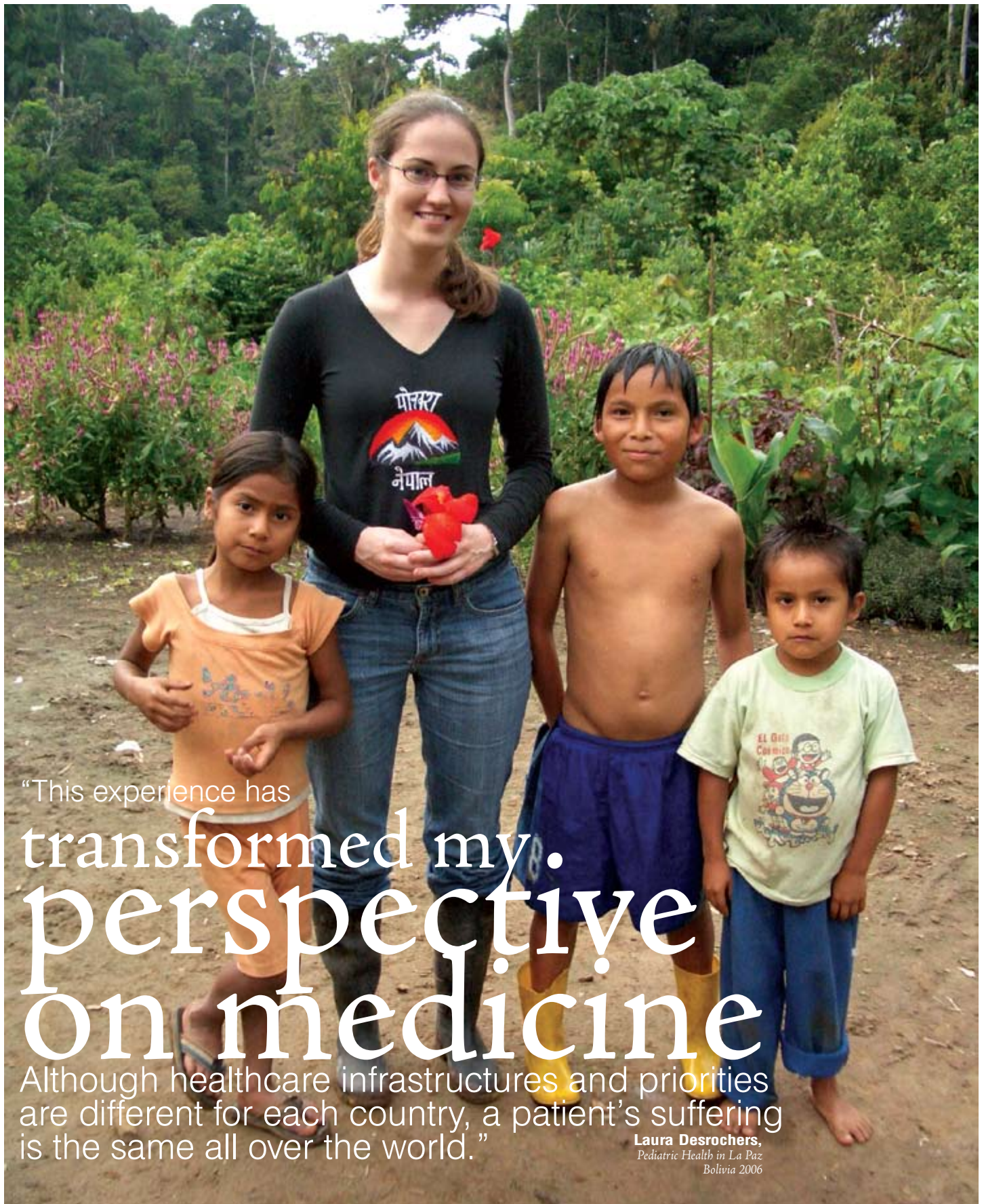




Child Family Health International

CFHI

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

advancing quality HEALTHCARE for all

Table Of Contents

Letters	2
CFHI “Then and Now Timeline”	4
Vision	5
Community Health Initiatives	6
Global Health Programs	9
Perspectives	10
Recover	17
Finances	21
Acknowledgements	22

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

Evaleen Jones, MD
President/Founder
& Medical Director

Gunjan

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 long-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.

A handwritten signature in dark ink that reads "Steve Schmidbauer".

Steven E. Schmidbauer
Executive Director

THEN & NOW

DR. EVALEEN 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 his 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.

CFHI

June 2000
Introduction to Traditional Medicine, India

June 2002
Cultural Crossroads in Health, Oaxaca, Mexico

2002-2006
Healthcare Challenges in Cape Town, South Africa
Note: new program development under way

February 2003
Tropical Medicine & Rural Health on the Coast of Mexico

June 2003
Infectious Diseases in Mumbai, India

June 2003
Reproductive Health, Quito, Ecuador

January 2004
Pediatric Health in La Paz, Bolivia

December 2005
HIV/AIDS & Healthcare in Durban, South Africa

April 2006
HIV & Public Health Challenges, India

2006
Biomedical Research, Nicaragua

2007
Amazon Indigenous Health, Ecuador

August 2007
Maternal & Child Health in Pune, India

1992-2005

Clinical Healthcare in Cuenca, Ecuador
Note: first paying students in 1991

April 1996

Andean Health in Quito, Ecuador

November 1997

Amazon Community Medicine, Ecuador

November 1997

Rural Himalayan Rotation, India

June 1999

Urban Rural Comparative Health, Ecuador

1999-2001

Clinical Healthcare in Mexico, Cuernavaca, Mexico



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

Community Health Initiatives:

*Bolivia,
Ecuador,
India,
Mexico*

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.



