Child Family Health International

2006 Annual Report
“This experience has transformed my perspective on medicine. Although healthcare infrastructures and priorities are different for each country, a patient’s suffering is the same all over the world.”

Laura Desrochers, Pediatric Health in La Paz, Bolivia 2006
DEAR CFHI COMMUNITY MEMBERS,

The theme of this year’s report is “Then and Now” as we take a look over our shoulder and contemplate for a moment how far Child Family Health International (CFHI) has come since 1992. Looking back over the 15 years CFHI has been in operation, we are pleased to say that we’ve achieved so much together while staying true to our course of promoting human welfare in a socially responsible and financially just way. From humble beginnings—only six years ago we were two staff working out of a back room—we have grown to become a $3.4 million organization. We’ve done this by connecting the strengths of our host communities with the enthusiasm of the socially compassionate. To express this in another way, we are building something to support the ingenuity and self-awareness of underserved communities to practice good healthcare while offering quality service-learning rotations for our students—tomorrow’s healthcare champions and advocates.

When CFHI started, the internet was a nascent technology, cell phones were the size of bricks and the preserve of financial whiz-kids, and global health was a remote-ish blip on the academic radar... barely valued by medical schools. How times have changed! Now it is our far-flung 250+ global partners who use the internet to communicate with us on a daily basis, cell phones are tiny but ubiquitous (we even provide our students with one while overseas for their safety and convenience), and global health has moved center stage... no longer a poor relation traveling under the guise of a research opportunity, but rather a subject of scholarly concentration AND one that also brings in big tuition dollars.

Given this state of affairs, the question is—or at least, should be—what happens to these tuition dollars: to whom should they go and by what mechanism? These are important considerations if we are earnest about creating better outcomes for underserved communities and—at the same time—better, more-rounded health science professionals. By way of an answer, we feel that CFHI’s model is motivated by the belief that we are shaping the delivery of global health education in an ethical, inclusive and inspirational way. We are returning the tuition dollars to the host communities wherein our students receive expert instruction and guidance, and we are honoring the strengths of these communities—across India, Ecuador, Bolivia, South Africa, Mexico and Nicaragua —by empowering them to tackle their specific healthcare challenges in the most appropriate ways that they see fit.

This is a truly amazing time to be involved in global health. The global health landscape has changed a great deal in terms of access points and career opportunities. And in harmony with this sea-change, CFHI’s two-way model, which provides people from the developed and developing worlds the opportunities to rub shoulders and exchange knowledge and resources, is gaining wider and deeper traction.

In this report you will read accounts from CFHI’s global partners and alumni about what our global health programs have meant to them. Some accounts describe in a very personal fashion how much the creation and development of our sites has changed lives and brought people more richly into each other’s worlds. As the well-being of all of us becomes an increasingly inter-related issue, we at CFHI appreciate the real value of providing our students with the tools and opportunities to become ambassadors of compassion... agents for change. We passionately believe that global health education can be a real vehicle for teaching and demonstrating the benefits of harnessing positive collective thinking and reaching out ever more widely to avoid the straitjacket of parochialism or complacency.

Whatever the next 15 years brings, we would like to thank all CFHI supporters for your involvement, and to close our message by inviting you and your peers to become even more involved with CFHI. Simply stated: your engagement with our work changes lives in many places across the world, and on many levels. To this end, we are excited about the new resources we are working on, and of which you will see evidence very soon with the unveiling of our new web site in the early fall of 2007. In the meantime, we welcome you with open arms to continue sharing in this happy and healthy conversation.

Sincerely,

Evaleen Jones, MD  
President/Founder 
& Medical Director

Gunjan Sinha  
Board Chairperson
DEAR CFHI FAMILY,

This year’s annual report looks at all that CFHI has become as we celebrate our 15th anniversary! From the simple but grand notion an idealistic medical student had all those years ago to a thriving organization that is making a real difference in medical education and community development, CFHI continues to advance a vision of quality healthcare for all by connecting both these points on the healthcare continuum. Please find herein descriptions of some of our accomplishments and stories of how CFHI has made a positive impact. I would like to take this space to think for a moment about the next 15 years by going back to the roots of CFHI.

I am writing this letter during a program trip to Ecuador, the first country that our founder, Dr. Evaleen Jones, visited over 15 years ago when she was that idealistic medical student. As I think about the future, I think about sustainability, about how to have a lasting effect, and I am so happy to see the evidence of it here.

I have just returned to Quito from visiting remote communities in the Amazon region of Ecuador, where access to healthcare is as challenging as anywhere. Up until recently, many communities of indigenous peoples in this area had no access whatsoever to healthcare. About seven years ago, CFHI funded the training of Health Promoters here. The Health Promoters are people from the villages who were trained to help with everything from prenatal care, to childbirth, to disease prevention.

On this trip, my companions and I walked deep into the jungle to experience first-hand the challenges of access to healthcare. The deeper we walked, the further back in time we trekked, leaving vehicles, electricity, modern tools, and modern communication behind us. We found people living in great harmony with the earth, as they have for many hundreds of years. I was so happy to see the Health Promoters and to hear of their work in the communities. After seven years, they have become accepted in their role by their own communities and by the regional medical professionals. Although unpaid, the Health Promoters are going strong and functioning well because of the positive difference they know they are making—such as managing malaria brigades, establishing medicinal plant gardens, and introducing preventative healthcare strategies—and the respect they have earned from their own people.

This is but one example of sustainable work - one of the goals of much of what we do. CFHI has just concluded a three-year initial training for Health Promoters in some remote villages in the foothills of the Himalayas. We hope for the same future success in these communities half a world away. By focusing on the strengths and assets of a community instead of just looking at what it needs, we hope to build on what is already working. This means starting small; here in the Amazon, this meant working with the natural leaders in each community, instead of, for example, bringing in a wave of volunteer community health outreach workers to blanket the jungle with an education campaign only to return to the United States after a few months or so.

Whether it is funding the creation of Health Promoters or grassroots community health projects, or providing new training for medical professionals in underserved communities, we see our role as helping a community to see its own strengths—what it has to build on—rather than seeing just its own neediness. We think this is a much healthier approach and one that produces longer-range successes because the work, as in the case of these Health Promoters, becomes assimilated into the community very quickly. And of course these efforts provide extremely rich settings for our students—the medical professionals of tomorrow—to gain their first experiences of global health issues.

So, what will the next 15 years bring? I can’t exactly tell you because the communities will have to tell us as we go along. This is our commitment: we will not force our own agenda on developing communities, rather we will help them identify and call forth their own successes and build from there. It is actually harder work in the beginning, but it is work you can bank on for the future.

Steven E. Schmidbauer
Executive Director
Dr. Evalleen Jones founded Child Family Health International (CFHI) in 1992 after traveling to Ecuador as a medical student in the late 1980s. There she met Dr. Edgar Rodas, MD, Vice-Dean of the University of Cuenca School of Medicine. His dream was to build a Mobile Surgical Unit that could travel to the edge of the Amazon Jungle to do simple elective surgeries and procedures. Dr. Jones partnered with him, raised additional funds, and built the Mobile Surgical Unit in Santa Rosa, California. She then offered to arrange medical students to go to the unit, and use the money they offered to support the cause.

