



SIXTY YEARS OF SERVICE

Direct Relief International Annual Report 2008

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COVER PHOTO: Brett Williams
A pharmacist dispenses prescriptions from the Afghan Institute of Learning's clinic in Kabul, Afghanistan.



DIRECT RELIEF ARCHIVES

Direct Relief medical supplies arrive in Addis Ababa, Ethiopia in 1984.

Sixty Years of Sweeping Changes, Human Constants

Direct Relief International was founded in the aftermath of World War II with the simple aim of helping people in postwar Europe who were living under tremendous hardship. They were caught in challenging circumstances, as history moved forward on a hopeful path from a dark period.

Since that time, the accelerated march of progress—in science, technology, communications, health care, agriculture, and economics—has been remarkable and worldwide in scale. The global tide of the human condition has risen, as measured by child survival, access to food and water, longevity, prosperity, and educational opportunities.

But humanitarian challenges persist. Poverty and poor health still reinforce each other, creating tremendous obstacles for an estimated one billion people. Those who are poor get sick, stay sick longer, and die earlier than those who are not. And people who are sick tend to become poor because they cannot work and spend whatever they may have trying to access health services that are frequently sub standard.

Amid the sweeping changes of the last 60 years, Direct Relief has remained focused on helping those caught in the undertow of history's rising tide. In 1948, our war-refugee founders William Zimdin and Dennis Karczag provided—initially with their own funds—food, clothing, and medical aid to people living through the difficult period of postwar recovery in Europe. They recognized that private efforts were crucial to reach beneath the large-scale government-led rebuilding programs underway.

Today, Direct Relief's assistance is focused on health, bringing medical and financial resources (including essential medical products donated by many of the world's leading healthcare companies) to health professionals serving impoverished people in communities around the world. All these resources are provided through donations from private parties, not government grants. In areas where governments and global markets are either unable or unwilling to engage, these efforts are essential to improve the health of people who are sick or hurt.

Despite the changed circumstances, location, scale, and techniques of our work, the humanitarian focus and attention to the efficient use of resources have remained constant. So too has the approach of supporting local efforts in a respectful manner and without regard to race, ethnicity, politics, religion, gender, or ability to pay.

Sixty years later, the simple goal of enabling people to live healthy, productive lives—regardless of the circumstances into which they are born or find themselves—remains a powerful incentive. The tremendous improvement in overall living standards creates a sharpened humanitarian imperative to assist those whose lives remain threatened by sickness, disease, and injury that can be easily diagnosed and treated.

This report is dedicated to the generations of unpaid volunteers whose energies and generosity have fueled Direct Relief International for the past 60 years, including the exceptionally devoted individuals who have so generously served with distinction on the Board of Directors.

Message from the Chairman and the President & CEO

On the occasion of Direct Relief's 60th anniversary, we are pleased to submit this report concerning our organization's activities and finances for the fiscal year ending on March 31, 2008.

The world has undergone profound change since 1948, and so too has our organization. Unchanged, however, is that many people are born into deep poverty or pushed by disasters or historic events into situations in which they face tremendous challenges to their lives, health, and future prospects. Similarly unchanged is our organization's humanitarian mission to help people in such situations.

We are pleased to report that last year, in a tough economy, Direct Relief's humanitarian assistance provided more help, to more people, in more places than at any time in our history. Overall, our assistance programs increased by over 50 percent—funded entirely with private support. Our dedicated Board of Directors and Advisory Board, in addition to devoting thousands of hours to the organization, also demonstrated tremendous personal generosity through their financial support.

We also are pleased to report that all fundraising and administrative expenses incurred during the year were paid by the Direct Relief Foundation, the supporting organization established to manage bequest proceeds, provide financial stability, and finance rapid emergency response and other key initiatives when no other funding exists.

The Foundation is managed by its own Board of Trustees, which is, in turn, controlled and directed by the Board of Direct Relief International, who authorized transfers to enable immediate responses to humanitarian emergencies in Peru and Kenya without jeopardizing other planned activities. In addition, Foundation transfers allowed us to self-finance a crucial information technology upgrade that is necessary for efficient, precise management of complex operations on a global scale.

Because fundraising and administrative costs were fully covered by bequest proceeds in the Foundation, 100 percent of all donors' contributions were devoted to our humanitarian programs described in this report. The highlights of our program

work included, in Kenya and Zimbabwe, stepped-up assistance to provide life-saving anti-retroviral therapy to thousands of patients with HIV/AIDS, new partnerships to train the first generation of health workers in Southern Sudan, and the broad distribution of HIV test kits worldwide to improve public health responses. We continued to support national Vitamin A blindness prevention programs in El Salvador and Nicaragua, and launched a large-scale response including vaccines to Peru following the devastating earthquake in August. In Asia, ongoing support to excellent partners in Cambodia, Laos, India, and Sri Lanka ensured improved access and better quality health services for millions of people living in poverty.

Our efforts to strengthen the health safety net in the U.S. also grew substantially, in partnership with 1,000 community-based health centers and clinics nationwide and two dozen healthcare companies. From a small pilot, this effort grew to a \$61 million program that furnished 3.5 million prescriptions for low-income, uninsured patients last year.

Our 60th anniversary has renewed our deep commitment to service. In the most efficient, respectful, and productive manner possible, Direct Relief will continue to serve people whose lives and health are threatened by poverty, disease, or natural disaster.

Please accept our heartfelt thanks for your interest and involvement in the work of Direct Relief.



Stanley C. Hatch
STANLEY C. HATCH,
Chairman



Thomas Tighe
THOMAS TIGHE,
President & CEO



International Programs

Health has intrinsic value for every person. It is essential for people to learn, work, and make a living. Sick people cannot work, and they become poor or stay poor, and people who are poor are at higher risk of getting sick. Access to quality health services is integral to creating positive change for people stuck in this cycle.

Direct Relief's aim is to strengthen existing, fragile health systems that serve people stuck in this cycle. We work hard to ensure that the healthcare professionals in impoverished communities worldwide are able to maintain, expand, and improve health services to people.

In turn, the people served have a better chance to survive, become healthy, and realize their inherent human potential.

While working to strengthen basic health services in resource-poor areas, Direct Relief places a high priority on: programs serving women and children, primary health care, activities that address HIV/AIDS prevention and care, and responding to emergency situations.

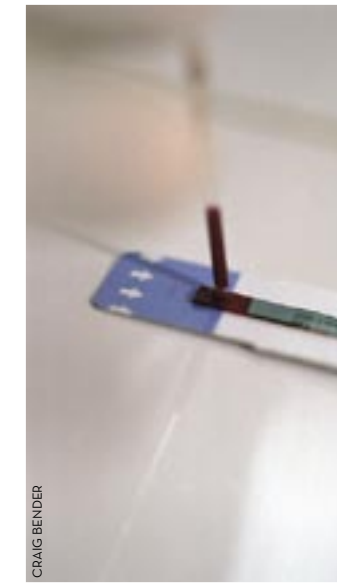
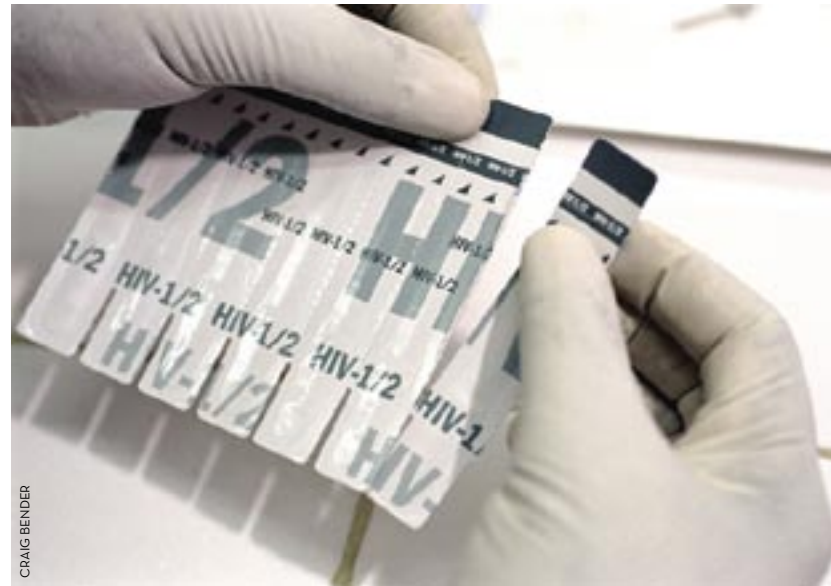
Breaking the Cycle

Helping expectant mothers protect their babies



“THIS PROGRAM, ALONG WITH DIRECT RELIEF’S ANTIRETROVIRAL THERAPY DRUG PROGRAM WHICH BEGAN LAST YEAR, REPRESENTS A HUGE LEAP FORWARD IN OUR ABILITY TO HELP LOCAL HEALTH PROVIDERS IDENTIFY AND COMBAT HIV ACROSS THE GLOBE.”

- Thomas Tighe, Direct Relief International President & CEO



Every 48 seconds, a child is infected with HIV, the virus that causes AIDS. This is a profound human tragedy whose primary cause is preventable. Without medical intervention, the chance that a mother will pass along the virus to her child is as high as 30 percent, but with proper testing and therapy, this chance can be nearly eliminated.

Direct Relief and corporate partner Abbott are working to eliminate the barriers to the testing of pregnant women for HIV in countries where mothers and their children face the greatest threat. In 2007, Direct Relief began distributing free, Abbott-donated Determine® HIV rapid test kits. Sixty-nine developing countries are eligible for the program, including all countries in Africa, where the burden of HIV is heaviest.

Abbott began distributing the free test kits internationally in 2002. This past year, Abbott approached Direct Relief to run the program because of Direct Relief’s track record of delivering needed supplies to those who can do the most good with them.

“This program, along with Direct Relief’s antiretroviral therapy drug program which began last year, represents a huge leap forward in our ability to help local health providers identify and combat HIV across the globe,” said Thomas Tighe, Direct Relief President and CEO.

The test is quick—results take 15 minutes—and requires no electricity or water, making it ideal for areas that may lack steady access to either resource. If a pregnant woman tests positive for HIV, the healthcare provider can take the necessary steps to prevent the baby from being infected with the virus.

Between 2002 and 2007, Abbott donated more than 9.8 million rapid HIV tests to prevention programs throughout the developing world. Over 7.7 million pregnant women have been tested with Determine®, and 855,000 of those women tested positive for HIV. Two million spouses and children of the pregnant women tested were also screened.

In many developing countries, Direct Relief works closely with ministries of health and other major healthcare networks running prevention of mother-to-child transmission (PMTCT) programs to distribute the test kits. The Rwandan Ministry of Health, one of the first to subscribe to the program, has already tested 750,000 pregnant women.

In Kenya, where UNAIDS estimates 8.3 percent of adult females are HIV positive and 117,000 children under the age of 14 are infected, Direct Relief partner Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) has tested 177,000 expectant mothers, 8,600 of whom were HIV-positive.

Thanks to Direct Relief and Abbott’s partnership, HIV-positive women will have the chance to protect their children from this devastating virus.



“COUNTER TO THE CONVENTIONAL AMERICAN UNDERSTANDING OF THE TERM, HOSPICE CARE IN AFRICA IS NOT ONLY CONCERNED WITH THE CARE OF THE DYING BUT ALSO WITH PATIENTS UNDERGOING TREATMENT WHO HAVE THE POTENTIAL TO RETURN TO LIVING NORMAL LIVES.”