THE “CHILDREN LIVING IN JAILS” INITIATIVE: **A SUCCESS STORY**

The project team members are:

Dra. Cecilia Uribe de Chavez, Project Coordinator and CFHI's Medical Director in La Paz

Dra. Inge Von Alvensleben, Pediatrician

Lic. Sussy Soto Portugal, Psychologist / Teacher

Lic. Miralge Gonzales Oporto, Social Worker

“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

MDConsult
FIRSTConsult

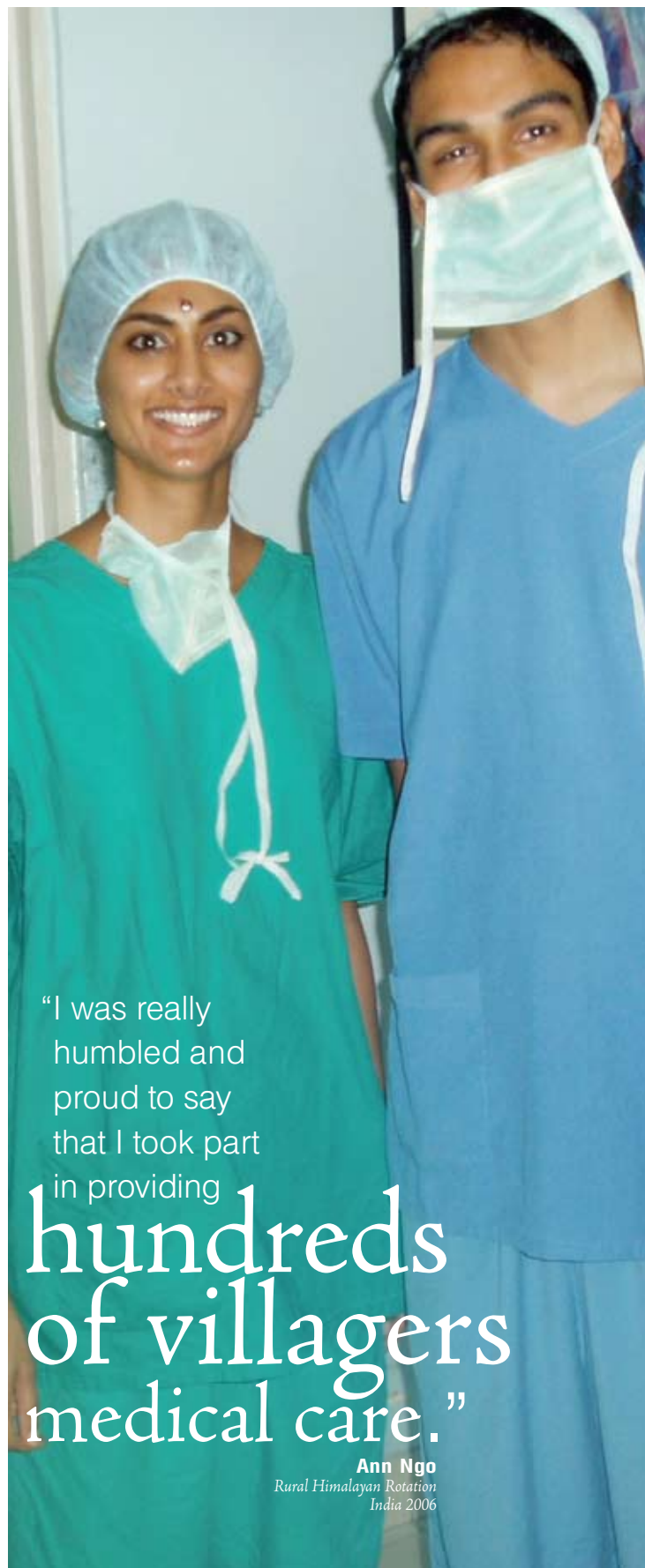
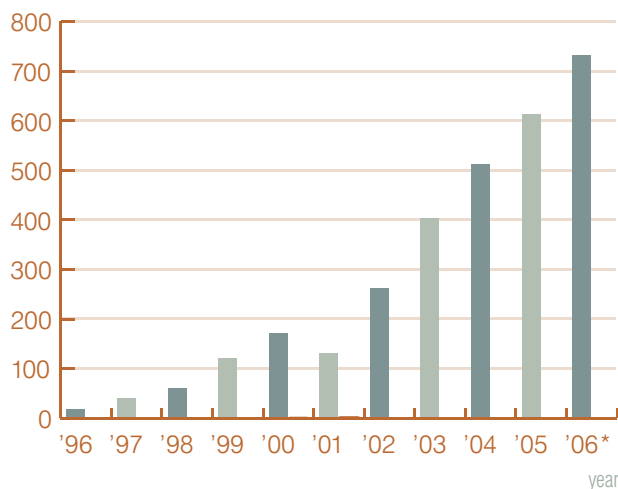


ALUMNI, FELLOWS & SCHOLARSHIPS

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.

STUDENTS ENROLLED SINCE 1996



"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.



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

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.

“My personal path into public health was not possible without my relationship with CFHI.”

“This incredible opportunity encompassed my keen interest in the relationship between infectious disease and global health.”

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.



Syd Long
CFHI Alumna
Cultural Crossroads in Health, Oaxaca, Mexico, May 2006

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.

RECOLLECTIONS OF THE CAPE TOWN PROGRAM



Avril Whate
CFHI's Africa Coordinator
*Recalls the Setting up of
The Cape Town Program*

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.

2006 ALUMNI FELLOWS **IN ACTION**

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 is pictured bottom row, second from the right; Renee Robinson is front row, second from the left, and Elizabeth Moyle is front row on the right.

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

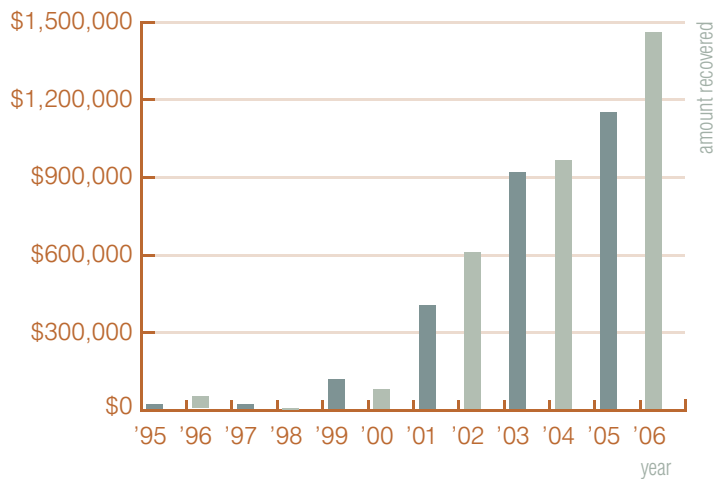
In terms of the program itself, I think there are plenty of opportunities for the students to learn, as the rotations are good, the lectures are great, the language classes are great, and because of Dr. Tenorio's status in the medical community, it is very easy for students doing special research projects 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.