Fifteen years later, CFHI is a thriving model of socially responsible study abroad programming for students of the health sciences. From those early days, we currently offer 15 programs in partnership with our host communities in six countries.
Our Vision

Advancing quality healthcare for all

What We Do

Child Family Health International (CFHI) is a global family of committed professionals and students who work at the grassroots level to promote the health of the world community by:

- Fostering learning and service that sparks transformational personal change for all involved
- Working to achieve sustainable solutions in healthcare services and disease prevention
- Emphasizing respect and understanding across cultures
- Facilitating the sharing of medical resources, knowledge, and experience
- Giving priority to underserved communities

How We Do It

Global Service Learning
- Medical and other health science student programs that focus on cultural competency in the health setting

Community Initiatives
- Healthcare for underserved communities through local medical professionals and clinics

Medical Supply Recovery
- Collection and distribution of salvaged medical supplies
In 2005, CFHI launched our first round of Community Health Initiatives in an attempt to support community-driven projects devised by the doctors and other community leaders who host and teach our students. These local community members have designed a variety of projects addressing many health needs - from the training of health promoters in a remote Himalayan village to the purchase of canoes to facilitate visits to isolated Amazonian communities.

Our first round of projects was successful, despite and in part because of various challenges faced, such as medical strikes, disputes between indigenous groups, and the rising costs of equipment, on top of treating an array of prevailing endemic diseases and medical problems. Our partners face and surmount these challenges on a daily basis, with often limited access to resources because of their resilience, skill and ingenuity. In response to their inventiveness, we have decided to expand and deepen our support of a new round of Community Health Initiatives for 2006-07 and beyond.

CFHI invited our medical partners to advocate for a mini-grant to fund unique community projects, which they submit for review in competition with each other. This unique “share” in the profits allows these communities to offer more and better healthcare services and is meant to be an additional source of support.

In 2006, CFHI increased our contribution from an average $2,000 to $4,000 per initiative—of which there were five in 2006—to create in each case a sustainable model. The healthcare providers themselves target resources according to their own particular assessments, which naturally flow from living and working in these underserved communities.
“Children Living in Jails” is just one of CFHI’s Community Health Initiatives. The project is powerful testimony on the effectiveness of strengths-based grassroots healthcare solutions.

BACKGROUND

Amnesty International estimates that over 950 children are living with their parents in the Bolivian prison system. With no federal social support system in place for these children, they are allowed to live with their parents by administrators who realize that no other options exist for the care of these young children. This three-year long project is helping more than 80 children under six years old who live with their mothers at the Obrajes jail in La Paz. It is divided into three complementary phases: medical aid, child psychological support and social support, with the goal of making these support services more permanent by integrating them into the penal system.

MEDICAL SUPPORT

All children in the program are given regular health exams and nutritional assessments. The majority of the children were found to be malnourished and are now provided with nutritional supplements not available as a part of the regular prison fare. To complement the nutritional needs of the children, their parents are also taught about childhood nutrition and positive parenting to minimize the frequency of abusive punishment behaviors.

PSYCHOLOGICAL AND CURRICULUM SUPPORT

Each child was given a psychological screening as a part of the project and assessed for behavioral, perception and psychological shortcomings. The majority of children showed signs of needing additional psychological support, with high levels of aggression being the most notable issue. So, the team psychologist developed an age appropriate curriculum to give to the teachers in the daycare program. Over time the project team has noticed less aggressive behaviors in the children. Five children were also successfully prepared for the assessment examinations to enter the public school system.

SOCIAL SUPPORT

The project team managed all administrative and legal paperwork for the children, allowing improved coordination between the penal system and children’s defense department. The team also created a foster care system with the extended families of the inmates. When available, families of the inmates were located and screened to determine whether the children could be placed with them rather than in prison. This process helped reconnect several broken families.

OUTCOMES

In the words of Dra. Uribe, who is the project coordinator: “It is important to note that the work of these three professionals [pediatrician, psychologist and social worker] far surpasses what we could have hoped for. The level of the commitment they have shown with the mothers and children in jail is remarkable and moving.

Since the start of the project, there has been an awakening in the community about problems and issues regarding children living in jails. Now there are several organizations that promote better living conditions for children in jails, and there is discussion about the issue. I think the major impact of the project has been to raise consciousness in the community by letting people know that these kids actually exist!”
Here are brief descriptions of the “winning” project submissions we supported in 2006 at an overall cost of $20,000. On the previous page, you can read a more detailed account of The Children in Jails initiative. To date, we have supported 11 initiatives at a total cost of $36,000.

- **Bolivia: Children Living in Jails**
  Integrates three complementary phases: medical aid, psychological and social support for children who must accompany their parents to prison.

- **India: Leprosy & HIV**
  Provides reconstructive surgeries to 30 leprosy patients, special footwear to 50 more, and CD4 count tests for 100 people who are HIV+.

- **Ecuador: Stemming the Rise of Type 2 Diabetes**
  Designs a tracking system for 130 patients with Type 2 Diabetes in the rural and remote areas of the Ecuadorian Amazon.

- **Mexico: Assessing Tuberculosis in Rural Communities**
  Facilitates a study to assess TB prevalence rates, prominent types of TB and co-infections that may exist in the area through a questionnaire and corresponding sputum testing regimen.

- **Ecuador: Healthcare for Remote Jungle Communities**
  Supports the sixth year of trainings for 47 Community Health Promoters in the Ecuadorian Amazon to serve indigenous communities.
Global Health Programs

CFHI’s global health programs provide an experiential service-learning environment for pre-medical, medical, nursing, public health and other health science students. The programs offer a comprehensive curriculum that includes:

- Clinical rotations in developing countries, working and studying with local physicians and other health professionals
- Personalized and in-depth orientation, on-going meetings and debrief sessions designed to promote a self-reflective learning process
- Spanish and medical Spanish lessons
- Homestay and other immersion opportunities
- A life-changing experience that drives students to become involved in providing, and advocating for, healthcare for underserved communities worldwide
- Access to global health and other resources, including a free subscription to MD Consult and FirstConsult: state-of-the-art evidence-based resources and diagnostic tools—pioneered by Elsevier, Inc.—to complement time spent in the field
As with previous years, in 2006, CFHI’s alumni made a real impact in their overseas host communities in terms of the work they did alongside our global healthcare partners…and on their own initiative. We wanted to know how these experiences have impacted them, too.

Over the next few pages, you can read accounts by one of our star alumni (Amit Wadhwa), CFHI Fellows (Jeansun Lee, Renee Robinson & Elizabeth Moyle) and a CFHI scholarship recipient (Syd Long) regarding the projects they’ve been working on and how these experiences are shaping their careers and outlooks.

“I was really humbled and proud to say that I took part in providing hundreds of villagers medical care.”