– Dr. Mike Marks, Direct Relief Africa Medical Advisor

Living with HIV/AIDS

Hospice and palliative care bring dignity to Africans with terminal diseases

An estimated 22 million people in sub-Saharan Africa live with HIV/AIDS, and for many of them access to the long-term care necessary to combat the virus is lacking. Stigma, noncompliance, and access to specialist care and medicines all impede treatment.

For these patients, hospice and palliative-care groups represent key providers of care. These dedicated groups focus on traditional end-of-life care and, increasingly, treatment to prolong and improve the quality of patients' lives. Hospices—serving patients who usually have no income and are very poor—typically lack financial and basic material resources to enhance and expand their desperately needed services.

“Counter to the conventional American understanding of the term, hospice care in Africa is not only concerned with the care of the dying, but also with patients undergoing treatment who have the potential to return to living normal lives,” explained Dr. Mike Marks, Direct Relief's Africa Medical Advisor.

Direct Relief has forged partnerships with the Foundation for Hospices in Sub-Saharan Africa (FHSSA) and the Hospice Palliative Care Association of South Africa to help provide needed resources. In Fiscal Year 2008, Direct Relief provided close to \$1 million (wholesale) worth of material, representing 467,793 courses of treatment, to hospice partners in Kenya, South Africa, Uganda, and Zimbabwe.

These groups provide an array of home-based care services. In addition to caring for patients, they provide care for family members who may be watching over a sick loved one, as well as placement services and care for orphaned children. In the past year, hospice and palliative-care organizations have also begun furnishing antiretroviral drugs to patients with HIV/AIDS.

On May 15, 2007, Direct Relief participated in the launch of the Diana Legacy Fund, in San Diego, California. The charity, which honors the memory of the late Princess Diana, was established to help bring comfort and solace to the dying and their families in Sub-Saharan Africa. The Diana Legacy Fund supports the work of FHSSA. At the dedication ceremony, Direct Relief President and CEO Thomas Tighe spoke alongside Nobel Laureate Archbishop Desmond Tutu about the importance of palliative and hospice care in Africa.

Cornerstones of Recovery

Clinical officer training helps to rebuild Southern Sudan's healthcare system

The graduates of the clinical officer training program in Southern Sudan are the cornerstones of recovery for the region's health system, which has been decimated by decades of civil war.

The need for trained health workers in Southern Sudan is great: Almost 20 years of continuous war has led many of the surviving health professionals to flee the country. It is estimated there are only nine doctors for every 100,000 people. Clinical officers trained to provide diagnosis and treatment and conduct basic surgical procedures are helping to fill the void.

Direct Relief has joined with African Medical and Research Foundation (AMREF) to address Southern Sudan's priority healthcare infrastructure needs. This year, Direct Relief committed \$192,000 to sponsor 30 clinical officer students at the National Health Training Institute (NHTI) in Maridi. Students began their coursework in January 2008. The program is open to Sudanese nationals who have met preliminary health worker qualifications. Students from different ethnic groups and remote areas are actively recruited for the program, which pays for tuition, room and board, insurance, a personal stipend, and transportation. After completing the three-year course, graduates intern for a year at one of seven hospitals and are then required to work in their home communities for three years.

“The human resources for health crisis in Southern Sudan is severe,” says Dr. Peter Ngatia, AMREF Director of Capacity Building and Human Resources for Health Development. “In the next five years, it is projected that this country, which has known no peace since independence from Britain in 1956, will need 1,500 clinical officers—a tenfold increase of the current production of NHTI, the only clinical officer training school. We may not be able to achieve this, but with the generous support of Direct Relief we will double the production in the next two years.”



Maridi County Hospital, within walking distance of the training institute and also supported by AMREF, has the potential to become an ideal teaching facility for the students of NHTI, but it is woefully ill equipped. To help outfit the hospital and its satellite rural clinics, Direct Relief provided medical supplies, equipment, and pharmaceuticals worth \$230,000 (wholesale) in November, including exam tables, hospital beds, otoscopes, stethoscopes, and autoclaves.



“IN THE NEXT FIVE YEARS [SOUTHERN SUDAN] WILL NEED 1,500 CLINICAL OFFICERS—A TENFOLD INCREASE OF THE CURRENT PRODUCTION OF NHTI, THE ONLY CLINICAL OFFICER TRAINING SCHOOL. WITH THE GENEROUS SUPPORT OF DIRECT RELIEF WE WILL DOUBLE THE PRODUCTION [OF NHTI] IN THE NEXT TWO YEARS.”

– Dr. Peter Ngatia, AMREF Director of Capacity Building and Human Resources for Health Development



DANIEL ROTHENBERG

Innovative Programs Feed Hope

Angkor Hospital for Children in Cambodia works to end rampant malnutrition

The smell of cooking fills the air in the courtyard of the Angkor Hospital for Children (AHC) in Siem Reap, Cambodia, where patients' relatives are preparing lunch under the watchful eye of a nutritionist. It is part healthy-cooking demonstration, part outdoor classroom, functioning as a cafeteria—all part of an innovative, comprehensive program to combat one of Cambodia's most pressing health issues: malnutrition in children.

The U.N. estimates that 45 percent of children under the age of five in Cambodia are underweight and malnourished. AHC's patients reflect this grim statistic. Common pediatric cases include dengue fever, dysentery, tuberculosis, HIV/AIDS, malaria, and intestinal parasites. But 66 percent of children are admitted for malnutrition and dehydration, with 10 percent of those cases severe and life threatening.

Established in 1999, the nonprofit AHC is a key resource of specialized pediatric care in a country with a proportionately large number of young people. The hospital's outpatient clinic treats 300 to 500 children a day. It has 24-hour emergency service, is one of two teaching hospitals in the country, and also provides inpatient care, intensive care, and surgical procedures. Staffed by Cambodians and visiting expatriate volunteer health professionals, the hospital has



“MALNUTRITION IS THE CAUSE OF MOST HEALTH PROBLEMS FOUND AMONG CAMBODIAN CHILDREN. AS A NURSE EDUCATOR, I’VE SEEN FIRSTHAND THE IMPORTANCE OF THE NUTRITION AND TRAINING PROGRAMS AT AHC.”

- Manila Prak, Angkor Hospital for Children Nursing Education Coordinator

developed the nationally approved protocols for managing pediatric HIV/AIDS cases. Patients are treated for free if they cannot pay.

While AHC serves a crucial role in pediatric medical care, the nutrition program is aimed at reducing the need for medical intervention related to malnutrition. Direct Relief, in partnership with Abbott and AHC, is working to advance this goal. Since 2003, Direct Relief has provided more than \$2 million (wholesale) in medical material support to the hospital, including Abbott-donated nutritional and rehydration products to complement the nutrition program, as well as anti-infectives, pharmaceuticals, and equipment that the hospital requested.

AHC's staff includes a nutrition-education nurse, a demonstration cook, and a gardener. The AHC team has taught 3,000 families about better nutrition, trained 270 health professionals, and conducted health assessments for more than 135,000 children. AHC has trained numerous Cambodian medical, nursing, and management personnel, many of whom it now employs. Abbott provides medicines and nutritional supplements that help patients regain basic health and funds ongoing programs that teach families and children to grow, cook, and eat foods that will keep them healthy and well nourished.

As Cambodia rebuilds a health system, which was decimated by the Khmer Rouge regime, Angkor Hospital for Children has become a source of hope for improving pediatric care throughout the country.

“ENOUGH FOOD WAS PROVIDED FOR ME AND MY GRANDCHILD, AND THE FOOD WAS MUCH BETTER THAN MY FOOD AT HOME: VEGETABLES, MEATS, FRUITS, AND DESSERTS. EDUCATION WAS GIVEN ABOUT MALNUTRITION SO I CAN FEED MY GRANDCHILD PROPERLY.”

- Sorn Rai, AHC patient and grandmother



COURTESY OF AHC



DR. ELIZABETH DUARTE GÓMEZ

Vivir Con Diabetes

At the forefront of healthier lifestyles in Bolivia

SINCE 1982, DIRECT RELIEF HAS PROVIDED OVER \$6.8 MILLION (WHOLESALE) IN MEDICAL MATERIAL ASSISTANCE TO BOLIVIA. EL CENTRO VIVIR CON DIABETES HAS BENEFITTED FROM OVER \$1.3 MILLION OF THAT AID.

Nineteen million people are estimated to have diabetes in Latin America and the Caribbean according to the International Diabetes Foundation, and that number is expected to double to 40 million by 2025.

As daunting as these statistics are, the day-to-day reality of living with diabetes in an area without adequate care is far worse. Fortunately, many health complications related to diabetes can be minimized or eliminated through early detection and changes in daily lifestyle.

In Bolivia—where 4.8 percent of the population is diabetic—the nonprofit El Centro Vivir Con Diabetes (CVCD) works at the forefront of diabetic care in the city of Cochabamba, where CVCD estimates 9.4 percent of adults are suffering from diabetes. For seven years, the clinic has focused on lifestyle education and nutritional counseling along with providing

treatment for the most common diseases that accompany diabetes. By offering extensive health education and promoting healthy eating habits, the clinic works against the lifestyle trends that increase the incidence of diabetes. Outreach services strive for early detection and diagnosis, and the main clinic provides complimentary treatment for those who have developed related visual, neural, and circulatory problems.

Direct Relief has supported CVCD since its inception with primary care medicines and medical supplies that aid the treatment of diabetes-related conditions. Abbott has come to CVCD's aid with blood glucose meters and test strips critical to early detection and monitoring, allowing for control of the disease through regular clinic visits and education. The company's philanthropic foundation has also provided cash grants to bolster the clinic's outreach services.

With this support, CVCD has gone mobile. Over 13,000 people have been screened for diabetes in eight of the nine major Bolivian cities by clinic staff in the last four years. Of those screened, CVCD discovered that 7.9 percent had previously undiagnosed cases of diabetes. Those diagnosed learned then how to properly manage their diabetes, and by living healthier lives, they have less impact on an already financially strapped public health system.

In addition to screenings, CVCD has distributed printed materials explaining diabetes management, conducted group and individual disease education using Abbott-contributed glucose meters and strips, and trained 604 health professionals (doctors, nurses, and pharmacists) on the latest diabetes detection and treatment methods.



“THE HAPPINESS WE FEEL AT BEING ABLE TO GIVE TO THOSE IN NEED, WITHOUT WORRYING ABOUT WHAT IT COSTS, IS INDESCRIBABLE. DIRECT RELIEF PROVIDES MATERIALS FOR QUALITY CARE.”

- Dr. Elizabeth Duarte Gomez, El Centro Vivir Con Diabetes Founder and Director



DR. ELIZABETH DUARTE GÓMEZ

CVCD staff conducts diabetes tests during one of its outreach and detection campaigns to the province of Cliza, Bolivia. Educational talks and medical literature about diabetes are also provided to communities visited.

Domestic Programs

Nonprofit, community-based health centers and clinics are the main point of access for health services for over 15 million U.S. residents. The majority of these patients have low incomes, and 40 percent have no health insurance. These centers and clinics are located in areas of high need, focus on prevention and primary care, and collectively constitute a significant portion of the country's health safety net. Access provided by these health centers is essential for low-income people, and the care is cost-effective and serves larger public-health goals. Without these centers, already strained hospital emergency rooms often are the only alternative.

Among the many challenges that confront both health centers and their uninsured patients is access to prescription medications. In partnership with health centers, clinics, and healthcare companies, Direct Relief is addressing this challenge. The result is a rapidly expanding program through which Direct Relief provides medicines and resources to nonprofit clinical providers for the benefit of low-income, uninsured patients.