MEDICAL SUPPLIES RECOVERED



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.

Recover Then and now

By Harini Krishnan
CFHI's RECOVER Coordinator

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.



“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.”

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.



“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.

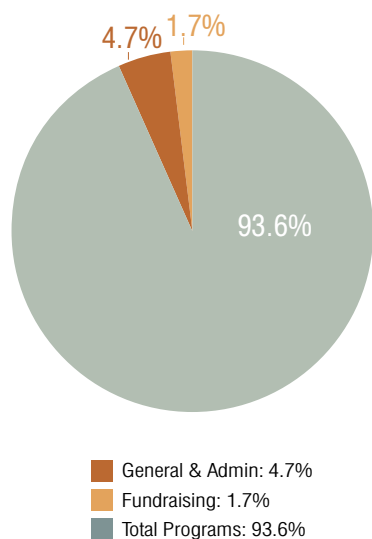
“I was able to observe how the supplies that CFHI sends through Recover made a tremendous difference in the type of care administered at this clinic.”

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.

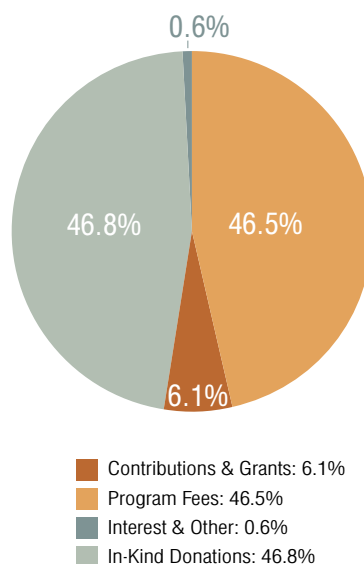
FINANCES 2006

EXPENSES



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

SUPPORT & REVENUE



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 World's Market Miracle Day to Raise Awareness for Children in Need.

ACKNOWLEDGMENTS 2006

PARTNERS

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.

BOLIVIA

Dr. Cecilia Uribe
Medical Director
Dr. Victor Hugo Velasco
Dr. Jose Luis Alcazar
Dr. Jaime Rada Cuentas
Dr. Edgar Chavez Navarro
Dr. Jeaneth La Fuente
Dr. Maria Luisa Santivaney
Dr. Guadalupe Gutierrez
Dr. Elizabeth Teran
Enf. Monica Flores
Dr. Jose Soria Galvarro

ECUADOR

Dr. Susana Alvear
Medical Director
Dr. Edgar Rodas
Medical Director
Dr. Wilfrido Torres
Medical Director
Rosa Tamayo Jácome
Local Coordinator
Lorena Bermeo
Elvira Hiojosa
Amazing Andes Spanish School
The Cinterandes Foundation
Lic. Ledy Acosta
Norma Aguirre
Tclga. Sandra Alvarado
Dr. Máximo Alvarez
Tgl. Elvia Andi
Dr. Germania Andrade
Dr. Mónica Andrade
Jorge Aranda

Dr. Espeanza Arévalo
Dr. Jackeline Báez
Dr. Pablo Baldeón
Dr. Antonio Barreno
Dr. Abel Barroso
Dr. Rodrigo Bossano
Sr. Jordán Cabrera
Hna. Yenny Calva
Dr. Rolando Camacho
Dr. Dora Carrera
Obst. Silvia Carrera
Od. Luis Carrión
Dr. Fernando Catellanos
Dr. Graciela Ceron
Dr. Edison Chávez
Lic. Nancy Chicaíza
Dr. Gustavo Cifuentes
Dr. Richard Coronel
Dr. Mayra Cruz
Dr. Matilde Díaz
Dr. Dlackdurn
Lorena Encalada
Dr. Juan Freire
Dr. Leonardo Gaona
Dr. Kleber Gavilanez
Dr. Ramiro Gómez
Dr. Vladimir Gómez
Dr. Graham
Sr. Alfredo Gualinga
Maria Guaman
Edison Gutiérrez
Dr. Mike Hardin
Dr. Patricio Hidalgo
Lic. Sandra Hidalgo
Mrs. Elvira Hinojosa
Octavio Huani

Dr. Galo Idrobo
Lic. Gloria Jaramillo
Dr. Franklin Jiménez
Dr. Jerry Koleski
Didier Lacaze
Lic. Ximena Lalaleo
Dr. Gerardo Lara
Dr. Ximena Larrea
Dr. Edna Llerena
Oswaldo Llianetz
Génesis López
Dr. Rodolfo López
Sra. Viviana López
Dr. Andrés Malisa
Dr. Steve Manock
Dr. Leonardo Márquez
Dr. Wilson Mendoza
Dr. Aracelly Merino
Dr. Marcelo Merizalde
Dr. Gustavo Molina
Sr. Ramón Moncayo
Dr. Edgar Mora
Dr. Lenin Moreano
Obst. Brenda Moya
Dr. Cecilia Nájera
Hna. Lidia Navarro
Dr. José Luis Naveda
Lic. Martha Núñez
Lic. Ana Parra
Dr. Luis Puing
Dr. Sonia Quezada
Dr. Marco Reinoso
Dr. Carmen Rengifo
Dr. Abdel Robayo
Dr. Rodríguez
Dr. Patricia Rodríguez
Dr. Javier Rosado
Obst. Elvia Salazar
Dr. Silvia Sancho
Lic. Yolanda Santa Cruz
Dr. Marco Santamaría
Aparicio Santi
Dr. Nelson Sigüencia
Dr. Lesnin Tapia
Efrain Tello
Dr. Soledad Toledo