Ann Ngo
Rural Himalayan Rotation
India 2006
WHAT CFHI MEANS TO ME

I first learned about CFHI in the spring of 2006. I had been working in IT for several years and had begun to seriously consider a career switch into public health. Specifically, I wanted to move into international health and development.

The old adage came to mind (and by old adage I mean bumper sticker): “Think globally, act locally”. And so, I scoured the internet in search for locally based public health organizations which have a global vision and reach. I came across quite a few organizations but was immediately most impressed with what I found in CFHI’s mission.

I got to know folks at CFHI and immediately knew that I had found the right match for me. Not only did I find everyone at CFHI to be caring and intelligent but also friendly and truly working towards the overall goals of the organization. I also quickly became accustomed to the ‘networking’ style which seems to permeate through many public health organizations. The staff members happily offered advice and contacts to help me achieve my goals.

I truly appreciated that CFHI was actively working on two very successful and rewarding fronts by not only providing education and experience to medical students and others but also by providing the communities they serve with much needed equipment and supplies through the Recover program. I believe that the ability to coordinate both of these initiatives speaks to the dedication and resourcefulness of CFHI’s team of committed individuals.

I was also fortunate enough to participate in one of CFHI’s international programs: HIV & Public Health Challenges in India. I cannot say enough how important this experience was to me. Not only did I learn volumes about the state of HIV / AIDS in India, but I also met several people who were working diligently to improve public health conditions in India against many odds. This trip offered an incredibly meaningful insight into what it means to work in public health. It also gave me the opportunity to fully realize the importance of the work of CFHI and others in addressing issues which are often not properly addressed by governmental agencies. I returned to my normal life after the trip with an entirely rejuvenated spirit and inspiration to further pursue a career in public health.

I am beginning my graduate studies at Tulane’s School of Public Health and Tropical Medicine this fall. I’ll be specializing in international health and development as I work towards my Master’s in Public Health. I can’t help but feel that there is some act of fate involved, with things having lined up the way they have in just a year’s time.

My personal path into public health was not possible without my relationship with CFHI. I’ve found that everyone I have met through the organization—staff, volunteers and program participants—have challenged and encouraged me in reaching my goals. I find confidence in the knowledge that I have a life-long partnership with CFHI that I can learn from and give back to as well.

“Amit Wadhwa
CFHI Alumnus
HIV & Public Health Challenges
India, October 2006

“My personal path into public health was not possible without my relationship with CFHI.”
As a 2006 CFHI alumni grant recipient, I had the privilege of working with local public health nurses in the rural outskirts of Puerto Escondido, Mexico to mobilize community education and service outreach to combat rising rates of Tuberculosis (TB). This incredible opportunity encompassed my keen interest in the relationship between infectious disease and global health. Like many treatable, curable infections worldwide, TB disproportionately affects those living in poverty without access to clean water, nutritious food, and medication. As TB patients earn the lowest incomes in the world, it is no accident that the profit-motive dilutes the impetus to create better vaccines and more effective treatments.

Our project objective was to canvass rural communities to identify individuals potentially infected with TB and facilitate free testing through a series of sputum samples, with subsequent antibiotic therapy for infected patients. Much of our efforts were focused on educational sessions to combat myths about infection transmission, treatment, symptoms, and risk factors. This health education—done both individually and in community settings—served the purpose of normalizing conversations about TB, a topic typically avoided and often misunderstood. A rewarding aspect of the project was witnessing knowledge-empowered community members joining in the mobilization effort to educate their family and neighbors with the information that we had provided on how to identify suspected TB, avoid infection, and the importance of completing prescribed treatment regimens.

As mentioned, people who have the greatest TB infection risk factors are among those most likely to experience poverty-related obstacles to quality healthcare, including effective treatment. Knowing this, a growing public health concern is that individuals infected with any strain of active TB will infect 10-20 of their contacts each year, as the infection is spread via respiratory droplets. Compounding the multi-layered dynamics of addressing “regular” TB in this setting, deadly cases of Multiple Drug Resistant (MDR) TB are cropping up at an alarming rate. These MDR patients are not being treated effectively as the necessary medications and diagnostic equipment are not accessible to those who can’t afford them.

I think international clinical experience is necessary to begin to understand the chain of far-reaching health effects of foreign policy decisions made in lofty American courtrooms. Although healthcare disparity is a major issue in United States, any individual will receive emergency department care and treatment for infectious diseases such as tuberculosis regardless of their ability to pay. Seeing patients in desperate need of standard medications and antibiotics that are simply unavailable to them is a sharp contrast to the U.S. medical system’s illusion that all medications are infinite in supply and bountiful enough to be wasted in colossal amounts. When faced with these inconsistencies, it becomes impossible not to want to challenge the systemically inherent injustices perpetrated against people in developing countries whose basic human rights are not recognized.

To date, I have raised over $2,000 to support patient services through letter-writing, networking and awareness-raising. For updates, I stay in touch with the project’s charge nurse, Magnolia Jimenez Quiroz, an amazing woman who is completely dedicated to improving health outcomes for TB patients in Puerto Escondido.

CFHI Alumna, Syd Long rotated on the Cultural Crossroads in Health program in Oaxaca, Mexico in May 2006, and is also one of our alumni grant recipients. She discusses her public health project in Puerto Escondido, Mexico, how it has affected her and how it has enhanced her respect for, and brought her closer to, the people she’s been working with.

As a 2006 CFHI alumni grant recipient, I had the privilege of working with local public health nurses in the rural outskirts of Puerto Escondido, Mexico to mobilize community education and service outreach to combat rising rates of Tuberculosis (TB). This incredible opportunity encompassed my keen interest in the relationship between infectious disease and global health.

“This incredible opportunity encompassed my keen interest in the relationship between infectious disease and global health.”
When CFHI set up The Cape Town program in June 2002, it was immediately really popular, attracting pre-meds, medical students, nursing students and residents doing their internships. What amazed me most was the students’ level of involvement with their patients, and their commitment; even though they were only here for a very short period of time. They always wanted to give more of themselves and more of their time. The program was unique, and we added more and more components over time...in fact, we added more than we expected and the variety made the program really great.

CFHI students stayed with homestay families on the Cape Flats, and experienced the culture of various different communities. The Cape Town program was very structured, and at the same time, it was very intimate. I worked very closely with the Local Coordinator, Marion, who did such an excellent job and spent so much time with students. Many relationships have been built over the years, and both the students and homestay families have become very attached to each other. Just a month ago, we had two students who were on the program in 2005, come back to visit their homestay and say hello.

To me, as a healthcare provider—and having worked for the Department of Health in South Africa for 21 years—it was always a pleasure to inform students about how our healthcare system worked, and give them lectures on the most common healthcare conditions we experience on a daily basis. For me, the weekly evaluation meetings were always something to look forward to, as each student came with his or her individual experience of the week’s rotation. What pleased me was the fact that students showed such a high level of commitment and enthusiasm for what they did. They always wanted to do extra hours in order to make a difference in someone’s life.