In Fiscal Year 2008, Direct Relief provided 3.5 million prescriptions (valued at \$61 million wholesale) to more than 1,000 clinic sites in all 50 states. Having built a system for the efficient, reliable, and secure provision of needed medicines for uninsured patients, Direct Relief is working to further strengthen the safety net that catches the millions of working poor at risk of falling through the cracks.

The evolution of this domestic program also has highlighted the importance of involving health centers and clinics in emergency planning, preparedness, and response. Future efforts are aimed at expanding prescription assistance and improving emergency response coordination among clinics and health centers nationwide.



Injecting Resources Into Safety-Net Clinics

Providing insulin to Americans with diabetes



NEARLY ONE THIRD OF NONELDERLY U.S. ADULTS WITHOUT INSURANCE HAVE AT LEAST ONE CHRONIC CONDITION.

— *Annals of Internal Medicine*, Vol. 149, No. 3



“WE REJECT THE NOTION THAT IF YOU’RE POOR AND UNINSURED, IT’S ACCEPTABLE THAT YOU DON’T GET THE CARE AND MEDICINE YOU OR YOUR CHILD NEEDS. WE SERVE PEOPLE WHO AREN’T SERVED BY MARKETS OR GOVERNMENT.”

— Thomas Tighe, Direct Relief International President & CEO

Diabetes is a chronic condition that affects about 5.5 percent of the U.S. population. At the nonprofit federally qualified health centers with which Direct Relief partners, the number jumps to 6.2 percent of all patients—over 900,000 people.

Patients at these health centers and clinics, in addition to having higher incidence of diabetes, also disproportionately live in poverty (over 54 percent, compared to 12.5 percent nationally) and lack health insurance (40 percent, compared to 15.3 percent nationally).

Direct Relief’s domestic program with partner clinics helps people stuck in the difficult situation of lacking either insurance or the means to obtain medications, including those needed for chronic conditions such as diabetes.

So when sanofi-aventis offered Direct Relief a donation of more than 17,000 cartridges of its insulin product Lantus, a medication commonly used to treat diabetes, it was a welcome contribution.

“YOUR DONATIONS MEAN [OUR PATIENTS] DON’T HAVE TO SACRIFICE OR MAKE A DECISION WHETHER TO EAT OR BUY MEDICATIONS.”

— Jean Diebolt, Hope Project Medical Director, Tenaha, Texas

“With so many diabetic clients, this free offer is of tremendous assistance,” said Veronica Flores of the Sierra Health Center in Fullerton, California. “Thank you for your continuous support to ensure the health of underserved, indigent patients in our community.”

Across the U.S., Direct Relief provided 65 of its partner clinics—serving a combined 670,000 patients annually—with the donated insulin, valued at \$520,000 (wholesale).

“I cannot begin to tell you how important this is to our clinic,” wrote Jean Diebolt, medical director at the Hope Project in Tenaha, Texas. “The nearest place for patients to get prescriptions filled is 10 miles away. Some of the patients do not have transportation or funds to afford the meds. If not for Direct Relief, some would be seriously ill and medically compromised. The help we give them with your donations means that they can stretch their housing and food money and don’t have to sacrifice or make a decision whether to eat or buy medications.”

Lantus is a temperature-sensitive product, which required Direct Relief to establish a partnership with a third-party shipper specializing in temperature-controlled delivery. The process is being developed in anticipation of broader support to resource-stretched safety-net clinics with sensitive medications, including vaccines.



Direct Relief staff assembles emergency preparedness modules bound for Gulf Coast clinics.

Ready

A proactive approach to hurricane response

Predictions indicated an active hurricane season in the United States this past year, citing as many as 10 potential hurricanes. For Direct Relief, the lessons of Hurricanes Katrina and Rita in 2005 were well learned: Emergencies can strike at any time, and preparation is the best defense.

Based on its past and continued work with Gulf Coast health center and clinic partners, Direct Relief developed a hurricane-preparedness module specifically designed to help clinics respond to the unique characteristics of hurricanes and other emergencies.

Sixteen partner health centers and clinics received these prepositioned modules. The sites were selected for their location, past experience with emergency response, patient populations, and capacity to treat victims during a disaster.

Stocked with enough materials to treat 100 patients for 72 hours, the modules help providers treat conditions ranging from basic trauma injuries to chronic illnesses. The contents of the modules can be easily merged into clinics' regular inventories if not needed for emergency response.

The contents were chosen based on Direct Relief's analysis of product shortages following Hurricanes Katrina and Rita, and in conjunction with the Texas Blue Ribbon Commission on Emergency Preparedness and Response, convened by Governor Rick Perry in the aftermath of Katrina.

"Typically, during the first 72 hours after a disaster, roads are damaged and clinics see surges in their patient loads, greatly complicating the ability of organizations like Direct Relief to assist first responders," said Damon Taugher, Direct Relief's director of domestic initiatives and coordinator of the organization's response to Hurricanes Katrina and Rita.

By sending modules before an emergency strikes, delivery delays are eliminated and medical professionals have the tools they need to treat the many injuries that occur the minute the disaster hits. This preparation also lessens the burden on other area healthcare providers and first responders, including hospital emergency rooms.

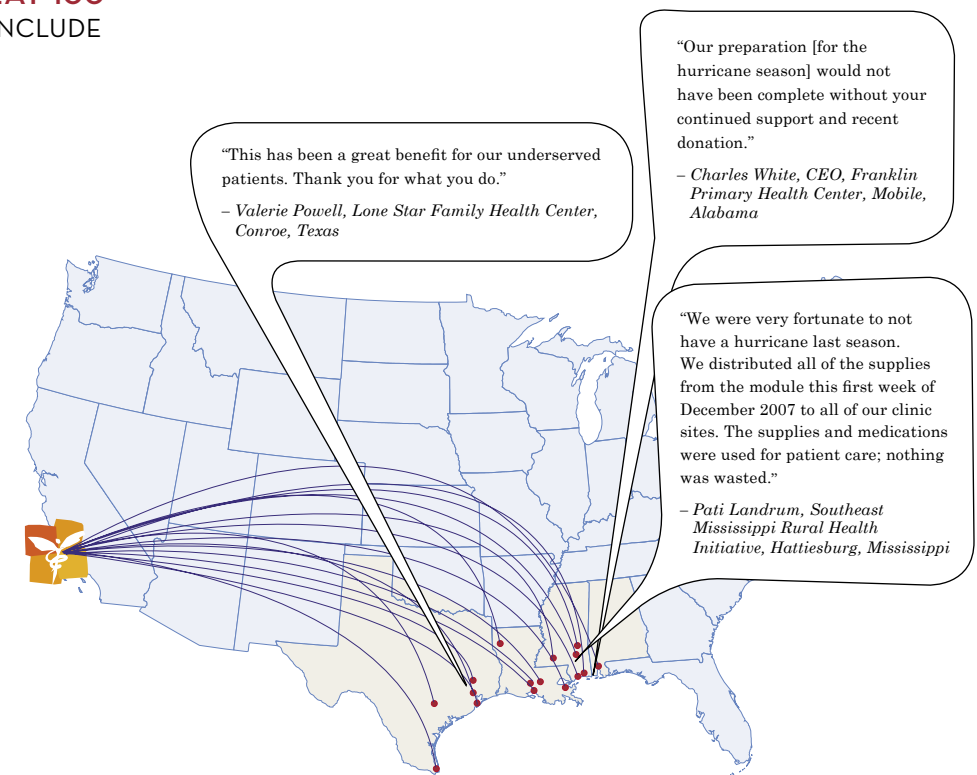
Franklin Primary Health Center (FPHC), a hurricane module recipient, serves low-income and underinsured patients in Mobile, Alabama. FPHC was in the path of last year's most destructive storm, Hurricane Dean.

Charles White, CEO of FPHC, wrote, "Last month we observed the two year anniversary of Hurricanes Katrina and Rita, while Dean, another Category 5 storm, was threatening the Gulf of Mexico. Our preparation would not have been complete without your continued support and recent donation. We saw firsthand how invaluable your assistance was as we struggled to reopen our centers after Hurricane Katrina."

Direct Relief will continue to distribute hurricane preparedness modules annually to support those providing care to the most vulnerable communities during an emergency.

EMERGENCY MODULES TO TREAT 100 PATIENTS FOR 72 HOURS INCLUDE AMONG MANY ITEMS:

- ✓ Anti-infective **Biaxin** tablets, **glucose test kits and strips**, and **Pediasure** for combating dehydration, all from Abbott
- ✓ **Mobic** tablets for pain management from Boehringer Ingelheim
- ✓ **EpiPens** for emergency epinephrine doses from Dey Laboratories
- ✓ **Proventil inhalers** for asthma from Schering-Plough
- ✓ Anti-inflammatory **Ibuprofen** and **Children's Tylenol** tablets
- ✓ Anti-infective **penicillin** and **doxycycline**
- ✓ **Metformin** for diabetes treatment
- ✓ **Exam gloves**
- ✓ **Gauze bandages**

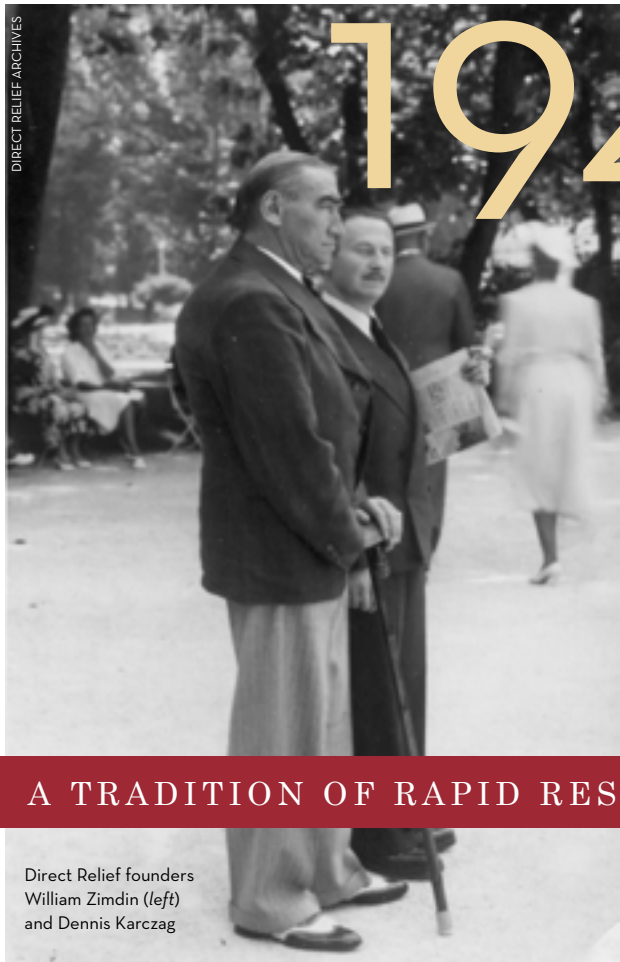


Emergency Response

Emergencies strike resource-poor areas the hardest, quickly overwhelming already weak, financially strained health systems. Direct Relief targets these areas before emergencies take place, building relationships, protocols, and distribution channels that enable fast and efficient action when disaster strikes.

In times of emergency, Direct Relief moves quickly to supply local healthcare professionals with needed medical and financial assistance to ensure they continue providing care to those affected. Because local people are the first responders, have the most at stake, and will be there for the long run, targeting our assistance to them helps avoid the duplication of efforts, wasted resources, and logistical bottlenecks.

In Fiscal Year 2008, Direct Relief's emergency response efforts provided health facilities with more than \$14 million (wholesale) in emergency medical support and \$1,221,000 in emergency cash assistance. These efforts involved more than 100 shipments and 23 cash grants to 18 partners in 14 countries on 4 continents, and provided 2 million courses of treatment to people struck by natural disasters and civil conflict.



