388,971</td>
<td>23,587,967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20,251,540</td>
<td>$25,428,765</td>
</tr>
</tbody>
</table>
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, staff salaries, and all other expenses.

How changes in inventory affect our bottom line

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 2002, Direct Relief shipped $5,526,894 more in product than it received. When this amount is combined with our surplus from cash operations, it results in an overall deficit of $5,198,996 – equal to the decrease in net assets reported on our statement of financial position.

Leverage

For each $1 that Direct Relief spent in 2002 for operating purposes, the organization provided $26 worth of wholesale medical material assistance.

In 2002, cash operating expenses totaled $2,524,398. The expenditure of these funds enabled Direct Relief to furnish $67,883,685 worth (wholesale value) of medical material resources to 57 countries. The weight of these materials was 927,000 lbs, or 463.5 tons.

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.

Program Expenses

Direct Relief spent $1,721,787 on programmatic expenses. This amount paid for the salaries, related benefits (health and dental insurance, retirement-plan matching contributions), and mandatory employer-paid taxes (payroll, social security, workers’ compensation) for the following employees engaged in programmatic functions: six program officers (four full-time, two part-time), a transportation coordinator (full-time), pharmacist (part-time), pharmacy manager (full-time), biomedical manager (full-time), coordinator who works with medical-product manufacturers for product contributions (one full-time, one part-time), warehouse manager (full-time), and two warehouse personnel (full-time). Program expenses also include the purchase of medicines, equipment, parts, and other medical supplies not available through donation; cash grants to partner organizations; trucking and ocean- and air-freight for the transportation of medical material (in-bound to Direct Relief and outbound to receiving partner organizations); maintenance of forklifts and agency truck; packing materials and supplies; travel for oversight and evaluation; contract services; and a pro-rata portion of other allocable costs (see below).

Fundraising Expenses

In 2002, Direct Relief spent a total of $381,820 on fundraising. This amount includes the salaries, related benefits, and taxes for fundraising personnel (two part-time, and two full-time). Also included are expenses for the production, printing, and mailing of newsletters, annual report, tax-receipt letters to contributors, fundraising solicitations, and all other costs related to fundraising (such as events, advertising, and related travel). Direct Relief does not allocate any mailing expenses as “jointly incurred costs” – an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to “fundraising” and partially to “public education.”
Administrative Expenses

Direct Relief spent a total of $433,315 on administration. This amount includes the salaries, related benefits, and taxes for personnel responsible for financial management: a controller (full-time), accountant (part-time), information technology manager (full-time), program analyst (full-time), general office assistant (part-time), and a graphics and multi-media employee (part-time). Other administrative expenses included the cost of an independent audit by a Certified Public Accounting firm, banking fees, website hosting, office supplies, insurance, and legal and other professional services. A pro-rata portion of allocable expenses and all other expenses not appropriately classified elsewhere are charged to administration (see below).

Other Allocable Costs

Direct Relief owns and operates a 36,000-square-foot warehouse facility. Costs to maintain the warehouse include mortgage interest, depreciation, utilities, insurance, repairs, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g. fundraising expenses described above include the proportional share of these costs associated with the space occupied by fundraising staff). The salary of the President and CEO also is allocated to functions in accordance with the time spent on the functions as follows: fundraising (30%), administration (15%), and programmatic activities (55%).

Endowment Fund

In 1998, Direct Relief’s Board of Directors established a board-designated endowment fund (sometimes characterized as a “quasi-endowment” in legal or accounting terminology) to help secure the organization’s financial future. The fund was established with assets valued at $773,786. By the end of 2002, the fund had grown to $3,854,414, consisting of $237,467 in cash, $2,971,425 in securities, and $645,522 in real estate and other assets.

The fund is administered by the Board’s Finance committee, which oversees investment policy, fiscal operations, and is authorized to distribute up to 6% of liquid assets annually for general operating support. Any further distributions require the approval of 75% of the full Board. The endowment fund securities are composed of broadly diversified mutual funds managed by leading U.S. fund managers.

By Board resolution, all bequests are deposited into the endowment fund unless the will or bequest states otherwise. When available, other resources are transferred to the fund as directed by the Board of Directors.

Children play in a Batey community in the Dominican Republic.
Manufacturers providing medical donations in 2002