As for the students, they seemed surprised at first how well we, the staff, coped in spite of limited resources and staff shortages while still providing the highest possible standard of care. As I always used to tell them, here we rely on “touch, feel, and see, and 95% of the time we are spot on with our clinical diagnosis.” I think the students enjoyed each and every aspect of the program, and we at all times strived to support them. They were always very grateful for that.

Overseas students met our own local medical students, and, as a consequence, they shared a lot and were able to compare a lot. The staff at the various facilities enjoyed having the students rotate with them—their help was much appreciated. Also, simple things that the students brought with them, like gloves, and other essential equipment were much appreciated, as many a time these supplies would run out.

For me personally, it has been a wonderful experience to be a part of the CFHI family. It has really brought the best out of me as an individual. I have come to make peace with so many aspects of my life. I have come to appreciate life more, and become more appreciative of what I have achieved in life. I’m sure you have picked up that I am very passionate about this program and proud to be part of it. I know we are going to have a wonderful working year ahead and that CFHI will go from strength to strength and continue the wonderful and exciting things that we are doing.
CFHI’s Alumni Fellows Program offers CFHI alumni the opportunity to further their passion for, and commitment to, global health by enabling them—as some of today’s outstanding health science students—to better develop management, interpersonal and cross-cultural communication skills that can really enhance a career in global health. The program allows six CFHI alumni to work at a site in one of our host countries with our global partners.

Once at their site, the Alumni Fellows work with local coordinators and medical professionals to prepare their host community for the arrival of CFHI students and to assist local staff in executing our student programs between the “heavy” months of May and August.

In 2006, CFHI was fortunate enough to be able to send six outstanding student leaders back to the sites where they had formerly rotated on one of our programs. Much of their work focuses on managing student expectations and serving as a liaison between students and medical partners. In their own words, below are responses by three of the Fellows to these two central issues:

• How they viewed their roles as mentors, and
• What they thought about the depth of programming.

Elizabeth Moyle
Pediatric Health
La Paz, Bolivia

Role as Mentor
Students often came to me with requests and problems, and with time, I was able to learn how to refer their problem or help them myself. As I got more comfortable with my surroundings and my role, I knew how to effectively refer an issue so that the student would feel valued and respected. I was often the missing communication link between the students and Gonzalo (the Local Coordinator), or the students and Dra. Uribe (Medical Director).

Program Depth
Overall, students leave the program very pleased with their experience. Those that are most appreciative of their experience are those students who come to Bolivia with reasonable expectations. Students have provided feedback as to what they would like to see more of in the future, and with any growing program, I know that CFHI will do its best to comply with some of those requests.

Many of the expectations of the students have been met in regards to the program depth. Dependent upon what clinical experience the students come to Bolivia with, most students would like to see more time for their clinical rotations. The variety and depth within the rotations allows the students to visit many different wards, interact with different doctors, gain different cultural aspects from the community within which they are working, and learn about the medical system in Bolivia.
Jeansun Lee  
Rural Himalayan Rotation  
Dehradun, India

Role as Mentor  
I am all ears whenever a student has complaints, suggestions, questions, etc. I make sure I do my best to cater to their requests and that they understand how the program runs. I think that the students felt really comfortable talking to me - about anything. One time a student decided to go to a government-run hospital on his own and shadow a random doctor (that was not part of CFHI program). I explained to him that that shouldn’t happen again because it can potentially lead to further problems, and that there were protocols involved. I then asked him what he would like in his rotations, and Mayank [the Local Coordinator] and I afterwards tried our best to give him what he wanted.

Program Depth  
The program here is great – it is hard for me to think up of ways to actually improve the program. I feel that as long as students do not come to India with a rigid mind-set and have this expectation of the rotations being extremely hands-on, the program is a really great way of seeing first-hand the way healthcare systems run in Dehradun. What I like about the rotations here is that there is such a wide range of medicine - Reiki, cardiology, emergency medicine, OB/GYN, homeopathy, rural medicine, etc. So much is covered and they are all fascinating. It was interesting to see how the culture of the Indian population contributes to the healthcare system.

Renee Robinson  
Cultural Crossroads in Health  
Oaxaca, Mexico

Role as Mentor  
Especially during the first two weeks of the program, I did a lot of advising for students. I made sure to be at the Becari Language School every day either before or after students’ class time, and checked my email every day. Students have TONS of questions, and it is really important that the alumni fellow be knowledgeable about the city. Most questions will be orientation-related, but questions related to culture and language also often arise. I felt very comfortable with this role as I was very familiar with the city. Most medical advising questions were directed to Dr. Tenorio [Medical Director], and homestay questions to Sandra and Martha, the Local Coordinators. I also made sure to actively check in with every student, asking them how they were doing and if they had any suggestions for group outings.

Program Depth  
In terms of the program itself, I think there are plenty of opportunities for the students to learn, as the rotations are good, the lectures are great, the language classes are great, and because of Dr. Tenorio’s status in the medical community, it is very easy for students doing special research projects to find the information they need. The great thing is that students can really take as much out of the program as they want. If they want to go to every lecture, special conference, double up on clinical rotations or language classes, they have the opportunity to do so. But none of them feel overwhelmed because they have the option to do less if they choose.

The other 2006 Fellows are:
Mark Hartley (Durban, South Africa) in the top row, left; Hannah Kellogg (Puyo, Ecuador) in the top row, second from the left; Sara Ludin (Puerto Escondido, Mexico) front row on the left; and Robert Sise (Quito, Ecuador) in the middle row, second from the left.
Our Recover program has prevented usable equipment and supplies from becoming waste while enabling our partner organizations to expand the scope and quality of their services to underserved populations. We do this by supplying them with materials they could not afford or would otherwise have to purchase with scarce resources.

In 2006, the Recover program sent $1.47 million in donated medical supplies and equipment.

Puyo, Ecuador $410,000
Accra, Ghana $458,000
Santiago, Chile $400,000
through individual students $189,000

Since 1995, we have recovered, inventoried and re-distributed over $5.8 million in supplies and equipment.

Over the years these supplies have gone to: Bolivia, Bosnia, Chile, Ecuador, Ghana, Guatemala, Haiti, India, Iraq, Mexico, Pakistan, Russia, South Africa, Ukraine, the Gulf Coast of the U.S., and underserved communities here in California.
In November 2005, during a visit to the Hospital Del Nino in La Paz, Bolivia, CFHI Programs Coordinator Nick Penco observed that several of the neonatal babies born at the hospital developed an infection at the same time and were severely ill. Later, he was shocked to discover that this problem was caused due to a lack of sufficient examination gloves and disinfectant liquid for physicians to use after examinations at the hospital, resulting in the spread of infection among the neonatal patients. The lack of sufficient medical supplies, in this case, severely compromised the ability of the local physicians to administer proper healthcare to their patients in this underserved community in Bolivia.

The examination gloves that the Hospital Del Nino severely lacks are part of the unused, sealed, unexpired medical supplies that US hospitals discard routinely year after year. The US healthcare system wastes more than $6 billion worth of medical supplies and equipment every year, resulting in more than $700 million in disposal costs. Due to the increased use of disposable products, the amount of supplies that US hospitals waste is more than 15% higher than what it was 8 years ago.