Direct Relief founders William Zimdin (left) and Dennis Karczag

1940s

Direct Relief's sixty-year history includes a long tradition of rapid emergency response and a commitment to long-term recovery.

Our founders' first aid to war-torn Europe framed the organization's mission. Help provided to refugees of the Korean War began over 40 years of assistance to the country. And more recently, Direct Relief's work in the Gulf States in the aftermath of Hurricanes Katrina and Rita provided the foundation for a domestic program that supports the healthcare safety net throughout the entire U.S.

A TRADITION OF RAPID RESPONSE & LONG-TERM RECOVERY

Direct Relief continued to aid those affected by World War II by providing relief parcels and financial assistance to affected communities in Austria, Estonia, Germany, Greece, Italy, Russia, and Yugoslavia. Aid was also extended to **Chinese Civil War refugees** in Hong Kong. At right, the first Direct Relief humanitarian provision arrives in China.

1950s



1960s



Direct Relief began focusing its work on medical assistance. From an office established in Seoul, Korea (left), the organization sees to the **long-term recovery of the healthcare infrastructure still reeling from the Korean War** and to the newly displaced and rapidly growing refugee populations of South Vietnam.



1970s

For the support of people displaced by the **Nigerian Civil War**, E.M.C. Aniagu, King of the Ibo tribe, traveled to Santa Barbara to meet and thank Direct Relief founder Dennis Karczag (left). A continent away, Direct Relief responded to the massive **May 31, 1970, earthquake in Peru** with 30,000 pounds of medical aid to assist the injured.

1980s

During the early 1980s, **Cambodian refugees fled the Khmer Rouge**, seeking sanctuary in Thailand (right). Millions lived in exile without adequate resources. Direct Relief provided extensive amounts of medical and nutritional products to health facilities and refugee camps.

Our work in the country continues today. In Fiscal Year 2008, Direct Relief supported Cambodian healthcare professionals with more than 800,000 courses of medical treatment, valued at over \$2 million (wholesale). See page 10 for more on our recent work in Cambodia.



1990s



Direct Relief began assistance to Tibet in 1959, and later, at the request of the Tibetan Department of Health of the Government-in-Exile, established the **Tibetan Refugee Tuberculosis Control and Primary Healthcare Program**, supplying essential medicines to Tibetan refugee settlements throughout India and Nepal. In 1996, **Direct Relief board member Jean Hay welcomed the Dalai Lama to Santa Barbara** (left).



MATT MACCALLA

December

In response to the **tsunami** that forever altered life for millions of people living on the shores of the Indian Ocean, Direct Relief provided \$57 million in direct aid, including over \$14 million in emergency cash assistance. Our aid continues to enable local health organizations to serve those who lost the most and have the most at stake in the long-term recovery.

With funding from Direct Relief, the Amrita Institute of

Medical Sciences (AIMS) in southwestern India equipped a telemedicine van (left) to bring care to the many people too remote, sick, or communities, using video conferencing and real-time transmission of medical information to connect AIMS hospital staff with otherwise disenfranchised patients.

August

Working alongside long-time partners the Catholic Archdiocese of Lima and the Peruvian American Medical Society, Direct Relief responded to the August 15, 2007, **8.0-magnitude earthquake in Peru** with \$4.2 million (wholesale) in specifically requested emergency supplies.

The Peruvian Ministry of Health informed Direct Relief that the country was in need of Hepatitis B and rotavirus vaccines for the hardest hit populations. Together with Merck & Co., Inc., Direct Relief was able to deliver \$1.8 million (wholesale) worth of vaccines for the immunization of children and adults (above).



DAN SMITH

A TRADITION OF RAPID RESPONSE & LONG-TERM RECOVERY

August

Beyond the immediate efforts of Direct Relief in the Gulf States following **Hurricanes Katrina and Rita**—including \$4.6 million in cash grants to clinics and health centers and over \$31.8 million (wholesale) in medical products—the organization has worked to address gaps in the health system that leave so many uninsured and working poor Americans without care. See the section beginning on page 14 to learn more about Direct Relief’s work in the U.S.



DAMON TALGHER

October

Anticipating the massive need for long-term rehabilitative services to treat traumatic injuries after the **7.6-magnitude earthquake struck Pakistan** on October 8, 2005, Direct Relief funded and continues to support the Pakistan Institute of Prosthetic and Orthotic Science (PIPOS), the country’s only prosthetic training facility and limb manufacturing center. Direct Relief’s cash assistance established three PIPOS clinic sites in Bagh, Balakot, and Besham (left), and covers the operating expenses for each facility for three years.

Direct Relief has supported earthquake-affected communities in Pakistan with more than \$7.5 million (wholesale) in medical material, representing 1.5 million courses of treatment, and over \$1 million in grants to 11 local healthcare organizations.



BRETT WILLIAMS

EMERGENCIES IN FISCAL YEAR 2008

October

As **wildfires swept through Southern California**, Direct Relief worked to support communities with resources needed for recovery through 71 shipments—including 80,000 masks for locals and emergency personnel—valued at over \$1.4 million (wholesale). Direct Relief provided \$560,000 in emergency cash assistance to clinics and firefighters, including \$400,000 to the Council of Community Clinics on behalf of their 17 San Diego County health centers, and \$50,000 to the California Department of Forestry’s Firefighters Benevolent Fund.



SARAH WILKINSON

December

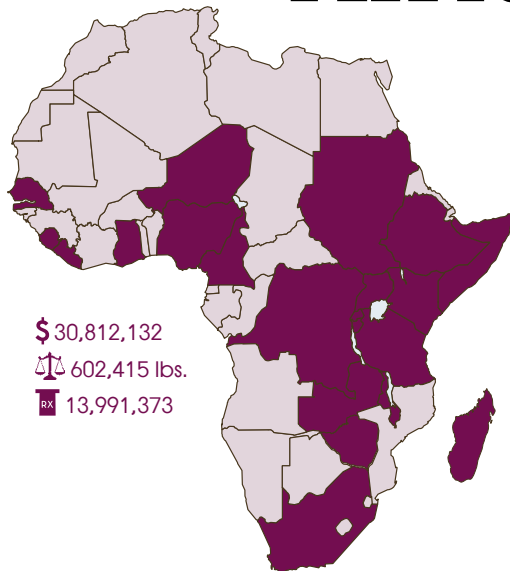
The **widespread civil strife that broke out in the aftermath of Kenya’s presidential election** was unexpected and violent. Protests sparked by disputed election results and allegations of vote-counting impropriety gave way to fighting along political and then tribal lines. Dr. Hezron Mc’Obewa (right), director of the Kisumu, Kenya-based OGRA Foundation, aided people caught in the crossfire.

As soon as the violence broke out, Direct Relief wired \$25,000 to OGRA to purchase needed medicines and fuel, organized airfreight shipments of additional emergency supplies, and committed more than 136,000 courses of antiretroviral medicine for patients with HIV whose treatment was disrupted by the violence. Days later, Direct Relief contributed an additional \$25,000 to help transport displaced families, supply essential medicines, and support surgeons, doctors, and nurses.



© WILLIS

Africa



\$ 30,812,132
 ⚖️ 602,415 lbs.
 📦 13,991,373

BURUNDI

Jabe Hospital and Rohero Emergency Clinic, *Bujumbura*
 \$ 197,678 ⚖️ 4,322 lbs. 📦 284,731

CAMEROON

Help Medical Foundation, *Douala*
 Holy Trinity Foundation Hospital, *Ekona*
 Kolofata District Hospital, *Mora*
 Manyemen Presbyterian Hospital, *Manyemen*
 Rural Community Medical Foundation, *Kumba*
 Shemka Foundation/Quality Healthcare Unit, *Yaoundé*
 St. John of God Health Centre, *Mamfe*
 \$ 875,112 ⚖️ 26,331 lbs. 📦 397,787

DEM. REPUBLIC OF CONGO

Aungba Health Zone, *Aungba*
 Project de Lutte Contre Les Handicaps Visuels, *Boma*
 \$ 1,287,097 ⚖️ 18,394 lbs. 📦 224,287

ETHIOPIA

Addis Ababa Fistula Hospital, *Addis Ababa*
 The World Family: Ethiopian Orphans and Medical Care, *Addis Ababa*
 \$ 101,643 ⚖️ 16,696 lbs. 📦 106,845

GHANA

Borae Health Center, *Krachi*
 Kings Medical Centre, *Tamale*
 Komfo Anokye Teaching Hospital, *Kumasi*
 Nana Hima Dekyi Hospital, *Dixcove*
 SAMORGHEP/Maranantha Maternity Clinic, *Kumasi*
 \$ 929,640 ⚖️ 47,186 lbs. 📦 946,028

KENYA

AMREF Kenya, *Nairobi*
 Kericho Regional Hospital, *Kericho*
 Meru Hospice, *Meru*
 OGRA Foundation, *Kisumu*
 St. Joseph's Mission Hospital Nyabondo, *Sondu*
 VIAGENCO Comprehensive Care, *Mbita*
 \$ 7,761,579 ⚖️ 53,888 lbs. 📦 1,693,419

LIBERIA

Christian Aid Ministries Liberia, *Monrovia*
 ELWA Hospital, *Paynesville City*
 JFK Medical Center, *Monrovia*
 Mount Sinai Surgical Team, *Monrovia*
 \$ 3,814,730 ⚖️ 89,001 lbs. 📦 697,374

MADAGASCAR

Marie Stopes Madagascar, *Antananarivo*
 \$ 94,183 ⚖️ 4,658 lbs. 📦 150,197

MALAWI

Banja La Mtsogolgo, Marie Stopes Malawi, *Blantyre*
 College of Medicine, *Blantyre*
 Montfort Hospital, *Nchalo*
 Mulanje Mission Hospital, *Mulanje*
 Partners in Hope Medical Centre, *Lilongwe*
 Queen Elizabeth Hospital, *Blantyre*
 Trinity Hospital, *Limbe*
 \$ 2,062,800 ⚖️ 56,407 lbs. 📦 748,883

NIGER

Galmi Hospital, *Galmi*
 TurtleWill, *Agadez*
 \$ 31,538 ⚖️ 1,310 lbs. 📦 66,433

NIGERIA

Antof Rural Resource Development Center, *Oron*
 Victory International Ministries, *Aba*
 \$ 79,070 ⚖️ 429 lbs. 📦 4,709

RWANDA

CHF/Community HIV/AIDS Mobilization Program (CHAMPS), *Kigali*
 \$ 165,267 ⚖️ 20,549 lbs. 📦 1,194,254

SENEGAL

Clinique Seydina Issa Laye, *Dakar*
 The Association of Villagers at N'Dem, *N'Dem*
 \$ 10,200 ⚖️ 146 lbs. 📦 36,271

SIERRA LEONE

Ndegbomei Development Association, *Bo*
 Ndegbomei Development Organization, *Bumpen*
 Royeima Section Community Health Center, *Royeima*
 St. John of God Catholic Hospital, *Lunsar*
 Taiama Health Clinic and Maternity Center, *Taiama*
 \$ 2,008,547 ⚖️ 20,962 lbs. 📦 686,739

SOMALIA

Edna Adan Maternity and Teaching Hospital, *Hargeisa*
 HAPA Hargeisa Hospital, *Hargeisa*
 \$ 1,678,564 ⚖️ 29,675 lbs. 📦 409,505

