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AFRICAN HEALTH & HOSPITAL FOUNDATION

We Move Miracles. Lend A Hand.

Message from the Founders

THANKS TO ALL YOU FRIENDS AND SUPPORTERS OF AHHF:

The 2010-11 year was terrific, thanks to you!

We supplied a wonderful ultrasound unit to Shiyra Hospital in northern Rwanda, and prepared a full 40' container of materials for impoverished Longido Hospital in Tanzania which was manifest, packed and shipped from port in Baltimore on October 27th! The project was headed up by Barry and Mary Colacurci, with contributions from BJC Healthcare, SSM Health System, Global Health Ministries and TriMedx Foundation.

In addition we sent 1500 midwife kits to a Women's Clinic in the Kibera slums of Nairobi through American Friends of Kenya, and shepherded the refurbishing of an ambulance that is ultimately going to Guatemala (yes, we know that is not in Africa!-see article p. 3).

We also focused on activating the CT scanner that was donated to Arusha Lutheran Medical Center through AHHF, overcoming some unexpected obstacles with great persistence and help from our partners at Global Health Ministries and TriMedx Foundation. We replaced several circuit boards and supplied a refurbished octane computer for the machine, as well as some electronic protection devices to mitigate power surges that are ever-present in African power grids, despite advanced engineering. We are currently installing that computer and working with ALMC to schedule a final trip of the biomedical engineer to render the scanner fully operable.

We are still in need of some funding to finalize the Longido shipment, so please consider additional support personally or from friends and family to carry on the mission! (see financial performance, page 4.)



Fall AHHF Update

2011

The Longido Project

Board members Barry and Mary Colcacurci have a virtually familial relationship with the wonderful young man who was their driver on two trips to East Africa, Barnabas Petro Raphael (see picture below). Through their efforts, the village in which Barnabas was raised, Longido, Tanzania, is being transformed agriculturally and socially, and we have had the pleasure of working with Barnabas and the Longido District Hospital to improve the District Hospital.

AHHF assembled a 40' container of equipment from donations by BJC Healthcare, SSM Health System, Alberici Enterprises, St. Thomas Hospital (Nashville), TriMedx Foundation and Global Health Ministries. It included over 15 hospital beds and cabinets filled with supplies, a freshly refurbished x-ray unit, other valuable laboratory and surgical equipment which is currently being manifest, loaded and supplemented by Global Health Ministries for its journey to the village via Dar Es Salaam.

The Colacurcis hosted a fundraiser for this purpose, obtaining over half the necessary funds for the project, *but we still need your help to make transport and final delivery possible.* Barnabas was able to travel to their US home and assist with the fundraising. Jack and Kathleen Davis, Jill DiSalvo Rose, Vicky McMonagle, Jim Morrison and Jeff Rose helped prepare and load the equipment led by Rich Brown of BJC.

You can see why all of the District are excited to receive the supplies pictured (right); Dr. Budenu in Longido is anxious to receive everything from lab equipment and OR machinery to incubators and gurneys, suction devices and patient monitors. Many thanks to Larry McWhirter and BJC Healthcare who patiently stored materials to make this a reality.



Current conditions at Longido District Hospital, including terribly deficient surgical, delivery and patient ward environments. Below are the gifts from many via AHHF which will transform the hospital on arrival there before year end.



Equipment for Longido



Barnabas Petro Raphael



Barry Horn assumed his new role as Chairman of the Board of AHHF in early 2011, and under his leadership an ambulance donated by BJC Healthcare from Missouri Baptist Hospital (pictured right) which was completely refurbished and repainted. This was done in association with the Global Health Scholars (GHS) in Medicine Program of Washington University, the Sam Fox School of Design and Visual Arts and the Bioengineering School of Washington University.



Our alliance with Global Health Scholars was the result of Board Member Larry McWhirter's introduction to Melvin Blanchard, MD, and Basia Najarro of the GHS program in the early part of the year. Through this affiliation, Jeff Rose, MD addressed the residents in the program at their Grand Rounds, and the ambulance was donated. The vehicle was originally slated for the Lwalla Community Alliance in Kenya. Unfortunately, it was not usable in Kenya because of the steering column location. Vehicles in Kenya and Tanzania must have steering columns to the right as street passage is opposite that in the United States. Leave it to the doctors to forget that!