CFHI’s Recover program bridges this severe gap that exists between the excess waste of medical supplies in the US and severe lack of medical resources in underserved communities worldwide.

The genesis of CFHI’s medical supply recovery program, Recover, can be traced back to 1995, to the diligent and visionary efforts of Dr. Evaleen Jones, founder and president of CFHI. As a medical student at Stanford University, Dr. Jones observed the vast amounts of waste of essential medical supplies at US hospitals and decided to begin an informal recycling effort. During these early stages, she noticed that while several hospital staff members were already recycling a limited number of equipment and supplies on an individual basis, there was no centralized program in place to coordinate and expand the fragmented efforts to recover and redistribute unused medical supplies and equipment.
THE EARLY DAYS

To this end, Dr. Jones began working with a team of healthcare professionals at Stanford University to recover medical supplies at the Stanford University Hospital. Thanks to her efforts, Recover was officially initiated in May 1995 with a Donald Kennedy Public Service Summer Fellowship Grant from the Haas Center for Public Service at Stanford University. This first year, more than tens of thousands of dollars worth of medical supplies were collected from Stanford University Hospital as well as from a few individual donors. These supplies were then sent through students participating in CFHI’s global service learning programs to CFHI partners worldwide, to enable our partners to expand the scope and quality of their services.

Forming a partnership with Volunteers for Inter-Development Assistance (VIDA)—a nonprofit organization committed to sending quality medical supplies to communities in need in Latin America—enabled Recover to grow at a faster pace over the years. Through VIDA, CFHI was able to send 40-foot containers of life-saving medical equipment and medical supplies to address emergency and day-to-day needs of its partner hospitals and clinics in Ecuador beginning in 2001. For example, a container sent in August 2002 to the Hospital Maternidad in Ecuador included such desperately needed equipment as an ultrasound machine, exam tables, hospital gurneys and wheelchairs as well as basic medical supplies such as gauze sponges, dressings, needles, and latex gloves.

By the time I joined as a volunteer in 2003, CFHI had sent more than $1.3 million worth of medical supplies to its partners and other organizations worldwide. In addition to the 40-foot containers of medical supplies sent to CFHI partners, most of the medical supplies sent through students to CFHI partner sites came from VIDA, since the medical supply donations that came to CFHI directly were limited and not enough to send to all the students participating in CFHI programs. Therefore, once a month, CFHI staff would go to the VIDA warehouse in Emeryville to gather supplies to send to CFHI students.

In February 2005, I joined the CFHI team as the Recover Program Coordinator, thanks to the CFHI Board’s commitment to increasing the scope of the Recover program. The goals of the Recover program were expanded to include not only greater recovery and redistribution of unused medical supplies and equipment, but also the promotion of greater awareness among the medical community in the US about reducing and recycling medical waste. Students who participated in CFHI programs were contacted upon their return to promote Recover in their own local academic and medical communities, and encouraged to begin Recover collection programs.

GROWING UP

Thanks to all these efforts, Recover has grown exponentially since its inception in 1995. More than $5.8 million worth of medical supplies and equipment have been recovered and redistributed worldwide. In 2006 alone, more than $1.47 million worth of supplies were sent not only to CFHI partners worldwide, but also to support many disaster relief and humanitarian efforts worldwide, including the Hurricane Katrina Relief Effort, the Pakistan/Kashmir Earthquake Relief Effort, and the US Army Medical Mission in Iraq.

One of the non-CFHI projects that received support from Recover last year was the St. Albert’s Mission Hospital in Zimbabwe. As is the case with many countries in Southern Africa, Zimbabwe is a country characterized by staggering poverty and disease, compounded by food shortages. Furthermore, women in Zimbabwe now have one of the lowest life expectancies in the world, which is further exacerbated by the spread of HIV/AIDS among the general population. Through the help of a committed volunteer, CFHI was able to send boxes of several basic supplies to the St. Albert’s Mission Hospital, which like other hospitals in Zimbabwe, operates with severe shortages of staff, supplies and equipment. These few boxes made a difference to this struggling hospital and its staff who received the donation with such joy and exuberance.

“Recover has grown exponentially since its inception in 1995. More than $5.8 million worth of medical supplies and equipment have been recovered and redistributed worldwide.”
"This was a great experience to integrate with cultural immersion exposure to medicine."

Jacqueline Ho
Amazon Community Medicine
Ecuador 2006
A PERSONAL MOMENT

I was fortunate to experience firsthand the impact that Recover has on CFHI partner hospitals and clinics during my recent trip to India. While visiting the CFHI-supported clinic in Than Gaon, a small village nestled in the foothills of the Himalayas at an altitude of 4,000 feet above sea level, I was able to observe how the supplies that CFHI sends through Recover made a tremendous difference in the type of care administered at this clinic. A woman belonging to a neighboring village who had brought her daughter to be examined at the clinic expressed her gratitude to CFHI for supporting the clinic with funds and medical supplies. Without the clinic or the medical supplies sent to the clinic through Recover, she would have had to walk 30 kilometers down a steep, treacherous path with her sick child to get treatment from an already overcrowded and overwhelmed public hospital in Dehradun. Dr. Paul, the physician at the Clinic, was able to treat the child immediately with medical supplies donated by CFHI. This experience served to strengthen and renew my commitment to CFHI and to the Recover program once I returned to the US.

Lastly, the Recover program has also been successful in promoting greater awareness about reducing medical waste among the medical community, through student initiated medical supply collection programs at various universities in the US. These include: UCSF School of Medicine, Princeton University, Stanford University, UCLA, and Northwestern University. Leading hospitals in the US such as Stanford University Medical Center, Kaiser Permanente and Massachusetts General Hospital have also joined in efforts to promote medical supply recovery along with leading US medical supply companies such as Ethicon Endo Surgery Inc, TriState Hospital Supply Corporation, Becton Dickinson, Cardinal Health, and DermaSciences Inc.

“\textit{I was able to observe how the supplies that CFHI sends through Recover made a tremendous difference in the type of care administered at this clinic.}”

The Recover program has come a long way since its humble beginnings in 1995, enabling the abilities of our partners to provide quality healthcare in a timely manner to thousands of affected individuals in underserved communities worldwide. We are hopeful that in the coming years, the program will continue to grow exponentially. Furthermore, it is our hope that the program continues to increase awareness among the medical communities not only in the US, but in developed countries worldwide about reducing medical supply waste and promoting a more equitable redistribution of medical resources.