Dr. Mónica Torres
Dr. Miguel Tufiño
Dr. Leonardo Vaca
Dr. Raúl Villacrés
Dr. María Villamagua
Dr. Rosario Villamagua
Od. Norma Villegas
Dr. Wilkinson
Tclga. Amada Zamarenda

MEXICO

Dr. German Tenorio Vasconcelos
Medical Director
Dr. Javier Pastrana
Medical Director
Dr. Oscar Castillo Morga
Medical Director, fmr
Dr. Martha Canseco Bennetts
Local Coordinator
Prof. Sandra Rivera Bennetts
Local Coordinator
Becari Language School
Clinica Betesda
Clinica Mexfam
Clinica Hospital Carmen
Cruz Roja Mexicana Del-egacion, Oaxaca
Dr. Consuelo Diego Cruz
Dr. Hilda Aquino Bolaños
Dr. Margarita Acevedo Cruz
Dr. Luis Florián Díaz
Dr. José Manuel Rodríguez Domingo
Dr. Oscar Raymundo Vargas Enríquez
Dr. Jacobo López García
Hospital Civil
Hospital De La Niñez Oaxaqueña
Hospital Del ISSSTE
Hospital Psiquiatrico La Cruz Del Sur
Dr. María De Lourdes López Leyva
Dr. Luis Eduardo Paz Méndez

Dr. Héctor Tenorio Rodríguez
Dr. Lucia Cordero Ruis
Secretaría De Salud, Oaxaca
Dr. Luciano Tenorio Vasconcelos
Dr. Claudia Diego
Dr. Gustavo Salinas
Dr. Samuel Mancera
Dr. Roberto Uribe y Maria Elena Marrufo Tenorio
Dr. Jorge Armenta
Dr. Jasmin Peña Baños
Dr. Marcelino Gijon
Sr. Norberto Gomez
Sr. Miguel Gutierrez Garcia
Dr. Carlos Hernandez
Enf. Miriam Luz Jimenez
Dr. Rolando Juarez
Dr. Raul Vasquez Lopez
Dr. Miguel A. Mendez
Dr. Alberto Merlin
Enf. Jasmin Dalia Nicolas
Quim. Leovigilda Olivera
Dr. Magali Martinez Olivera
Dr. Liliam Irasema Garcia Perez
Dr. Alfonso Echeverria Ramirez
Dr. Claudia Ramirez
Dr. Miriam Garcia Rojas
Sr. Miguel A. Ruiz
Dr. Alejandra Santaella
Dr. Marcelino Jarquin Vasquez

NICARAGUA

Jorge Alberto Huete Pérez

INDIA

Dr. W.S. Bharki
Medical Director
Dr. Sanjay Gandhi
Medical Director
Dr. Vimarsh Raina
Medical Director

Recollections:

CFHI from 1998 until 2007 in Quito, Ecuador

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



Dra. Alvear, standing far left

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)

Safeena Husain
Local Coordinator
Mayank Vats
Local Coordinator
Manish Kumar
Local Coordinator, SPYM
Shalini Vyas
Local Coordinator, SPYM
Dr. Sachin Salunke
Mr. Kingsley
Dr. Prakash Bora
Dr. P.D. Jagdale
Dr. Devendra Vohra
Dr. Satish Arolkar
Dr. Gaikwad
Dr. Ashok Mehta
Mrs. Kamlesh Sadarangani
Dr. Pratap
Dr. S.S. Gawde
Dr. Khanna
Dr. Sdarangani
Dr. Desai
Dr. Mishra
Dr. Ramesh
Dr. Mathur
Dr. Sanglikar
Mr. Ashok Raukavi
Dr. H.D. Patil
Dr. Deepak Kulkarni
Dr. Purohit
Dr. Mohite
Dr. Santosh Mhatre
Dr. Jitesh Mehta
Dr. Pankaj Bathla
Dr. Hemant Potnis
Dr. Naveen Ahuja
Dr. C M Arora
Dr. P C Banerji
Dr. N S Bisht
Mr. Rahul Bisht
Mr. Bhanu
Dr. Bhanu Pratap Singh
Dr. Rajeev Chopra
Dr. D P Gandhi
Dr. Nisha Gera
Dr. Rakesh Gilhotra
Dr. Prem Nath Goel

Dr. Anitha Jacob
Dr. K B Joshi
Dr. Rakesh Kalra
Landhor Community Hospital
Dr. T. Kamra
Dr. Anu Mathew
Dr. PH Manju
Dr. Rakesh Mittal
Dr. VP Mittal
Dr. U S Paul
Dr. Chandar Shekar Shar
Dr. Vipin Vaish
Dr. RS Goyal
Dr. Matthew Samuel
Dr. Samuel Jeevagan
Dr. Jacob John
Dr. Sunil John
Mrs. Reena Habil
Dr. Alope Prakash Acharya
Ms. Neeru Sharma
Dr. GS Rathore
Dr. RM Nair
Dr. Rukmani Nair
Dr. Arpit Jain
Dr. Amod Kumar
Dr. Deep Gupta
Mr. Francis Joseph
Mr. Philip
Dr. Nalin Nag

SOUTH AFRICA

Dr. Suren Naidu
Medical Director
Dr. Rajas Naidoo
Medical Director, fmr.
Shola Bechan
Local Coordinator
Michelle Peters
Sister Maseku
Phindile Xulu
Dr. Ross & Terena Khosa
Dr. Hoque & Sister S.B. Mdllalose
Dr. G. Ramjee
Dr. K.K. Govender
Fikile Ngema
Dr. K. Nair & Sister Beryl

BOARD OF DIRECTORS

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.

Gunjan Sinha

Board Chair
Chairman, MetricStream

Josh Pickus

Vice Chair
President & CEO, SupportSoft

Alan D. Biller

Treasurer
President, Alan D. Biller & Associates, Inc.