FISCAL YEAR 2008 SUPPORT

📦 = Total Wholesale Value
 ⚖️ = Total Weight
 📦 = Courses of Treatment

SOUTH AFRICA

Eastern Cape Hospices, *Port Elizabeth*
 Tshisimane Healing Center, *Soutpansberg*
 \$ 49,098 ⚖️ 7,636 lbs. 📦 91,619

SUDAN

AMREF/National Health Training Institute, *Maridi*
 \$ 228,906 ⚖️ 14,605 lbs. 📦 232,917

TANZANIA

Dr. Atman Hospital, *Sumbawanga*
 Huruma Designated District Hospital, *Rombo*
 KADERES, *Karagwe*
 Marie Stopes Tanzania, *Dar es Salaam*
 Mpanda District Hospital, *Mpanda*
 Namanyere Hospital, *Namanyere*
 Shirati Hospital, *Shirati*
 Sumbawanga Regional Hospital, *Sumbawanga*
 Tanzania Women Social Economic Development and Human Rights Organization, *Kigoma*
 \$ 1,521,364 ⚖️ 55,481 lbs. 📦 3,218,487

UGANDA

AMREF Uganda, *Soroti*
 Hospice Africa Uganda, *Kampala*
 Jinja Municipal Council, *Jinja*
 Joy Hospice, *Mbale*
 Kitovu Mobile, *Masaka*
 Rakai Community Based Health Project, *Kampala*
 Rays of Hope Hospice, *Jinja*
 Rugendebara Foundation for Health, *Kasese*
 Uganda Reproductive Health Bureau, *Kampala*
 \$ 4,716,329 ⚖️ 36,956 lbs. 📦 658,436

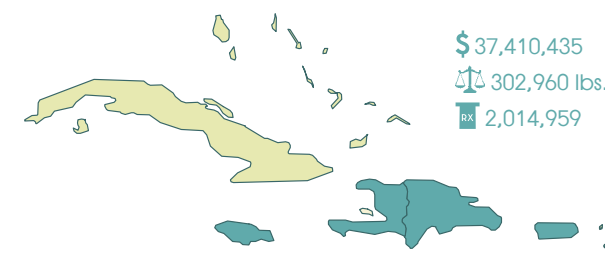
ZAMBIA

Angel of Mercy, *Lusaka*
 Kala Health Center, *Kawambwa*
 Kasaba Mission Hospital, *Mansa*
 Kawambwa Hospital, *Kawambwa*
 Lubwe Mission Hospital, *Samfya*
 Lusaka District Health Management, CIDRZ, *Lusaka*
 Mambilima Mission Hospital, *Mansa*
 Mansa General Hospital, *Mansa*
 Mbereshi Mission Hospital, *Kawambwa*
 Samfya Health Center, *Samfya*
 St. Francis Katete Mission Hospital, *Katete*
 St. Paul's Mission Hospital, *Nchelenge*
 Zambia Helper's Society, *Lusaka*
 \$ 1,126,838 ⚖️ 63,362 lbs. 📦 1,788,912

ZIMBABWE

Harare Central Hospital, *Harare*
 Island Hospice, *Harare*
 J.F. Kapnek Charitable Trust, *Harare*
 Ministry of Health & Child Welfare, *Harare*
 Population Services Zimbabwe, *Harare*
 Seke Rural Home Based Care, *Seke*
 Sisters of Jesus of Nazareth Clinic, *Chegututu*
 St. Alberts Mission Hospital, *Zambezi Valley*
 \$ 2,071,948 ⚖️ 34,420 lbs. 📦 353,540

Caribbean



\$ 37,410,435
 ⚖️ 302,960 lbs.
 📦 2,014,959

DOMINICA

Portsmouth Hospital, *Portsmouth*
 \$ 5,287,913 ⚖️ 9,308 lbs. 📦 76,428

DOMINICAN REPUBLIC

Batey Relief Alliance, *Santo Domingo*
 Centro de Atencion Primaria, *Constanza*
 Embassy of the Order of Malta, *Santo Domingo*
 Fundacion Cruz Jiminian, *Santo Domingo*
 Health Care Education Partnership, *Santo Domingo*
 Movimiento Socio Cultural Para Los Trabajadores, *Santo Domingo*
 Obispado de Puerto Plata, *Puerto Plata*
 Patronato Benefico Oriental, *La Romana*
 \$ 10,001,684 ⚖️ 104,610 lbs. 📦 309,137

GRENADA

Food For the Poor, *St. Georges*
 Ministry of Health, *St. Georges*
 St. Georges General Hospital, *St. Georges*
 \$ 2,973,710 ⚖️ 12,851 lbs. 📦 36,497

HAITI

Archeveche du Cap Haitien, *Cap-Haitien*
 Asile Communal, *Cap-Haitien*
 Centre Medico-Social Nord Alexis, *Port-Au-Prince*
 Christian Aid Ministries, *Port-Au-Prince*
 Eglise du Nazareen d'Haiti, *Port-au-Prince*
 Food for the Poor, *Port-Au-Prince*
 Hospital Justinien, *Cap-Haitien*
 Mariani Clinic, *Port-Au-Prince*
 Mt. Olive Medical Fair, *Port-Au-Prince*
 New Hope Ministries, *Cap-Haitien*
 Partners in Health/Zanmi Lasante, *Port-Au-Prince*
 St. Jules Medical Clinic, *Bourg du Borgne*
 \$ 4,904,028 ⚖️ 109,814 lbs. 📦 1,011,928

JAMAICA

Food for the Poor, *Spanish Town*
 HOPE Worldwide, *Kingston*
 Jamaica Humanitarian Dental Mission, *St. James*
 Missionaries of the Poor, *Kingston*
 \$ 13,902,798 ⚖️ 65,569 lbs. 📦 578,953

CAMBODIA

Angkor Hospital for Children, *Siem Reap*
 Orphan Voice Cambodia, *Phnom Penh*
 Sihanouk Hospital Center of HOPE, *Phnom Penh*
 \$ 2,078,661 ⚖️ 51,061 lbs. 📦 820,488

CHINA

One HEART, *Lhasa*
 Rashu Township Clinic, *Rashu Township*
 \$ 37,616 ⚖️ 499 lbs. 📦 117,120

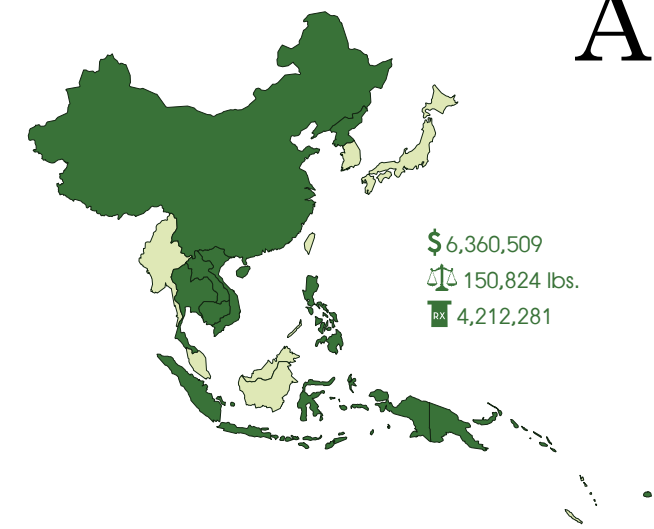
EAST TIMOR

Australian Aid International, *Dili*
 \$ 47,375 ⚖️ 1,450 lbs. 📦 27,434

FIJI

Loloma Foundation, *Suva*
 Savusavu Community Foundation, *Savusavu*
 \$ 1,778,870 ⚖️ 37,366 lbs. 📦 586,270

East & Southeast Asia



\$ 6,360,509
 ⚖️ 150,824 lbs.
 📦 4,212,281

INDONESIA

CHF International, *Banda Aceh*
 IBU Foundation, *Meulaboh*
 International Relief & Development, *Jakarta*
 The Sumba Foundation, *Bali*
 Yayasan Bumi Sehat, *Bali*
 \$ 445,703 ⚖️ 14,933 lbs. 📦 1,746,798

LAOS

Mahosot Hospital, *Vientiane*
 Muang Sing Hospital, *Muang Sing*
 Save The Children-Australia, *Vientiane*
 \$ 59,343 ⚖️ 6,595 lbs. 📦 308,901

OUR PARTNERS

CONTINUED from previous page

NORTH KOREA

Eugene Bell Foundation, *Pyongyang*
 \$740,676 ⚖️ 22,076 lbs. 📦 112,361

PAPUA NEW GUINEA

Wewak General Hospital, *Wewak*
 \$153,544 ⚖️ 7,122 lbs. 📦 51,480

PHILIPPINES

Holy Rosary International Medical Mission, *Palawan*
 Philos Health, *Jagna*
 Population Services Pilipinas Incorporated, *Pasay City*
 Reyes-Villanueva Medical Relief, *Baggao*
 \$375,843 ⚖️ 2,789 lbs. 📦 174,448

THAILAND

Christians Concerned for Burma, *Chaing Mai*
 Global Health Access Program, *Mae Sot*
 Mae Tao Clinic, *Mae Sot*
 \$36,622 ⚖️ 565 lbs. 📦 155,369

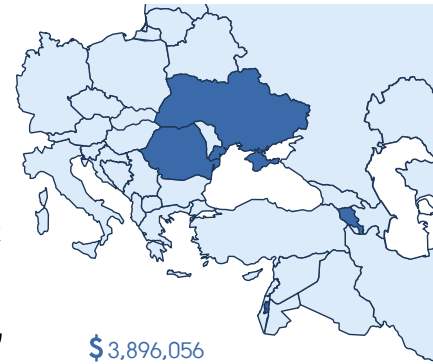
SOLOMON ISLANDS

Loloma Foundation, *Honiara*
 \$1,020,081 ⚖️ 21,164 lbs. 📦 77,349

VIETNAM

Kim Long Charity Clinic, *Hue*
 Marie Stopes Vietnam, *Hanoi*
 \$364,467 ⚖️ 7,779 lbs. 📦 263,745

Europe & Middle East



\$3,896,056
 ⚖️ 55,767 lbs.
 📦 2,701,934

ARMENIA

Health Ministry of Armenia, *Yerevan*
 Karabagh Health Ministry, *Yerevan*
 Yerevan Municipality, *Yerevan*
 \$297,333 ⚖️ 9,662 lbs. 📦 2,635,878

ROMANIA

Christian Aid Ministries Romania, *Floresti*
 \$3,634,732 ⚖️ 44,336 lbs. 📦 2,163,704

WEST BANK/GAZA

ANERA, *West Bank/Gaza*
 St. John's Eye Hospital, *West Bank*
 \$198,610 ⚖️ 5,923 lbs. 📦 366,628

UKRAINE

God's Hidden Treasures, *Kiev*
 \$64,713 ⚖️ 5,508 lbs. 📦 171,602

OUR PARTNERS

HONDURAS

Alabama Honduran Medical Education Network AHMEN, *Limon*
 ASIDE, *El Progreso*
 Brigada de Salud/Honduras Relief Effort, *Tegucigalpa*
 CEPUDO, *San Pedro Sula*
 Chamelecon Medical Center, *San Pedro Sula*
 Club Rotario Tegucigalpa/Uniendo America, *Tegucigalpa*
 Hacienda Cristo Salva, *Santa Barbara*
 Honduran Health Exchange/C.P.T.R.T., *Tegucigalpa*
 Hospital Leonardo Martinez, *San Pedro Sula*
 La Clinica Esperanza, *Roatan*
 Proyecto Aldea Global, *Tegucigalpa*
 Siempre Unidos, *San Pedro Sula*
 \$14,036,241 ⚖️ 110,321 lbs. 📦 1,411,378