Harini Krishnan served as a volunteer for two years before joining the CFHI staff as the Recover Coordinator in 2005. She now manages the many volunteers who help CFHI throughout the year with the inventorying and packing of medical supplies that we ship to our overseas partners.
FINANCES 2006

EXPENSES

- General & Admin: 4.7%
- Fundraising: 1.7%
- Medical Student: 12.8%
- Community Initiatives: 0.5%
- Other: 41.2%
- Total Programs: 46.5%

SUPPORT & REVENUE

- Contributions & Grants: 6.1%
- Program Fees: 46.5%
- Interest & Other: 0.6%
- In-Kind Donations: 46.8%

Program Activities $3,106,448
- Recover $1,491,737
- Medical Student $1,040,949
- Community Initiatives $100,417
- Other $473,345
- General & Admin $156,879
- Fundraising $55,317

TOTAL EXPENSES $3,318,644

Change in Net Assets $28,576
Net Assets, Beginning $388,684
Net Assets, End $417,260

Program Fees $1,555,033
Contributions & Grants $204,545
In-Kind Donations $1,565,744
Interest & Other $21,898
TOTAL REVENUE $3,347,220

January 1 – December 31, 2006
This report is based on an independent financial audit

CFHI’s overhead for 2006 was 6.4%

Charity Navigator is America’s premier independent charity evaluator. In 2006, they once again awarded CFHI a 4-star rating—the highest available—due to our low overhead and high efficiency.

CFHI meets the BBB Wise Giving Alliance's Standards for Charity Accountability.

CFHI was also invited in 2006 to participate in the CIBC Worlds Market Miracle Day to Raise Awareness for Children in Need.
ACKNOWLEDGMENTS 2006

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CFHI’s global health rotations are successful due to the impact our international partners make on our students—they nurture, guide and, in their teaching, set the bar of excellence. Our gratitude goes to everyone.

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Recollections:  
CFHI from 1998 until 2007 in Quito, Ecuador

Dra. Susana Alvear, 
CFHI’s Medical Director in Quito, Ecuador

Back in 1998, Dra. Alvear was one of a handful of medical partners. Now she is one of 250+ medical partners, and has mentored hundreds of CFHI students. Here, in her own words, she recalls the early days...

**Going back in time, almost 10 years ago, to start up an exchange program for students of pre-medicine, nursing and other fields, was a true challenge. The program had to meet many different requirements. At first, it had to be an immersion experience to learn medical Spanish and to observe how medicine is practiced in countries with limited economic resources. A bit later, the program also had to teach students how to adapt to another culture through respect and understanding and how to acquire the different skills that would permit them to better fulfill their careers.**

Over time, CFHI has matured as an organization—evaluating and re-evaluating the programs in a collaborative way with the partners and local coordinators—so the initial challenge for students of getting to know another culture and another language changed. It converted itself into a new paradigm: that of being Citizens of the World, of being health promoters for the global community.

In Quito alone, CFHI has grown and added various medical programs, so that now we have: the Andean Health, Urban/Rural Comparative Health and Reproductive Health programs. This growth has not only been in the San Francisco office [with two full-time staff in 1998; today that number is eight] but it has been for the local communities, the patients and the preceptors as well. At present, CFHI facilitates direct support to the people of Ecuador through donations of medical supplies, equipment, operative work, clinical investigations, community projects and quality medical information.

At the beginning, the organizational structure was the responsibility of just one or two people. Nowadays, the growth in support staff at the CFHI office allows for the continuing development and growth of the partner sites. This permits us—the overseas medical partners—to visualize the future and, at the same time, satisfy the needs of the students interested in getting to know other cultures. The model supports the local development of the host towns, without harming their identity and their culture.

My desire is that all the students who have participated on these programs stay as continuing members of this great global family that does so much for social development.

Translated by Lena Dalke (CFHI Programs/Office Assistant)
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CFHI’s board members continue to serve in our community with the vision and support that are the touchstones of leadership. We thank them for their essential contributions to expanding the CFHI family.

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<td>Nancy Tang</td>
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<td>Marc Rabner</td>
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<td>Narasanna Rajan</td>
<td>The Hermes Foundation, Inc.</td>
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<td>Palmer R. Ramey Jr. &amp; Madeleine L. Ramey</td>
<td>The Lane Construction Corporation</td>
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<td>Real Estate Alternatives</td>
<td>Timothy M. Mulligan Charitable</td>
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<td>Steven Harris</td>
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<td>Bookkeeper (fmr.)</td>
<td>David Tomczek - in the name of David Scott</td>
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<td>Evalleen Jones, MD</td>
<td>Sorrel Tomlinson - in the name of David Scott</td>
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<td>President/Founder &amp; Medical Director</td>
<td>B. Trenholme</td>
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<td>Reha Sater Day</td>
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<td>CFHI annual report 2006</td>
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<td>Rosa Uyarra-Salcedo &amp; Joel Salcido</td>
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<td>Amit Wadhwa</td>
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<td>Bala Warriner</td>
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<td>Sandra Weider &amp; Michael Goldstein</td>
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<td>Tara Westfall</td>
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<td>Claire Whitfield</td>
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<td>Chris K. Whitwood</td>
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<td>Felicia B. Williams</td>
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<td>Madeleine Williams</td>
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<td>David H. &amp; Rita Ann Wise</td>
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<td>Susan Wong</td>
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<td>Jone M. Wood &amp; Marilyn Fabera</td>
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<td>Kathleen Wynne</td>
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<td>Cecilia Yen</td>
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<td>Thomas K. Zander</td>
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<tr>
<td>Linda F. and Karl A. Zeidler</td>
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</tbody>
</table>

**STAFF**

CFHI’s staff members are a devoted group of talented professionals. Thank you all for your immense efforts in 2006.

- Lena Dalko
  - Program/Office Assistant
- Becky Davis
  - Outreach/Alumni Coordinator

**ADVISORS**

CFHI thanks the following individuals for their invaluable support and advice in 2006.

- Special Advisor Asia-Pacific
  - Niraj Sharan
- Kevin Chan, MD, MPH
- Michael Cronan & Karin Hibma Cronan
- Marcia Hatch, JD
- Tom Hall, MD, PhD
- Gurudev Karanth
- Christine Lin
- Tom Novotny, MD
- Regalix Corporation
- Ashini & Sakti Srivastava
- Nicole Todd Bailey
- Bill Wells
A Personal Overview of CFHI’s Programs in India

By Hema Pandey, CFHI India Coordinator

CFHI has been working in India for many years. The need for having its own staff in India for coordination purposes was important at this current stage of CFHI’s development, and I was appointed as India Coordinator to assess the current programs, develop new ones, assist with the distribution of medical supplies and maintain the same level of standards across all programs.

The office space in New Delhi, our headquarters in India, was provided by Mr. Niraj Sharan, who is also the Special Advisor Asia-Pacific. As the capital of India, New Delhi is a very vibrant and growing city—it’s the biggest multicultural metropolis in India, so it was advantageous to set up the main office here.

My mandate was to handle all the programs that CFHI is running or new ones that will start soon across India. Among recent achievements, I would list the following:

The first program that CFHI launched after opening the office was the HIV & Public Health Challenges program from New Delhi.

The Two-Week Nursing program in HIV and Public Health.

The Maternal and Child Health program in Pune – this program will actually launch in August 2007.

CFHI is also making it possible for people in rural areas to get proper healthcare through a clinic that it supports and helps to run in the remote Himalayan village of Than Gaon, Dehradun. The clinic—the only one within a 35-mile radius actually serves more than 28 surrounding villages. We hope to use the same model in other needy areas so more people can benefit and get healthcare at the grassroots level. It has made a big difference in peoples’ lives in terms of preventative care.