Laurie Price, PhD, MPH

Secretary
*Professor & Chair of Anthropology,
California State University, Hayward*

Ajoy Mallik, MBA

Venture Capital & Corporate
Development
TCS/TATA Consultancy Services

Marcia A. Hatch

Of counsel (pro bono), ex officio
Partner, Heller Ehrman LLP

Evaleen Jones, MD

ex officio, President/Founder &
Medical Director

Ellen Levy, PhD

Managing Director
Silicon Valley Connect

Steven E. Schmidbauer

ex officio, Executive Director

RETIRED FROM BOARD IN 2007

John Somoza, PhD

Vice Chair (fmr.)
Principal Scientist, Celera Genomics

Mark Edward Stinson, MD

Treasurer (fmr.)
*Clinical Attending Department of
Emergency & Family Medicine, Contra
Costa Regional Medical Center; Associate
Clinical Professor, University of California,
Davis, School of Medicine*

DONORS

(January 1, 2006 –
December 31, 2006)

We warmly thank the members of the CFHI community who support us financially—either through in-kind gifts of services or medical supplies, or through monetary contributions. Because of these gifts, we are able to amplify the impact our global service-learning programs make across the world in support of self-sustaining community building.

2006 SUSTAINING CONTRIBUTORS

(\$5,000+)

The Anbinder Family Foundation
Bernadette Aragon – Kaiser Permanente SF, French Campus
Alan D. Biller & Nancy T. Melton
The Christensen Fund
Jim Clark
James Conrad & Evaleen Jones, MD

Kathleen Conrad – Rotaplast International

John Garcia – Camino Medical Group

Google, Inc.

Heller Ehrman LLP

Hospital Militar Del Puyo

The IFSA Foundation Inc.

The Global Health Education Consortium (G.H.E.C)

Walter Land

Eric Leroux

Ashish Oberoi

Josh & Carey Pickus

Queen of Peace Catholic Church

Rudolph E. Futer Fund of the Community Foundation for Monterey County

The Estate of Eric Southwood

Wayne & Jessica Terhune

Tri-State Hospital Supply Corporation / Phil French

Volunteers for Inter-American Development Assistance (VIDA)

2006 MAJOR CONTRIBUTORS

(\$500 - \$4,999)

Howard Adler

Owen Anderson

John and Suzanne Anderson

Paige Barbieri

The Baretta Family

Yarema Bezchlibnyk

Carol Blankenship

Lisa Boohar

David C. & Diane C. Bradford

Ryan Braniff

Cindy Caplan

Kinsey L. Carpenter

Kane Clawson

Kathleen Conrad

Mary Cullen

Wayne Darnell & Susan Johnson

Dennis Chase

Clint Dillard

Mary Jane Dodd

Tom Dyeovich

Elsevier, Inc.

James Fernandez

Michael Flueckiger

Garrison-Randall, Inc

Genentech / Julie Wuest, MD

Franz M. Gutierrez

Thomas L. Hall, MD, PhD

Susan Hayes

Judith Hofelitz

Jerry R. Irvin

John E. Jansheski, DDS

Jenny Pollack

Lori Johnson

Katie Hutton

Arti Marian Kirch

Mark & Shirley Kirchen

Lynda Knight

Adarsh & Aarthi Kulshrestha

Eric Lantzman

Ruth Larkin

Ellen Levy

Sarah Lowey

Julia Machotka

Jacqueline Maddy

Kim McLennan

Kim McShea

Helen Mendoza

Anna Messner, MD & Robert Dees

Microsoft Giving Campaign

Ty Miller

New World Library

NORCAL Mutual Insurance Company

June E. Osborn, MD

Danielle Pipher

Polly Boissevain

Premiere Global Services, Inc.

Professional Hearing Care

Robert Rayburn

Arnon Rikin

Kelley Roots

Kristine Groth Samuelli & Jonathan Oneal Samuelli

Steven E. Schmidbauer & Martin

P. Herrick
 Contee Thompson Seely & Maggie Seely
 Ron Simmer
 David Simmons
 Gunjan & Shrawni Sinha
 Douglas Slye
 Scott Smith, MD
 John R. Somoza
 Jeffrey Sosnaud & Jean Curran, MD
 Irene Tinebra
 Alberto Torrico
 America's Travel
 UC Berkeley Alpha Chapter of Pi Beta Phi
 Ewen Wang, MD
 Stephen Yeung
 Thomas K. Zander
 Mr. & Mrs. Peggy & Lee Zeigler

2006 CONTRIBUTORS (Up to \$499)

James Adolphud
 Jean P. Alexandre
 Shira Amdur
 Denise & Dave Arellano
 Bruce & Jill Audley
 Mitali Baksi
 Jona Bandyopadhyay
 Joel Bartlett
 Tracey and Stephen Bartlett
 Mary Ruth Bedford, PhD
 Wendy Bennett
 James Beveridge - dedicated to Gordon Beveridge
 Teddy D. Bolivar & Mark A. Silva
 Dana Bolton
 John D. Bonvillian
 Beth Claire & Peter Brandon
 Rachel Brebach
 Thomas & Terese Brennan-Marquez
 Lane Brenner
 Alba & Carlos Caorsi
 Delia Carbajal

Cardinal Stritch University
 April & Jon Carlson
 Tom Channing
 Marlene L. Charley
 Anna-Mae Chin
 Donald & LaVerne Chong
 Kevin R. Clarke, MD
 Clarkstown Senior High School North
 Clorox Company Foundation
 Abigail Coburn
 Sandi Coe
 Gerri Cohn
 Gerri Cohn
 Mary Collins
 Simone Collins
 Sophia Cordon
 Thomas J. Costello
 Brooke Cote
 Dan Cushman
 Adam de Havenon Fund
 Mary B. Dekleva
 Demarty Productions
 Christopher L. Di Giacomo
 George M. & Stephanie DiGiorgio
 Dirk M. & Lisa Ann DiGiorgio-Haag
 Katrina Domingo
 Joseph Donia
 Delta L. Donohue
 Jo Anne Dorais
 Frederick Eid
 Janet and Stephen Eid
 Thomas Eid
 Veronica Marie Eid and Christine Tartaglia
 Arthur Eley
 Todd English
 Delia Escobar
 Joan Finkelstein
 Ruben Flores
 Michael Flynn
 Nancy Fonseca
 Joel Fram
 Dolores & Doug Freeman
 Jane T. Fuller
 The Gap Foundation