MEXICO

AeroMedicos of Santa Barbara, *Cadeje*
 Fundacion SEE International, A.C., *Ciudad Juarez*
 LIGA International, *Mazatlan*
 Potter's Clay, *Ensenada*
 \$236,394 ⚖️ 2,979 lbs. 📦 48,352

NICARAGUA

American Nicaraguan Foundation, *Managua*
 Amucobu, *Managua*
 Aproquen, *Managua*
 Casa de la Mujer, *Metagalpa*
 Christian Aid Ministries, *Managua*
 CONANCA, Hospital Infantil Manuel de Jesus Rivera, *Managua*
 Nicaraguan Children's Fund, *Puerto Cabezas*
 \$9,304,257 ⚖️ 165,243 lbs. 📦 1,476,354

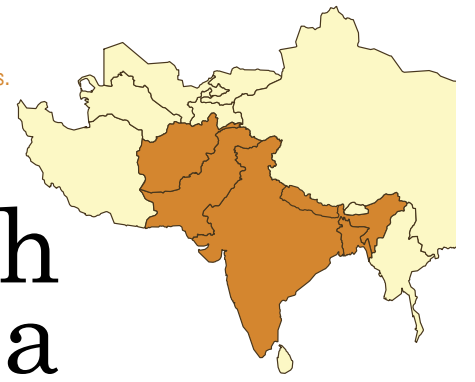
PERU

Archdiocese of Lima, *Lima*
 Hospital Belen de Trujillo, *Trujillo*
 Hospital Carlos Monge Medrano, *Juliaca*
 Hospital de Apoyo Tambobamba, *Tambobamba*
 Hospital Departamental, *Huancavelica*
 Hospital Guillermo Diaz de la Vega, *Abancay*
 Hospital Regional de Ayacucho, *Ayacucho*
 Hospital San Jose, *Chincha*
 Instituto Nacional de Salud del Nino, *Lima*
 Ministerio de Salud, *Lima*
 Peruvian American Medical Society, *Lima*
 Real Medicine Foundation Clinic, *San Clemente*
 \$6,036,697 ⚖️ 104,821 lbs. 📦 3,289,629

VENEZUELA

Turimiquire Foundation, *Cumana*
 \$12,504 ⚖️ 117 lbs. 📦 2,243

\$14,272,380
 ⚖️ 281,740 lbs.
 📦 5,648,546



South Asia

AFGHANISTAN

Afghan Health and Development Services, *Kandahar Province*
 Afghan Institute of Learning, *Kabul and Herat*
 Afghan Reconstructive Surgery and Burn Center, *Kabul*
 Aga Khan Health Services, *Bamyan Provincial Hospital, Bamyan*
 Family Health Alliance, *Kabul*
 Jamaludin Wardak Clinic, *Wardak*
 Marie Stopes Afghanistan, *Kabul*
 \$554,809 ⚖️ 33,971 lbs. 📦 1,235,620

BANGLADESH

Cox's Bazar Hospital for Women and Children, *Cox's Bazar*
 Sangkalpa Trust, *Patharghata*
 Shidhulai Swanirvar Sangstha, *Dhaka*
 \$2,546,385 ⚖️ 19,396 lbs. 📦 940,941

INDIA

Amrit Davaa World Health, *Tawang*
 Aravind Eye Hospital, *Madurai*
 Association of Indian Physicians of Northern Ohio, *Northern India*
 The George Foundation, *Baliganapalli*
 Lata Mangeshkar Medical Foundation, *Pune*
 M/s. Mata Amritanandamayi Math, *Cochin*
 Meenakshi Mission Hospital, *Madurai*
 Pasam Trust, *Kodaikanal*
 PRASAD, *Ganeshpuri*
 Sri Narayani Hospital & Research Center, *Vellore*
 Than Gaon Clinic, *Tan Gaon*
 \$6,055,596 ⚖️ 91,875 lbs. 📦 2,114,461

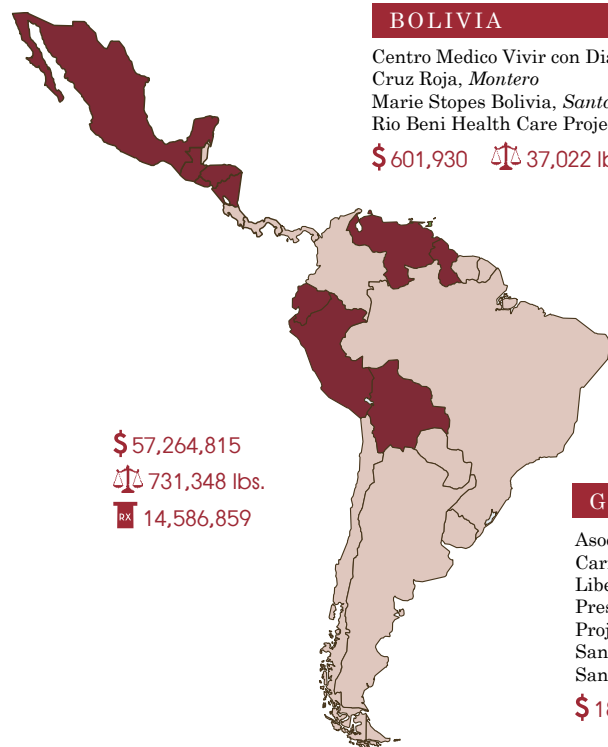
NEPAL

Adventist Development and Relief Agency, *Kathmandu*
 Family Health International, *Kathmandu*
 Himalayan HealthCare, *Kathmandu*
 Shahid Gangalal National Heart Centre, *Kathmandu*
 \$157,216 ⚖️ 5,056 lbs. 📦 556,235

PAKISTAN

American Refugee Committee International, *Bagh*
 Bethania Hospital, *Sialkot*
 Marafie Foundation, *Baltistan*
 Murshid Hospital and Healthcare Center, *Karachi*
 PIPOS, *Peshawar*
 \$4,958,374 ⚖️ 131,442 lbs. 📦 801,289

Latin America



\$57,264,815
 ⚖️ 731,348 lbs.
 📦 14,586,859

BOLIVIA

Centro Medico Vivir con Diabetes, *Cochabamba*
 Cruz Roja, *Montero*
 Marie Stopes Bolivia, *Santa Cruz de la Sierra*
 Rio Beni Health Care Project, *Rurrenabaque*
 \$601,930 ⚖️ 37,022 lbs. 📦 699,278

ECUADOR

Junta de Beneficencia de Guayaquil, *Guayaquil*
 \$664,553 ⚖️ 36,782 lbs. 📦 2,315,009

EL SALVADOR

Baja Project for Crippled Children, *San Miguel*
 Comite de Reconstruccion y Desarrollo, *Suchitoto*
 FUDEM, *San Salvador*
 FUSAL, *San Salvador*
 O.E.F. de El Salvador, *San Salvador*
 \$6,832,821 ⚖️ 77,611 lbs. 📦 4,250,321

GUATEMALA

Asociacion Nuestros Ahijados de Guatemala, ONG, *Antigua*
 Caritas Arquidiocesana, *Guatemala City*
 Liberty University, *Guatemala City*
 Presbiterio Kaqchikel, *Chimaltenango*
 Project Xela Aid, *Quetzaltenango*
 San Marcos Health Care Project, *Catarina*
 Santa Rosa Medical Clinic, *Santa Rosa*
 \$18,872,186 ⚖️ 174,435 lbs. 📦 1,081,553

GUYANA

Ministry of Health, *Georgetown*
 \$667,231 ⚖️ 22,018 lbs.
 📦 12,744

USA



\$61,367,567
 ⚖️ 380,216 lbs.
 📦 3,724,948

Direct Relief works with more than 1,000 clinics and community health centers in every state and Puerto Rico. Go to www.DIRECTRELIEF.ORG to learn more about these safety-net providers and their dedicated efforts to keep low-income communities healthy.

MEDICAL MISSION BOX PROGRAM

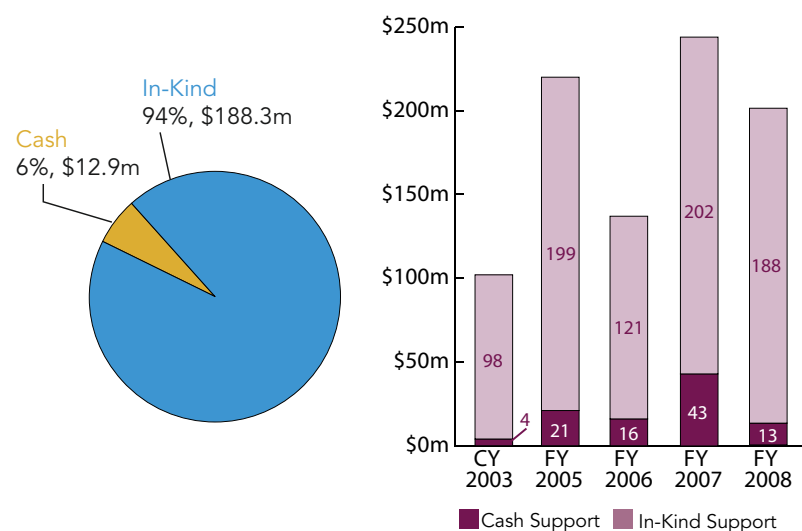
To learn more about our work with Bristol-Myers Squibb that supports doctors who provide primary health care worldwide, go to www.DIRECTRELIEF.ORG.

Introduction and Certification of Financial Statements

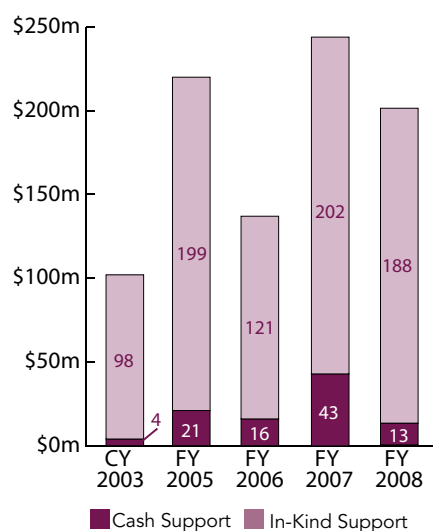
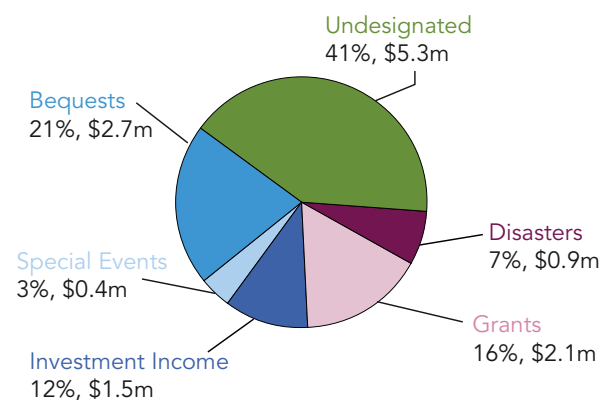
Direct Relief International had a strong Fiscal Year 2008 in all areas of our activities and finances. We received \$201.2 million in public support and revenue, and provided \$213.94 million (wholesale) in assistance around the world. Direct Relief's financial position and balance sheet continues to be strong thanks to steadfast support from our generous donors and Board of Directors.

Cash and In-Kind Contributions Direct Relief's financial statements must account for both cash and in-kind contributions (primarily medical material resources) that are entrusted to the organization to fulfill its humanitarian mission. In Fiscal Year 2008, 93.6 percent of our total public support and revenue of \$201.2 million was received in the form of in-kind medical material and certain other donated services (such as transportation services from FedEx and online advertising from Google). The previous pages explain where and why these in-kind medical materials and other inventories were provided.