Through its Global Service-Learning programs, participating CFHI students come to India and, without doubt see a very different world and get a life-changing experience that hopefully helps them in their areas of interests. CFHI helps out in many places, not just India, of course. Even during the terrible tsunami in Indonesia, CFHI was there to support the rebuilding of schools and health centers so that the people could at least look forward to care and hope after going through such a traumatizing experience.

It’s a great feeling of happiness inside for me to see the smile on everyone’s face when I go to the villages or visit the places where we have reached out. It’s the real reward for us at CFHI in the true sense. CFHI’s name has become prominent in India, but it’s just the beginning. There is lot more to do and we will continue to build upon it, brick by brick.

VOLUNTEERS

Your time and support help us to do so much. CFHI extends deep gratitude to the following individuals.

Jenny Bullock
Sarah Capanis
Mandy Chang
Yim Ching (Sina) Chan
Wenfang Chen
Jim Clark
Kevin Clarke, MD
Abigail Colburn
Dan Cushman
Danielle Etl
Carolina Espineli
Lisa Feinberg
Sabrina Fox-Bosetti
Anna Gallardo
The Gamma Sorority
Martin P. Herrick
Irene Jung
Angie Kim
Sarah Adler McDonald
Kim McLennan
Casey McLennan
Judy & Mike Michalek
Lynne Nguyen
Chou Nuon
Lucia Perez-Duarte Berra
Marc Rabner
Willerie Razote
Erika Shimahara
Nico Sirivansanti
Anna Rose Steiner
Prisilla Tamayo
Annie Tan
Monique Tran
Thaoly Vu
Amit Wadhwa
Phyllis Wong
Cecilia Yen
Stephen Yeung

2006 RECOVER FELLOWS

Naresh Ramarajan
Madlyn Stein, MD, MPH

2006 ALUMNI FELLOWS

CFHI thanks our Alumni Fellows for helping us extend our vision to underserved parts of the world.

Mark Hartley
Durban, South Africa

Hannah Kellogg
Puyo, Ecuador

Jeansun Lee
Dehradun, India

Sara Ludin
Puerto Escondido, Mexico

Elizabeth Moyle
La Paz, Bolivia

Renee Robinson
Oaxaca, Mexico

Robert Sise
Quito, Ecuador

2006 ALUMNI GRANT RECIPIENTS

CFHI congratulates the following Alumni Grant recipients for their creativity and dedication.

Gary Kerkilas II, Spring 2006
Tlahui’s Sex and Alcohol Education in Santa Maria Tlahuitoltepec, Oaxaca, Mexico

Clark Baker, Fall 2006
Diabetes Prevention in Puyo, Ecuador

Syd Long, Fall 2006
Testing for Tuberculosis in Puerto Escondido, Mexico
INSTITUTIONAL PARTNERS

CFHI thanks the following institutions for contributing to the success of our programs.

College Corps
University of California, Davis
IE3 Global Internships, Oregon University System
Princeton University
Stanford Medical School (Patient Advocacy Program)

2006 SCHOLARSHIP WINNERS

CFHI congratulates the following scholarship recipients.

Heather Champney
Elizabeth Drumford
Cesar Favila
Aisha Haynie
Roberta Kern
Okeoma Mmeje
Maria Salinas
Taneka Taylor
Leo Thai

2006 STUDENTS

CFHI recognizes that our alumni are essential figures in an emerging global cadre of medical professionals committed to the principles of socially responsible and financially just healthcare provision for the underserved children and families worldwide. Thank you—all 732 of you—for your stellar efforts.

ECUADOR

Andean Health

Maria Horch
Brenda Levy
Anwar Zaman
Eryn McKinley
Jenny Steigle
Christopher Bebbington
Jessica Page
Jacqueline Wong
Naomi Ross
Jean Limpert
Katie Tognarelli
Louis M. May
Emily Nelson
Suzanne Hunt
Ranger Curran
Rebecca Lambert
Tasha Francis
Sapna Patel
Marc Rabner
Michelle Martin
Jeremy Murphy
Maureen Cho
Virginia Smith
Lindsay Flax
Mark Williams
Lakshmi Ravindran
Abigail Goodman
Jeffrey Kapteyn
Erin Bird
Patrick Diaz
Michelle Martin
Lisa Young
Jennifer Johnson
Amanda Childs
Amy Voci
Jacob Adams
Maria Horch
Beth Eichelberger
Sophia Swanson
Jenna Gantner
Shira Amdur
Carmen Castilla
Kathryn Hewett
Stephanie Wright
Tamara Gayle
April Schachtel
Emily Ng
Matthew Parra
Lacy Fettic
Heather Calvert
BreAnna Kinghorn
Jessica Peel
Anne Cherry
Kristin D’Antignac
D’Anna Saul
Nitasha Garg
Jane Oh
Katherine Fluke
Stacy Moore
Joe Thompson
Marcelyn Coley
Sarah Goldman
Charlene Borja
Tuyet Nga Vu
Erin Bomba
Jayson Bell
Kristina Kurbanyan
Martin Elizabeth
Natalia Shapiro
Nguyen Pham

Brittany Scurto Youngblood
Kevin Encarnacion
Dayna Bell
Nelly Pouramisaha
Caryn DeLuca
Paula Newton
Donald Wickline
Lori Beerman
Amy Smith
David Koch
Martin Esken
Daniel Peters
Jona Bandopadhyay
Sunny Khichi
Robert Hill
Omar Ahmed
Victoria Chazin

Reproductive Health

Amber Knight
Katherine Volpe
Kelly Davis
Molly Jacobs
Janet Wiess
Laura Cohen McKeon
Patrick Moran
Alexis Lawrence
Sarah Campbell Austin
Ainsley Sutherland
Janet Kemp
Beau Fowler
Priya Gupta
Blair Colwell
Monica Grover
Jacqueline Braden
Natanya Maio
Eva Seligman
Revital Yechzekel
Alexis Tran
Maureen Leonard
Brittany Leeman
Erin Luebs
Brandi Wimmer
Katherine Wimmer
Megan Gard
Infectious Disease in Mumbai