Joachim Thomas Garson
 Ryan Gately
 Christopher Gay
 Rosalie S. Gearhart & John H. Yob
 Ranjit and Anupa D. Gharpurey
 Matthew Gildea
 Martin Gillies
 Winnifred Gin
 Virginia L. Goeckner
 Kisla Gonzalez
 Loring K. & Susan Green
 Mary Griffith
 Melanie Groves
 Ksenya Gusak
 Elvin Gutierrez
 Maria Gutierrez
 Alfonso E. Guzman
 Tizita Habte
 Brent Hall
 David F. Halvorsen
 Alice J. Heun
 Irving M. Hirsh
 William Hirsh
 Timothy Holtz, MD, MPH
 Kim Huber
 Gwendolyn Humphries
 Indian Rock Casual Day Fund,
 Janifer Nolte & Patricia Rinkevich
 Nisha Jani
 Connie Jansen
 Karen Jefferson
 Terry Jew
 Lucinda John
 Scott Johnson
 Stuart Jones
 Just Give
 Hijiri Kameyama
 Emily Kang
 Harpreet Kang
 Kalle Kang
 Katherine J. Kelly
 Kevin Kelly
 Jack Kessler
 Evelyn Khan
 Edward R. Kirkland & Marjorie D. Kirkland

Kristin Kleidon
 Louise Klein
 Dorothy Knecht
 Andy Ko
 Ginger A. & Kevin Kohlbeck
 Patricia Koren & Robert Siegel
 Benjamin Kuchinsky
 Cathy Kwan
 Bharati Lahiry
 Erin Laird
 David & Gila Lane, MD
 Pegah Lavassani
 Jeansun Lee
 Kori Leman
 Tiffany S. Lim
 Christopher Lindsey
 Justin Lipscomb
 Anna J. Long
 Curtis Long
 Diane and Joseph Lopez
 Cindy Lui
 Ivan Lujo
 Jeanette Luthi
 Douglas MacFarlane
 Diamond Machicado
 Regina Mack
 Vonda L. MacPherson
 Danielle S. Madeira
 Erin Malec
 Alan Mandel
 Lorraine & Kevin Martinez
 Wilton Martinez
 Ashish Marwaha
 Kathryn Maxey
 Elizabeth McKendry
 Carol McKenna-Eid and Robert Eid
 William T. Benham Sr. & Barbara McKnight-Benham
 Kim McLennan
 Danielle McNamee
 Tatiana Meerman
 Shana R. Meerscheidt
 Christopher Mellor
 Judy & Mike Michalek
 Sandy Millay
 Mission Fish

Shenequa Lavette Mitchell & Della Mitchell
 Mukund Mody
 Beverly Moore
 Diana Morales
 Michele Moran
 Molly A. Moran
 Mario M. Morando
 Hannah Morgan
 Robert Morgan
 Kathleen B. Morrison, PhD
 Lynda W. Moulton & Fred Feyling
 Barbara A. Mugge
 Mullein Thorliefsen
 Thomas W. Mullen and Jane Willis
 Jeremy Murphy
 Mysore G. and Manjula Narayan
 Amy Neil
 Jerry Nelson
 Mary Ann Nepple
 Patricia Nepple
 Oliver F. Nery
 Catherine Neto
 Doris Newton
 Moh Ng
 George Nixon
 James O'Donnell & Michael Ginther
 Oscar Orellana
 AnaVictoria Pabellon-Braun
 Amarnath Pai
 Patricia J. Paoletta - in the name of Derek Paoletta
 Vilma Parise
 Camilo & Rosa E. Pastrana
 Daniel Pastrana
 Joan Patten
 Jill R. & Joshua J. Pettit
 Philip Philippides
 Kathy Picard
 Danielle Pipher
 Christine L. & Andrew Polywacz
 Chris Pond
 Thomas A. and Theresa Potenza
 Becky L. Quay
 Marc Rabner
 Narasanna Rajan
 Palmer R. Ramey Jr. & Madeleine L. Ramey
 Real Estate Alternatives

Susan Reardon
 David Rehrig
 Maryanne Reimer
 Dev Raj Rellan, MD
 Charles E. Rice
 Teresa & David Riggle
 Hannah Robson
 Candace J. Roman
 Abby Rovner
 Dennis Rowan
 Michelle Rudolf
 Holly & Al Saenz
 Anand Sahasram
 Julio Ricardo Salas & Judith Salas
 Maulik Sanghavi
 Michael Sankari
 Robert Sannicandro
 Santa Teresa Kaiser Permanente Hospital San Jose
 SAP Matching Gift Program
 Subir and Jaya Sarkar
 SBC Employee Giving/United Way Campaign
 Candace L. Schilling
 Carolyn M. Schmidbauer
 Joseph R. & Patricia H. Schmidbauer
 Ben Scott
 Kirby Settle
 Kimberly L. Sevy
 Dr. Tara & Indu Sharma
 Jane C. Shepard
 Barbara Sherman
 Victor Silva
 Swatantra Singh Naveen
 Jonathan Skinner
 Scott Smith, MD
 Smithtown Pediatric Group
 Irene Smock
 Thomas Srednicki
 Mark E. Stinson, MD
 Robert Strauss
 Dhiraj Talwar
 Annie Tan
 Nancy Tang
 Dena Taylor
 Ninfa D. Terceros
 The Hermes Foundation, Inc.
 The Lane Construction Corporation
 Timothy M. Mulligan Charitable

Fund of the Fidelity Charitable Gift Fund
 David Tomczek - in the name of David Scott
 Sorrel Tomlinson - in the name of David Scott
 B. Trenholme
 Maria Turney
 Neil Ulichney
 United Way of the Bay Area: State of California Campaign
 USA Carpet & Vinyl Sales
 Rosa Uyarra-Salcido & Joel Salcido
 J.P. Van Laere
 Enrique F. Veizaga
 Charlene Voge
 Amit Wadhwa
 Netar Wadhwa
 Ellen Walton
 Bala Warriar
 Sandra Weider & Michael Goldstein
 Tara Westfall
 Claire Whitfield
 Chris K. Whithood
 Desmond Williams
 Felicia B. Williams
 Madeleine Williams
 David H. & Rita Ann Wise
 Susan Wong
 Jone M. Wood & Marilyn Fabera
 Kathleen Wynne
 Cecilia Yen
 Steven Yi
 Yu Accountancy Corporation
 Thomas K. Zander
 Linda F. and Karl A. Zeidler