Not missing a beat the Global Scholars investigated sending the ambulance to Eritrea in northern Africa, which was not possible for diplomatic reasons (ascending all the way up to the President of Eritrea before exclusion), and subsequently to a Cancer Clinic in Guatemala, where GHS also serves the impoverished. Suntrup Ford of Kirkwood generously helped with labor and replacement of equipment related to the mechanics of the vehicle, the Sam Fox School of Design and Visual Arts rendered the new exterior of the vehicle perfect for Guatemala and recognition of the Global Health Scholars. The Washington University Bioengineering School refurbished the inner medical equipment for the ambulance, which is now awaiting final transport to Guatemala. A fundraising recognition event for the program and the ambulance ribbon cutting was held in September at Monarch Restaurant, courtesy of owner Aaron Teitelbaum where the participants were honored, with gratitude expressed by Chancellor Wrighton, Dr. Blanchard, Director of the Program, and Deans of the Schools of Engineering, Medicine Sam Fox of the Design and Visual Arts School named in his Honor.



The collaboration of AHHF with this wonderful program going forward is anticipated, and we are most grateful to all who have contributed to the success so far.



(L to R) Richard Brown, Larry McWhirter, Jill DiSalvo Rose and Jeff Rose accepting an award from the Washington University Global Health Scholars in Medicine for the ambulance project, on behalf of AHHF, at Monarch Restaurant, September 2011.

Above are the original ambulance from BJC Healthcare, the refurbished ambulance after generous donations from many as prepared by AHHF and Global Health Scholars for use by the Cancer Clinic in Guatemala (see following article), and at bottom is a look inside the vehicle with equipment supplied by BJC and refurbished by the Bioengineering Students and Engineers Without Borders at Washington University. Richard Brown, Manager of the BJC Warehouse is seen examining the back of the ambulance, and he was extremely instrumental in evaluation, refurbishing and preparation of the vehicle.

Washington U. medical scholars make international impact

[BY CYNTHIA BILLHARTZ GREGORIAN](#)

[Saint Louis Post-Dispatch](#)

SEPTEMBER 12, 2011 - Sara L. Bollinger, the Global Health Scholars Coordinator for Washington University's School of Medicine, stands near the back of an ambulance that will be sent to a cancer hospital in Guatemala after being redesigned and stocked with retrofitted medical equipment by Washington University engineering students, medical residents and art students. Photo by Johnny Andrews | jandrews@post-dispatch.com

Hannah Otepka remembers when people in a rural village in the state of Tamil Nadu, India, would line up outside the mobile health clinic. It was 2006, and Otepka, a third-year medical student at Creighton University, and her colleagues did the only thing they could — they handed four ibuprofen pills to each patient and sent them on their way. "I knew we'd relieve their pain for the day but that was it," Otepka said. "There was



no work-up or treatment to fix what was really happening. I remember thinking we weren't really making a huge impact on health care, that there had to be a better way."

Fast-forward five years to a recent afternoon. Otepka, now a resident in internal medicine at Washington University, stands beside an ambulance outside a warehouse in Fenton. One day soon, maybe in December, she says, she or other members of the university's Global Health Scholars in Internal Medicine will head to Guatemala — with the ambulance — to treat patients. This time, they'll be armed with more experience in treating patients, and when they leave the Central American country, the ambulance will stay behind.

Refurbishing the ambulance and medical equipment for InCan, a cancer hospital in Guatemala City, is the scholars' first project. It will be fully stocked with supplies and equipment, including used EKG machines, defibrillators and blood pressure monitors that have been re-outfitted and repaired by WU's Engineers Without Borders. And Suntrup Ford donated about \$12,000 in mechanical services. InCan will use the ambulance for emergencies and for transporting cancer patients to and from treatments.