Hitesh Shah
Cassandra Lang
David Proud
Meghan Gehrett
Benjamin Kase
Cori McClatchey
Jacob Bailey
Katherine Cook
Abhishek Sharma
Natasha Kasbeker
Leah Nchama
Ranninder Dhillon
Shalvi Gupta
Heba Elzawahry
John Fargo
Sahera Dirajal
Alexis Mackieworth
Rebecca Sands
Priya Prashad
Tarek El Sawy
Yarema Bezchlibnyk
Ilse Levin
Sara Cater
Marvin Berrevoets
Tim Bayens
Holly Simpson
Fabian Gomez
Alex Morton
Terence Tong
Kyler Elwell
Dave Omkar
Mark Ziets
Trishna Upadhyay
Heather Cloum
Marie Denise Lao
Susan Blair
Marcus Carden
Laura Miller
Jessica Ange
Michael Siegel
Gayathri Suresh
Sarah Mello
Jacqueline Baker
Jane Keating
Brittany Teague
Niaree Hopelian
James Lewis
Sharon Rikin
Amanda Dodds
Michelle Kapliniski
Courtney Thompson
Abhishek Khemka
Sukhjeet Singh
Jesse Jung
Emily White
Eleonore Bernadas
Scott Francioni
Stephanie Maximous
Christine Holland
David Marcus
Justin Sterett
Jason Cienega
Lakshmi Sridharan
Rebekah Osgood
Helen Alexander
Shirley Tom
Neil Malhotra
Allison Lyons
Menaka Pulandiran
Caroline Kalember
Sunpreet Kaur
Amir Patel
Craig Mayr
Sarah Tennant
Daphne Bundros
Kimberly Mungia
Noah Vale
Lara Vogel
Lasse Gil
Sasha Bluvshteyn
Rohit Das
Murtaza Diwan
Anubhav Agrawal
Roshni Thakore
Melissa John
Charlie Walker
Claire Hong
Jennifer Brodeur
Jack Hutter
Irene Van Gaalen
Angela Pasquith
Shivani Sathananthan
Anna Karina Celaya
Christine Davis
Marcy Gallo
Jennifer Hammer
Lutsiya Ibragimova
Kyle Almodovar
Nicholas Miniel
Neerav Sheth
Nabha Shetty
Eden Jones

HIV & Public Health Challenges in India

Samantha Vogt
Lauren Welsh
Katie Conway
Anna Douglas
Danielle Drayer
Clare Hoppenot
Laura Kimeldorf

MEXICO
Cultural Crossroads in Health

Ronald Galbraith
Andrew Sides
Ariel Seeley
Ibardo Zambrano
Jamie Pike
Krista Anderson
Meghan McGowan
Roberta Kern
Rachel Johnson
Nina Nanda
Sally Eyers
Lisa Amaya
Simi Padival
Melissa Bachhuber
Aisha Haynie
Duc Annie Nguyen
Tanisha Grant
Jakkleen Labbad
Maria Huang
Meeghan Launten
Martin Gillies
Chris Khamphoune
Julie Turner
Syd Long
Jane Lee
Rosa Marie Maiorella
Emerson Chen
Derek Yecies
Tropical Medicine & Rural Health on the Coast of Mexico

Tessa Steele
Benjamin Deaton
Kathryn Scharbach
Erik Finlayson
Micaela Ramirez
Lisa Wilson
Erica Peterson
Jesal Patel
Carissa Orizondo
Daniel Okamoto
Andrew Leiweber
Christopher Thacker
Dina Guijt
Tara McColgin
Samuel Neuhut
Conrado Ordonez
Lynn Vander-Wielen
Erik Berg
Lanvin Taylor
Margaret West
Angela Yu
Amy Martin
Cristina Mota
Katie Krone
Jillian Main
Hannah Ryan
Niroshini Karunasekara
Marina Freudzon
Kat Sisterman
Frank La Fontaine Jr
Benjamin May
Caitlin Smith
Katherine Hunt
Evan Weitman
Joanne Weddle
Aaron Cotrell
Adam de Havenon
Eugene Richardson
Abigail Wehner
Mandip Binning
Ellis Ziel
John Sherrill
Sachi Brittin
Sarah Korth
Horacio Duarte
Shahriar Davari
Peter Flueckiger
Casey Barbaro
Clint Dillard

SOUTH AFRICA

Healthcare Challenges in South Africa
Jan and part of Feb only

Clark Baker
Colin Mansfield
Hannah Slater
Naomi Sims
Katherine Denes
Daniel Orr
Louisa Essandoh
Charu Sawhney

HIV/AIDS & Healthcare in Durban

Jamie Chang
Erin Hemmens
Lindsay Puckering
Audrey Rangel
Malika Fair
Allison Shivar
Okeoma Mmeje
Arti Gehani
Brianna Cowan
Rebekah White
Yovani Eleutice
Aleksey Ikhelson
Priya Jindal
David Ha
Sobenna George
Elizabeth Rosenblatt
Sagarika Koka
Meghan MacPherson
Tiffany Tsang
Rusha Patel
Minori Ohashi
Michael Yang
Amber Peterman
Ryan Jamjolkowski
Sandra Demars
Corey White
Jessica Garrison
Catherine Lin Tan
Theresa Davidson
Mihir Desai
Megan Lyle
Geoffrey Yoon
Ginger Vaughn
Dionne Roberts
Kimberly Acenas
Phyllis Wang
Ashil Gosalia
Janet Tsang
Bronwyn Hill
Sasha Hood
Tanea Taylor
Rachna Wadia
Joan Campbell
Sarah Kuppenbender
Kelly Bogart
Jan Metzler
Nahzmine Shakeri
Eden Jones
Heather Franklin
Faithlore Gardner
Stuart Jones

BOLIVIA

Pediatric Health in La Paz

Katie Heaton
Michelle Ladwig
Aaron Shur
Russel Ladwig
Sarah Nelson
Heather Champney
Alan Chu
“I went on this program because my senior classmates recommended it to me. I would absolutely recommend it to others! It’s certainly added to my knowledge base (medical and personal) and piqued my interest in making international medicine part of my career.”

Emily Grover,
Cultural Crossroads in Health,
Oaxaca, Mexico 2006
Hellos & Goodbyes

Amid our anniversary celebrations, we have some hellos and goodbyes to make to outstanding volunteers and supporters.

It was with profound sadness that CFHI said so long, thank you and farewell to longtime devoted CFHI Board Member, Mark Stinson, MD, who passed away unexpectedly yet peacefully in his sleep at the young age of 49. We all miss him dearly. In his honor, CFHI has established the Mark Edward Stinson Global Health Education Fund to assist with scholarships for underrepresented students to enroll in our programs as well as support professional development opportunities for CFHI’s international grassroots partnerships.

The CFHI Board has always represented strong leadership and clear, thoughtful commitment to dealing with the issues at hand. As we say goodbye and extend our deepest gratitude to John Somoza—who has served with distinction as a board member for the last five years—so too do we welcome a new board member, Alan Biller to the position of Treasurer, Josh Pickus (a board member since 2005) to the position of Vice Chair, and Gunjan Sinha (a board member since 2001) to the position of Board Chair. Congratulations all! And thank you Gunjan, you have been a true champion of CFHI, always believing we could grow steadily and smartly with the right guidance.
“I think everyone will eventually experience cultural diversity, personal growth, depression, anxiety, death, disease, satisfaction, love, history, and peace at some point in their life. I got to experience them all at the same time and it was remarkable. It has completely changed my mentality. My perception of the people and places I experience on an everyday basis has been heightened beyond any level I could have expected. Sure I got credit for my time in India and the clinical work might help me get into medical school, however, the mentality I have developed, my heightened perception of others, an appreciation of diversity and a newfound patience with life are the most important things I will take away from this experience.”

Nicole Tierney
Infectious Diseases in Mumbai, India