Abbott Laboratories, Inc.
Alchemedia LLC / Arm & Hammer
Alcon Laboratories, Inc.
Alkermes, Inc.
Allergan, Inc.
American Regent Laboratories Inc.
Auburn Pharmaceuticals
Aventis Pharmaceuticals Inc.
B. Braun/McGaw Inc.
Barco Uniforms
Bausch & Lomb Pharmas, Inc.
Baxter Healthcare Corporation
Becton Dickinson & Company (BD)
Biotrol International
Brentwood by Midmark
Bristol-Myers Squibb Company
Codman & Shurtleff, Inc.
Crosstex International
Den-Mat Corporation
East West Associates
Edgepark Surgical
Ethicon Endo-Surgery
Ethicon, Inc.
E-Z-EM
Fine Science Tools Inc.
Fujisawa Healthcare, Inc.
GlaxoSmithKline
Hemacare Corporation
Henry Schein, Inc.
Hill-Rom
John O. Butler Company
Johnson & Johnson
Johnson & Johnson Consumer
Karl Storz Endoscopy-America
Kawasumi Laboratories America, Inc.
Kendall Healthcare, Tyco
MAX ERB Instrument Company
McKesson Corp. Medical Group
McNeil Consumer & Specialty Pharms
Medical Innovations, Inc.
Medicos
Medline Industries, Inc.
MedPharm
Mentor Corporation
Merck & Co.
Microfl
Midmark Corporation
Morton Grove Pharmaceuticals, Inc.
Nexxus Products Company
Nordent Manufacturing, Inc.
North Safety Products
Oral Health Products
Ortho-McNeil Pharmaceutical, Inc.
Pfizer, Inc.
PolyMedica Corporation
Premier Dental Products Company
Sage Products, Inc.
Santa Barbara Contractors’ Association
Shaman Botanicals
Smith & Nephew
SSL Americas
Sterilab, Inc.
Sunrise Medical, Inc.
Surgistar, Inc.
Tecfen Corporation
Tess Corporation
TEVA Pharmaceuticals USA
3M Pharmaceuticals
Tissue Banks International
Tycos Instruments
Valleylab Inc.
Watson Pharmaceuticals
Welch Allyn Inc.

Image One
International Relief Team
J.M. Keckler Medical
Ralph Kuon, M.D.
Norman Labrecque
Jim Hughes Company
John McConnaughey, O.D.
Jean Menzie
Clarissa Morris
National Pediculosis Association
New Horizons Outreach
Ojai Valley Community Hospital
Jay Patel, M.D.
Pleasant Valley Hospital
Providence Holy Cross Medical
Rehabilitation Institute of Santa Barbara
Rochester Hearing & Speech Center
Saint Francis Medical Center
Sansum Santa Barbara Medical Foundation
Santa Barbara Cancer Foundation
Santa Barbara Cottage Hospital
Santa Barbara Eyeglass Factory
Santa Barbara Surgical Center
Santa Barbara Visiting Nurses Association
Santa Ynez Valley Hospital
Solvang Friendship House
St. John’s Hospital
Robert Stahl
Peggy Stanwood
Tulare District Hospital
UCSB-Central Stores
Vitamin Angel Alliance
Christina Weisner
Wheelchair Foundation

Medical Facilities, Organizations, Institutions, and Individuals providing in-kind support in 2002

American Society for Microbiology
Assist International
Guy Clark, M.D.
Rick Closson
Conejo Free Clinic
Diamond Polyethylene Products
DreamWeaver Medical
Facts and Comparisons
FedEx
Joseph Doherty
Arthur Flynn
Fredericka Manor Care Center
Free Wheelchair Mission
Friendship House
Global Links
Goleta Valley Cottage Hospital
Handpiece Trading Post
Heart to Heart International
Dr. Helfenstein

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!
**Individuals, Corporations, and Foundations that provided cash support in 2002**

- **Ambassador of Health**
  - $100,000 and above
    - The Antioch Company
    - Santa Barbara Vintners’ Foundation
  - **Consul General**
    - $50,000 and above
      - Anonymous
  - **Global Emissary**
    - $25,000 and above
      - Bush Hospital Foundation
      - Capital Group Co. Charitable Foundation
      - Hy Cite Corporation
      - The Ann Jackson Family Foundation
      - J.F. Kapnek Charitable Trust
      - Liselotte Kuttler Trust
      - MacDonald Family Foundation / Mr. Peter Hilf
      - G. Harold & Leila Y. Mathers Foundation
      - The Positive Transitions Foundation
      - Ms. Nancy Diane Russell
      - S.G. Foundation
      - Mr. and Mrs. Helmuth Schmidt-Petersen
      - Tener Healthcare Corporation
  - **World Health Envoy**
    - $10,000 and above
      - A.N.E.R.A.
      - Mr. and Mrs. John H. Adams
      - Anonymous
      - Big Sky Consulting
      - Mr. and Mrs. Robert Blecker
      - Mrs. Brownie Borden
      - Bower Foundation / Mr. James S. Bower
      - John G. Braun Charitable Annuity Trust / Mr. and Mrs. Thomas Crawford
      - Christian Relief Services
      - Mr. and Mrs. Jim Clendenen
      - Coast Village Business Association, Inc.
      - Mr. and Mrs. Thomas J. Casack
      - Doorne Community Movement
      - Mr. and Mrs. Stephen M. Dow
      - Estonian Am. Fund for Economic Edu., Inc.
      - Mr. and Mrs. Brooks Firestone
      - Mr. and Mrs. Emmette Gatewood
      - Mr. and Mrs. Ted Gaylord
      - Grabbing Hands, Ltd.
      - Guyana Medical Relief
      - Conrad N. Hilton Foundation
      - Hosford Family Rfd / Mr. and Mrs. Bruce Hosford
      - Johnson & Johnson Family of Companies
      - W.M. Keck Foundation
      - Mrs. R. Grice Kennelly
      - L.S. Research, Inc.
      - Ms. Nancy M. Lessner and Mr. Paul E. Glenn
      - The LOJO Foundation
      - Mrs. Carrie B. McFie
      - R. K. Mellon Family Foundation
      - MSST Foundation
      - Mr. and Mrs. James Neitz
      - Mr. and Mrs. Donald E. Petersen
      - Pfizer, Inc.
      - Precision Strip
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