Steven Harris
Bookkeeper (fmr.)
 Evaleen Jones, MD
*President/Founder
 & Medical Director*
 Harini Krishnan
Recover Program Coordinator
 Amie Latterman
Outreach Director (fmr.)
 Betsy Fuller Matambanadzo
Program Director
 Hema Pandey
India Coordinator
 Nick Penco
Student Programs Coordinator
 Viviana Renella
Community Programs Manager (fmr.)
 Menraj Sachdev
*Program Development
 & Quality Manager*
 Steven E. Schmidbauer
Executive Director
 Polina Spivak
Bookkeeper
 David Tozer
Development/Outreach Manager
 Avril Whate
Africa 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

STAFF

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

Lena Dalke
Program/Office Assistant
 Becky Davis
Outreach/Alumni Coordinator

A Personal Overview of CFHI's Programs in India

By Hema Pandey, CFHI India Coordinator



Hema Pandey

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
Nicole 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 Kirkilas II, Spring 2006
Tiahui'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 Steigele
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 Fetic
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 Pourmasiha
Caryn DeLuca
Paula Newton
Donald Wickline
Lori Beurman
Amy Smith
David Koch
Martin Esken
Daniel Peters
Jona Bandyopadhyay
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 Yehezkel
Alexis Tran
Maureen Leonard
Brittany Leeman
Erin Luebs
Brandi Wimmer
Katherine Redmond
Megan Gard

Alycia Garcia
Maia Small
Toya Hester
Sarah Daniels
Cynthia Japhet
Corinne Shubin
Kristin Kleidon
Ashley McClure
Katherine Yarbrough
Jacqueline Shibata

Urban Rural Comparative Health

Lindsay Braun
Brock Niceler
Lauren Garabelli
Paul Garabelli
Jessica Schnur
Karrie Murphy
Candace Basich
Ritu Chitkara
Chanel Barnes
Ellen Kurkowski
Naomi Ross
Angela Singh
Jade Wulff
Dolly Penn
Adam Murtaza
Michelle Mergenthal
Amea Shah
Charis Venditti
Mullein Thorleifson
Susanna Tran
Jody Litrenta
Sarah Marie
David Markel
Linda Hunt
Christa Miller
Anne Renze
Clare Kelleher
Frank Madore
Neil Lall
Sireesha Achanti
Sara Schonfeld
Marissa Velez

Jasmine Dowell
Rebecca Karp
Diana Besleaga
Jenna Gaspar
Susan Herder
Vita Lamberson
Katie Legare
Jacqueline Shibata

Amazon Community Medicine

Martin Esken
Jennifer Orr
Lindsay Braun
David Smith
Shekhar Menon
George Martin
Amy Pandya
Craig Baden
Allen Chang
Clayton Smith
Jacqueline Ho
Bret Powell
Shara Volk
Claire Bennett
Sarah Marie
Patrick Kilday
Matthew Moher
Daniel Ross
Juliana Oliveira
Jason Hughson
Emily Schonfeld
Megan Dorsey
Kate McElwain
Ellis Mark
Amanda Mook
Brianna Bimson
Lukas AustinPage
Colleen Sweeney
Ann Granchelli
Jason Yan
Ethan Goodrich
Weili Chang
Paul De Marco
Michelle Solone

Jason Kang
Katie Legare
Elizabeth Dumford
Dominic Allain

INDIA

Introduction to Traditional Medicine

Seth Heckman
Martin Esken
Beth Saltzman
Marianna Borkovskaya
Christine Henneberg
Laura Hallstroem
Lisa Albanese
Aishani Patel
Pooja Shah
Mera Goodman
Emilie Vander Haar
Jennifer Alt
Jillian Buhler
Elizabeth Cherevaty
Aisha Manji
Ankur Shah
Laura Vanderaa
Insiya Essajee
Rajni Bhardwaj
Samantha Sharp
Michelle Rudolf
Eve Henry
Ellen Finney
Priya Kumar
Kyrra Moffatt
Monica Sondhi
Adnan Mustafa
Enrico Castillo
Silvina Pugliese
Sheena Ramdeen
Lisa Lange
Allison Acker
Elliot Palmer
Santisree Tanikella
Julie Fellows
Toby Bridgman
Cassandra Niemi

Hannah McLane
Jake Wardwell
Ravi Bhatia
Sumeer Thinda
Angela Burgess
Samuel Schwartz
Paramdeep Mand
Laura Sobieck
Maria Evola
Meredith Peters

Rural Himalayan Rotation

Michael Low
Kori Leman
Martin Esken
Sarah Davis
Avani Sheth
Blythe Belzer
Preetha Krishnan
Emily Gaukler
Kristine Holt
Dana Sirota
Katherine Stanley
Graeme Gallins
Mark Glasscock
Melanie Ward
Elspeth McTavish
Candice Seay
Robert Suppes
James Heckman
Sherie Horvath
Jason Brazelton
Michael Francavilla
Sonya Soni
Angela Lo
Michelle Olah
Amber Jones
Lindsay Pharmer
Ali Badday
Frank Pandolfe
Andrew Gross
Gregory DuPraw
Ayelet Rosen
Matthew Sweeney
Nitesh Gandhi

Hanmanth Neboori
 Carey Faber
 Danielle Gong
 Rachelle MeenachLigrano
 Deepti Aggarwal
 Rachel DeLong
 Aydin Cristina
 Lise Bondy
 Sidhartha Gupta
 Jennifer Li
 Katherine Fleming
 Ann Ngo
 Travis Omura
 Richard Ambler
 Kelsey Alexander
 Michael Wilkinson
 Kumar Gandhi
 Jean Philippe Wallach
 Peter Canning
 Courtney Wilson
 Eden Jones