2008 Support & Revenues: \$201.2 million



2008 Sources of Cash Support & Revenues: \$12.9 million



We recognize that merging cash and in-kind contributions in accordance with Generally Accepted Accounting Principles can be confusing to non-accountants. The notes following the financial statements are to assist you in understanding how our program model is financed and works, to explain the state of our organization's financial health, and to inform you about how we spent the money generously donated to Direct Relief in 2008 by individuals, businesses, organizations, and foundations.

Direct Relief's activities are planned and executed on an operating (or cash) budget that is approved by the Board of Directors prior to the onset of the fiscal year. The cash budget is not directly affected by the value of in-kind medical material contributions. Cash support—as distinct from the value of contributed goods—is used to pay for the logistics, warehousing, transportation, program oversight, program staff salaries, purchasing of essential medical products, acquisition of medical products through donations, and all other program expenses.

When taking an annual snapshot at the end of a fiscal year, several factors can distort a realistic picture of our (or any nonprofit organization's) financial health and activities. Since the purpose of this report is to inform you, we think it is important to call your attention to these factors.

Timing of Revenue Recognition and Expenses First is the timing of donations being received and the expenditure of those donations, whether in the form of cash or in-kind medical material. Donations—including those received to conduct specific activities—are recorded as revenue when they are received or promised, even if the activities are to be conducted in a future year. The

in-kind material donations are also recorded in inventory upon receipt. Direct Relief's policy is to distribute products at the earliest practicable date, consistent with sound programmatic principles. While the distribution often occurs in the same year of receipt, it may occur in the following year. An expense is recorded and inventory is reduced when the products are shipped to our partners.

Near the end of Fiscal Year 2007, for example, Direct Relief received a large infusion of product donations. When that fiscal year ended, the product inventories that had not been "spent" were reported as "surplus." In turn, this increase in net assets was carried forward and "spent" during the course of Fiscal Year 2008. This resulted in a decrease in net assets (or net operating "loss") in Fiscal Year 2008 of \$26.6 million which was primarily driven by a decrease in inventory as Direct Relief shipped \$25.8 million more in humanitarian aid than it received in product donations.

Administrative Expenses As explained below, the Direct Relief Foundation pays for all the administrative and fundraising expenses of the organization. In addition, our organization has adopted a strict policy to ensure that 100 percent of all designated contributions (e.g. donations for "Hurricane Katrina") are used only on expenses directly related to that purpose. None of those funds are used to cover any pre-existing indirect or allocated organizational costs. We have used similar policies for all of our disaster responses in the last few years, including the Indian Ocean tsunami, Hurricanes Katrina and Rita, and earthquakes in Pakistan, Peru, and China.

Consistent with this policy, all administrative expenses, including banking and credit-card processing fees associated with simply receiving these disaster and other designated contributions, were absorbed by the Foundation. We believe this is appropriate to honor precisely the clear intent of generous donors who responded to these exceptional tragedies and to preserve the maximum benefit for the victims for whose benefit the funds were entrusted to Direct Relief.

Valuation of In-Kind Medical Materials Accounting standards require Direct Relief to use a "fair market value" to value in-kind medical materials. We continue to use the wholesale prices published by independent, third-party sources for valuation whenever possible. Specifically for pharmaceutical products, the source of and basis for product values are the "Average Wholesale Price" (AWP), which is published in Thomson Healthcare's *Redbook*. For used medical equipment, the organization determines wholesale value by reviewing the price of similar equipment listed for sale in trade publications and on the Internet. Such valuations typically are substantially lower than published retail prices. Because nonprofit organizations are rated on, among other things, the amount of support received, a strong incentive exists to use higher valuation sources, such as retail prices, which would be permissible. However, we believe that a conservative approach is best to instill public confidence and give the most accurate, easy-to-understand basis for our financial reporting.

Direct Relief Foundation and the Board-Restricted Investment Fund In 1998, Direct Relief's Board of Directors established a Board-Restricted Investment Fund ("BRIF," sometimes characterized as a "quasi-endowment" in legal or accounting terminology) to help secure the organization's financial future and provide a reserve for future operations. The BRIF, established with assets valued at \$774,000, draws resources from Board-designated unrestricted bequests and gifts, returns on portfolio assets, and operating surpluses (measured annually) in excess of current operational needs. There was no operating surplus for the year ended March 31, 2008.

In October 2006, the Direct Relief Foundation was formed and incorporated in the State of California as a separate, wholly controlled, supporting organization of Direct Relief International. Effective April 1, 2007, assets in the BRIF were transferred to the Foundation. The Foundation's investments are managed by the Commonfund Strategic Solutions Group, an investment firm under the direction of the Board's Finance Committee, which meets monthly and oversees investment policy and financial operations.

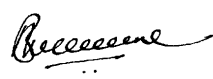
The BRIF is authorized to distribute its portfolio assets to pay for all fundraising and administrative expenses of the organization, including extraordinary capital expenses, and to advance emergency disaster relief funding as determined by the President and CEO. Upon a majority vote by the Board, the BRIF may also be utilized to meet other general operational costs. Thus, in Fiscal Year 2008, 100 percent of all donations received by the organization were directed towards programmatic activities and costs.

For the fiscal year ending March 31, 2008, \$2.1 million was distributed from the BRIF to cover fundraising and administration costs, as well as implementation costs for a new enterprise-resource planning platform.

As of March 31, 2008, the BRIF in the Foundation was valued at \$46.3 million.

Finally, we note that our organization's independently audited financial activities were also reviewed by an audit committee, two of whose members are independent accounting professionals and not directors of the organization. This additional level of independent review is required under California law.


THOMAS TIGHE,
President & CEO


BHUPI SINGH,
Executive Vice President & CFO

Combined Statement of Activities (Direct Relief International & Direct Relief Foundation)
for the fiscal years ending March 31, 2008, and March 31, 2007

	2008		2007	
	\$ IN THOUSANDS			
PUBLIC SUPPORT & REVENUE				
Public Support				
Contributions of goods and services	\$ 188,332	93.6%	\$ 201,823	82.6%
Contributions of cash and securities—California fires	743	0.4%	-	0.0%
Contributions of cash and securities—other disaster relief	133	0.1%	942	0.4%
Contributions of cash and securities—other	10,553	5.2%	39,798	16.3%
TOTAL PUBLIC SUPPORT	199,761	99.3%	242,563	99.3%
Revenue				
Earnings from investments and other income	1,475	0.7%	1,776	0.7%
TOTAL PUBLIC SUPPORT AND REVENUE	201,236	100.0%	244,339	100.0%
EXPENSES				
Program Services				
Value of medical donations shipped	213,920		136,154	
Inventory adjustments (expired pharmaceuticals, etc.)	2,430		7,649	
Disaster relief—California fires	575		-	
Disaster relief—other	656		5,182	
Domestic programs	1,480		824	
International programs	5,790		4,851	
TOTAL PROGRAM SERVICES	224,851	111.7%	154,660	63.3%
Supporting Services				
Fundraising	1,234		896	
Administration	1,746		1,306	
TOTAL SUPPORTING SERVICES	2,980	1.5%	2,202	0.9%
TOTAL EXPENSES	227,831	113.2%	156,862	64.2%
INCREASE (DECREASE) IN NET ASSETS	\$ (26,595)	-13.2%	\$ 87,477	35.8%

Combined Statement of Cash Flows (Direct Relief International & Direct Relief Foundation)
for the fiscal years ending March 31, 2008, and March 31, 2007

	2008		2007	
CASH FLOWS FROM OPERATING ACTIVITIES				
Cash collected from public support	\$ 10,628		\$ 40,732	
Cash paid for goods and services	(10,937)		(11,963)	
Dividend and interest income	1,119		1,244	
Other income (expense)	(5)		12	
NET CASH PROVIDED BY OPERATING ACTIVITIES	805		30,025	
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of investments	(20,306)		(51,310)	
Proceeds from sale of investments	21,281		17,147	
Purchase of capital assets	(1,283)		(498)	
Unitrust distributions	(4)		(5)	
NET CASH USED BY INVESTING ACTIVITIES	(312)		(34,666)	
CASH FLOWS FROM FINANCING ACTIVITIES				
Payments on mortgage	(62)		(52)	
Payments on capital lease obligation	(9)		(4)	
NET CASH USED FOR FINANCING ACTIVITIES	(71)		(56)	
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	422		(4,697)	
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	3,177		7,874	
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 3,599		\$ 3,177	

RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES

Change in net assets	\$ (26,595)	\$ 87,477
ADJUSTMENTS TO RECONCILE CHANGE IN NET ASSETS TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
Depreciation	\$ 250	\$ 200
Change in inventory	28,263	(57,436)
Change in receivables	(798)	(8)
Change in prepaid expenses and other assets	(65)	(34)
Change in accounts payable and accrued expenses	112	296
Loss on disposal of fixed assets	62	3
Realized gain on sale of investments	(1,112)	(1,189)
Unrealized loss on investments	688	716
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 805	\$ 30,025

Statement of Financial Position
as of March 31, 2008, and March 31, 2007

	Direct Relief International 2008	Direct Relief Foundation 2008	Combined 2008	2007
ASSETS				
Current Assets				
Cash and cash equivalents	\$ 1,313	\$ 2,286	\$ 3,599	\$ 3,177
Investments	5	43,441	43,446	43,997
Inventories	53,384	-	53,384	81,647
Other current assets	587	230	817	203
TOTAL CURRENT ASSETS	55,289	45,957	101,246	129,024
Other Assets				
Property and equipment	4,932	-	4,932	3,961
Remainder unitrusts	-	72	72	76
Pledged bequests	-	257	257	-
Other assets	17	-	17	22
TOTAL OTHER ASSETS	4,949	329	5,278	4,059
TOTAL ASSETS	\$ 60,238	\$ 46,286	\$ 106,524	\$ 133,083
LIABILITIES AND NET ASSETS				
Current Liabilities				
Payables and other current liabilities	\$ 799	-	\$ 799	\$ 688
Current portion of long-term debt	5	-	5	1,467
TOTAL CURRENT LIABILITIES	804	-	804	2,155
Other Liabilities				
Long-term debt	1,400	-	1,400	-
Capital lease obligation	8	-	8	17
Distribution payable	20	-	20	24
Total Other Liabilities	1,428	-	1,428	41
TOTAL LIABILITIES	2,232	-	2,232	2,196
NET ASSETS				
Unrestricted net assets				
Board-Restricted Investment Fund (BRIF) Undesignated	-	44,265	44,265	44,192
	54,717	1,996	56,713	84,597
TOTAL UNRESTRICTED NET ASSETS	54,717	46,261	100,978	128,789
Temporarily restricted assets	3,289	-	3,289	2,073
Permanently restricted assets	-	25	25	25
TOTAL NET ASSETS	58,006	46,286	104,292	130,887
LIABILITIES AND NET ASSETS	\$ 60,238	\$ 46,286	\$ 106,524	\$ 133,083