"A lot of cancers in Guatemala progress to a point where people are often disabled by the time they're diagnosed," said Otepka. "Screening and diagnostic tools aren't as good there, and it often takes people in rural areas days to get to a doctor or hospital." The patients in India were seared

in Otepka's mind last year when she and fellow residents Laila Saied and Rachel Kilpatrick created the scholar program as a way to establish ongoing and sustainable relationships with health care providers in developing nations.

The program offers residents an opportunity to treat refugees and immigrants at clinics such as Family Care Health Centers and Casa de Salud, to learn from experts in international medicine through workshops and conferences and to practice medicine abroad for a month. In addition to working in Guatemala, they'll visit hospitals and clinics in Bhutan, Eritrea, Honduras and India and hope to add Japan and Peru soon. The countries are chosen based on faculty members who have established connections with those countries or done extensive research on them.

SOMETHING EXOTIC

The ambulance, a 2001 model, was retired from Missouri Baptist's Sullivan Hospital several years ago. It had been parked in BJC Health Care's warehouse in Fenton. A new ambulance can cost between \$100,000 and \$300,000, said Richard Brown, clinical asset coordinator for the warehouse. Typically, they're retired after six or seven years, when they've accumulated 150,000 to 300,000 miles. Most are still in working condition at that point.

The artwork on the ambulance hints at something exotic. The program's logo, a globe emblazoned with international flags and wrapped with a stethoscope, is attached to the side panels. A pale blue and yellow diamond pattern covers the entire back door then wraps around beneath the logo.

"Those are the colors of the Guatemalan flag, and the diamond pattern is indigenous to the country," Otepka said. According to Sara Bollinger, coordinator of Global Health Scholars in Internal Medicine, the ambulance was initially destined for Tanzania or Eritrea through the African Health & Hospital Foundation. But political issues prohibited the foundation from getting the ambulance into those countries. In addition, their roads and telecommunications systems probably wouldn't support it, Bollinger said. So the foundation contacted the scholar program and asked if they'd have use for it.

At the same time, Engineers Without Borders was looking for biomedical projects to work on. "So we came up with the idea of taking out-of-commission equipment and re-outfitting it and then taking it to other countries and teaching engineers and health care workers in those countries how to maintain and repair it," said Ashley Williams, an engineering student. "That's when we decided to hook up with the Global Health Scholars." The scholars are not paid for their services, but Otepka says they gain something more valuable than money — personal and professional growth. "We learn how to think outside the box as physicians," she said. "If you don't have blood work and diagnostic testing, you rely more on physical exams. You become a lot more open-minded and aware of the resources that we have here and not to abuse them just because we have them."

In 2009 we had cash contributions of \$102,852

and

In-Kind contributions of \$1,873,116 (mostly equipment!)

Over 97% of cash donations went to accomplishing the mission--we incurred less than 3% of expenditures for overhead and have no staff salaries.

We are profoundly grateful to all of our donors, volunteers, partners and Board Members for pitching in to make this wonderful work a reality.

Our IRS 990 submission for 2010 is in final stages right now and shows similar distribution of funds to projects, so rest assured that for every dollar you provide for these life-giving projects, 97 cents go directly to the mission of providing medical equipment and services to those in need in East Africa.



One of many orphan children we visited in Rwanda with TriMedx Founder Greg Ranger and his family.



Jack and Kathleen Davis fill cabinets going to Longido with disposable medical supplies prior to shipment via GHM to Tanzania at the BJC warehouse. Richard Brown, warehouse manager is performing the very important task of watching Jack work.



The ultrasound technologist at Shiyrá Hospital, Rwanda with her new AHHF/TriMedx provided sonography unit.



Richard Brown, warehouse manager at BJC on his second favorite vehicle loading the truck for GHM, while Jeff Rose performs the very important task of taking Rich's picture..



Co-Founder Jill DiSalvo Rose with pediatric patients at Rinkwavu Hospital in Rwanda



Board Members Carol Weisman (L), Mary Colacurci (R) and Annie Horn (M), daughter of Board Chair Barry Horn, in Musanze, Rwanda

TriMedx ED Tim Moss (R) with Presidential hopeful Newt Gingrich (L) in Kigali, Rwanda