Infectious Disease in Mumbai

Hitesh Shah
 Cassandra Lang
 David Proud
 Meghan Gehrett
 Benjamin Kase
 Cori McClatchey
 Jacob Bailey
 Katherine Cook
 Abhishek Sharma
 Natasha Kasbekar
 Leah Nchama
 Ramninder Dhillon
 Shailvi Gupta
 Heba Elzawahry
 John Fargo
 Sahera Dirajlal
 Alexis Mackleworth
 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 Ziats
 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 Kaplinski
 Courtney Thompson
 Abhishek Khemka
 Sukhjeet Singh
 Jesse Jung
 Emily White
 Eleanore 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
 Amit Patel
 Craig Mayr
 Sarah Tennant
 Daphne Bundros
 Kimberly Mungia
 Noah Vale
 Lara Vogel
 Lasse Giil
 Sasha Bluvshyteyn
 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
 Marci 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
 Claire Hoppenot
 Laura Kimeldorf

Priya Narapareddy
 Jessica Huang
 Courtney Mattle
 Robin Baweja
 Stella Xiao Jing Cai
 Susan Cheng
 Leo Thai
 Martha Kreiner
 Amit Wadhwa
 Amy Zimmerman
 Amber Willink
 Stephanie McClymont

MEXICO

Cultural Crossroads in Health

Ronald Galbraith
 Andrew Sides
 Ariel Seeley
 Ibarido 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
 Taneisha Grant
 Jakleen Labbad
 Maria Huang
 Meeghan Lautner
 Martin Gillies
 Chris Khamphoune
 Julie Turner
 Syd Long
 Jane Lee
 Rosa Marie Maiorella
 Emerson Chen
 Derek Yecies

Malasa Jois
 Anne Whitehead
 Matar Davis
 Elizabeth Tucker
 Lindsay Lough
 Roger Joe
 Nicholas Wysham
 Alice Teich
 Emily Grover
 Jacqueline Latina
 Erica Manteuffel
 Kim Sawyer
 Karen Zimowski
 Lily Kreimer
 Lindsey Young
 Michael Gerstein
 Laura Weins
 Michael Morgan
 Nimisha Doshi
 Jeffrey Goldberg
 Ryan Coon
 Audrey Barry
 Amy Feldman
 Kyah Fons
 Ruthanne Dahlheimer
 Carter Owen
 Erin Deegan
 Daryl McLaren
 Tamara Augustine
 Andrea Garland
 Matt Strauss
 Edessa Diaz
 Charles Colip
 Lindsey Stephens
 Anna Liebmman
 Lisa Zhao
 Terri Hannan
 Allison Gannon
 Kira Paisley
 Mailinh Vu
 Kiet Vu
 Jeremy Cree
 Christopher Geddes
 Cesar Favila
 Anna Liebmman
 Amy Coussens

Jennie Gould
 Lisa Zhao

Tropical Medicine & Rural Health on the Coast of Mexico

Tessa Steel
 Benjamin Deaton
 Kathryn Scharbach
 Erik Finlayson
 Micaela Ramirez
 Lisa Wilson
 Erica Peterson
 Jesal Patel
 Carissa Orizondo
 Daniel Okamoto
 Andrew Leinweber
 Christopher Thacker
 Dina Guijt
 Tara McColgin
 Samuel Neuhut
 Conrado Ordonez
 Lynn VanderWielen
 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 Ott
 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 Jamiolkowski
 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
 Taneka Taylor
 Rachna Wadia
 Joan Campbell
 Sarah Kuppenbender
 Kelly Bogart
 Ian Metzler
 Nahzine 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

Bonnie Larson
 Lucy Hansen
 Elaheh Vahabnezhad
 Riha Bhatt
 Tania Correa
 Andrea Tinio
 Eric Shelov
 Emmy Lawrason
 Maria Salinas
 Priya Naman
 Lisa Barnes
 Patricia Hobday
 Shwetha Ramachandrappa
 Jaclyn Czaja
 Ashish Marwaha
 Brittany Leeman
 Rachel Han
 Lois Chiu
 Laura Desrochers
 Elise Laflamme
 Minyoung Jang
 Graham Carlson
 Rachel Thomsen
 Tara Martin
 Vassilis Siomos
 Roxanne Sechler
 Michelle Turney
 Jeffrey SooHoo
 Marina Freudzon
 Maryam Janani
 Casey McClennan
 Hannah Morgan
 Candice Chipman
 Wendi Huestis
 Bess Tortolani
 Greggy Laroche
 Tiffany Shiau

Miquela Duran McConnell
 Pamela Barrios
 Robin Horak
 Katie Baker
 Paola Bueno
 Victoria Kim
 Noam Kopmar
 David Carlson
 Lauren Yarrow
 Ashley Wanless
 Joseph Burke
 Stephanie Tartaglia
 Sydney Vonk
 Susan Sotardi
 Jamie Keller
 Cheryl Nocon
 Nancy Yu
 Daniel Ross
 Karan Wadhawan
 Jennifer Foe Parker
 Rachael Williams
 Katie Carnahan
 Shelby Addison
 Karen Boston
 Maranda Lawton
 Justin Schwartz
 Erin Bird
 Joshua Langhorne

UC Davis Quarter Abroad – Oaxaca

Matthew Hamm
 Jesus Villegas
 Navpreet Kaur
 Abigail Augus
 Leah Sander

“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

Richard Coomes
 Jennifer Richardson
 Sara Garcia
 Monique Quiroz
 Abbey Wilson
 Wendy Mora
 Daniela Lopez
 Christine Chong
 Guadalupe Arreola
 Farrah Tehrani
 Ricardo Garcia
 Lauren Rettberg
 Diana De Vore
 Emily Riedy
 Alejandro Farias
 Ana Marin
 Everlyn Perez
 April Medina
 Stephanie Brown
 Hector Hernandez

Kaitlin Cruz
 Olga Vanessa Diaz
 Alejandra Vargas
 Mary Gallagher
 Josephine Chen
 Kristofer Wills
 Ianie Abebe
 Sandy Hernandez
 John Dreyer
 Adriana Caballero
 Elizabeth Phillips



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

Child Family Health International

995 Market Street, Suite 1104

San Francisco, CA 94103

Phone: 415-957-9000

Email: students@cfhi.org

www.cfhi.org

Copyright © 2007 by Child Family
Health International. All rights reserved.

Design by Kellie McCool © 2007