Notes to the Financials

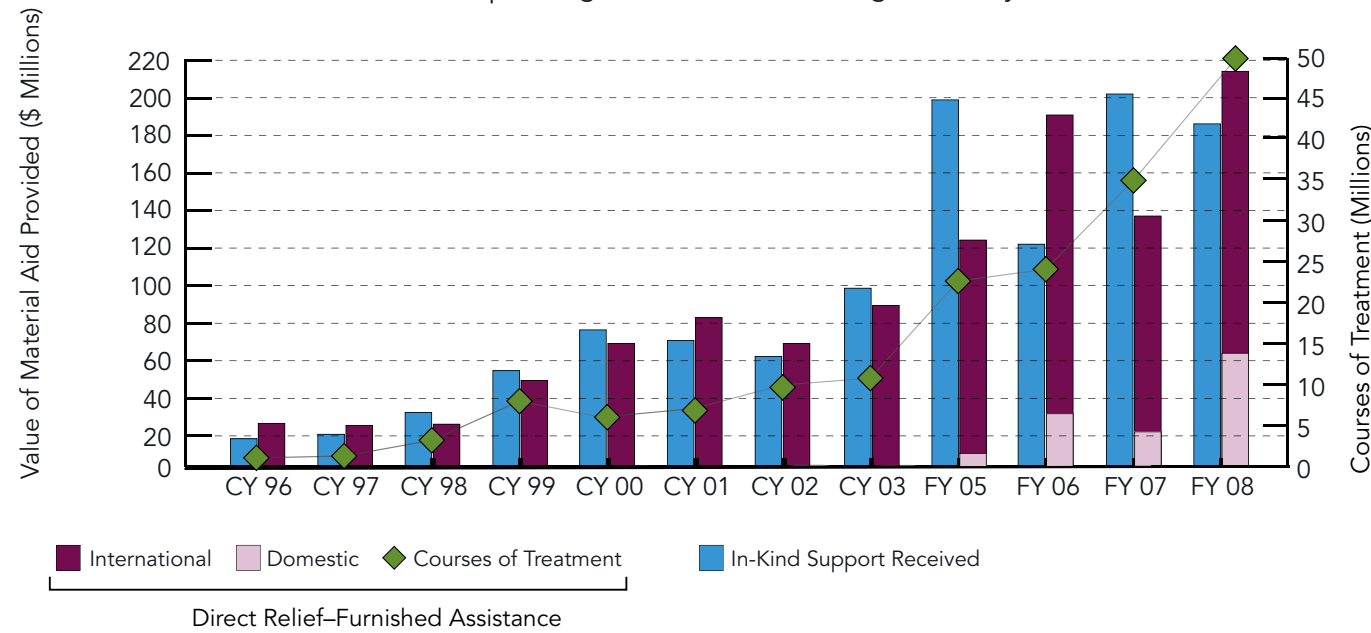
Fiscal Year Results

The overall assistance furnished by Direct Relief in Fiscal Year 2008 was just over \$216 million. Direct Relief received no governmental assistance. All resources were obtained from private sources.

In the fiscal year ending March 31, 2008, Direct Relief provided 2,353 shipments of humanitarian medical material including pharmaceuticals, medical supplies, and medical equipment. The more than 1,270 tons (just under 2,540,000 pounds) of material aid were furnished to local health programs in 59 countries, including the United States, and had a wholesale value of \$213.9 million. The materials contained in these aid shipments were sufficient to provide 49.8 million courses of treatment.

In addition, the organization provided \$2.15 million in the form of cash grants to dozens of locally run health programs in areas affected by the December 2004 Indian Ocean tsunami, the Pakistan earthquake of October 2005, the Southern California wildfires of 2007, the Peru earthquake of August 2007, the post-election violence of Kenya in December 2007, and various other partners providing health services in other non-disaster areas.

Expanding Assistance, Increasing Efficiency



Comparison to Previous Year's Results

All financial statements presented in this report show both the results for Fiscal Year 2008 and those of Fiscal Year 2007 for comparison purposes.

Leverage

In Fiscal Year 2008, for every \$1 contributed and spent for our core medical assistance program (excluding emergency response), the organization provided \$36.39 worth of wholesale medical material assistance. These program expenses totaled \$5.48 million. The expenditure of these funds enabled Direct Relief to furnish \$199.4 million worth (wholesale value) of medical material resources to 59 countries for the support of ongoing health needs.

Cash Grants

In addition to the core medical material assistance program, Direct Relief also provided financial assistance of \$2.15 million through cash grants. The vast majority of these grants (approximately \$1.3 million) were made from designated contributions received in this and past fiscal years for the Indian Ocean tsunami of 2004, the Pakistan earthquake of October 2005, the Southern California Fires of 2007, the Peru earthquake of August 2007, and the post-election violence of Kenya in December 2007.

The organization incurred \$487,000 in tsunami cash expenditures this fiscal year, of which over \$403,000 was in the form of cash grants to support essential recovery efforts conducted by local organizations in the affected countries and by colleague international nonprofit organizations. As of March 31, 2008, the organization had spent over 97 percent of the funds received for tsunami relief.

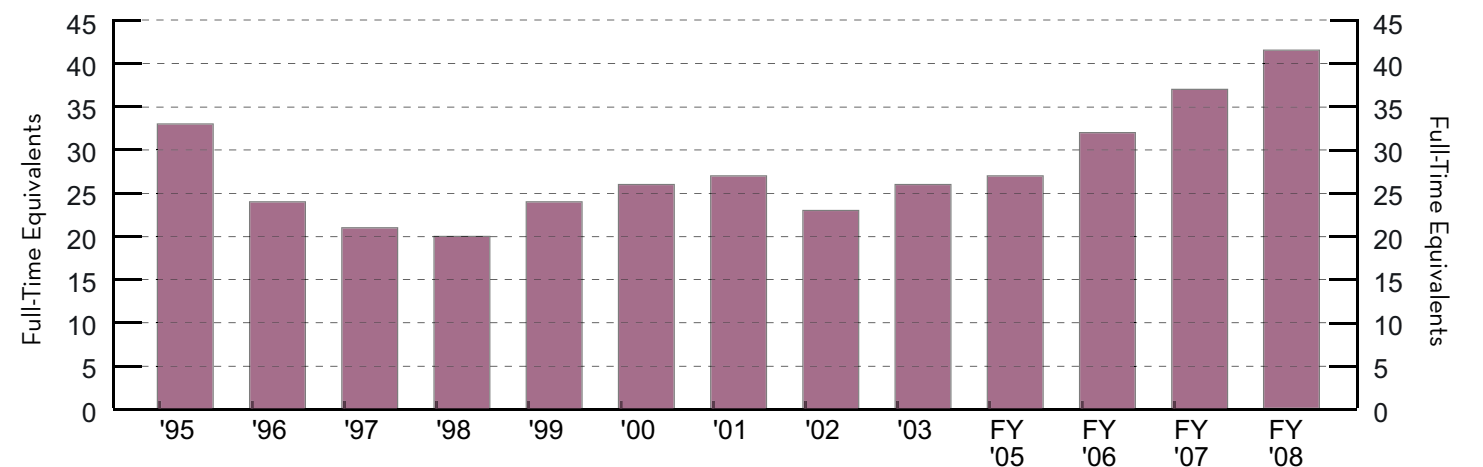
With funds received for the Pakistan earthquake of October 2005, the organization spent a total of \$137,000, of which \$127,000 was spent in the form of cash grants. As of March 31, 2008, the organization had spent over 99 percent of the funds received for this relief effort.

With Southern California wildfire-designated contributions, the organization incurred expenditures of \$578,000, of which \$565,000 was spent in the form of cash grants to health facilities and organizations providing direct health services to residents in the affected areas. As of March 31, 2008, the organization had spent over 77 percent of the funds received for this relief effort.

Staffing

These activities were accomplished by a staff which, as of March 31, comprised 48 positions (40 full-time, 8 part-time). Measured on an full-time equivalent (FTE) basis, the total staffing over the course of the year was 41.5. This figure is derived by dividing the total hours worked by 2,080, the number of work hours by a full-time employee in one year. Two persons each working half-time, for example, would count as one FTE.

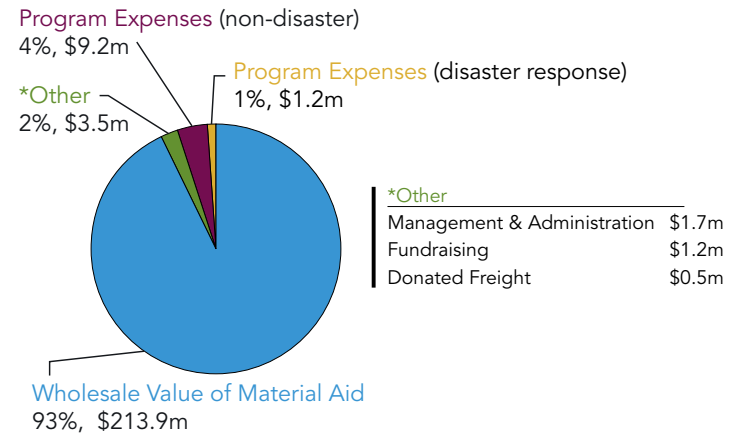
Staffing (FTE): 1995 – Fiscal Year 2008



In general, staff functions relate to three basic business functions: programmatic activity, resource acquisition/fundraising, and general administration. The following sections describe the financial cost of our organizational activities, how resources are spent, and how donor funds are leveraged to provide assistance to people in need throughout the world.

Program Expenses

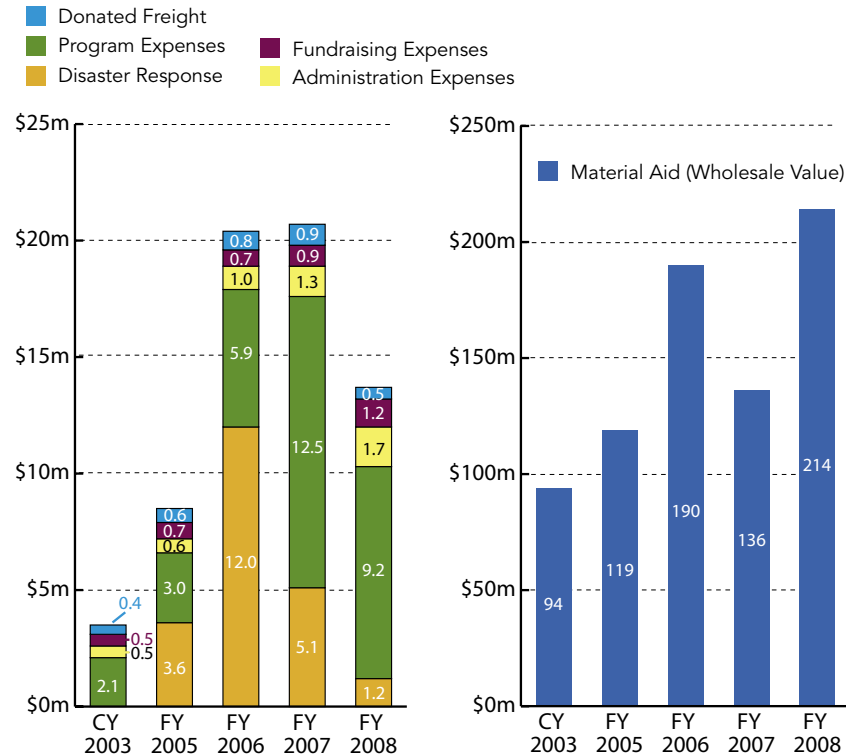
In Fiscal Year 2008, Direct Relief's cash expenditures on program activities totaled \$10.93 million, \$2.21 million of which paid for salaries, related benefits (health, dental, long-term disability insurance, and retirement-plan matching contributions), and mandatory employer-paid taxes (Social Security, Medicare, workers' compensation, and state unemployment insurance) for 25 full-time and 5 part-time employees engaged in programmatic functions.



Program expenses also included:

- The value of disposed expired products (\$2.43 million)
- Cash grants to partner organizations (\$2.15 million, of which \$403,000 was for tsunami relief, \$127,000 for Pakistan earthquake relief, \$565,000 for Southern California wildfire relief, \$100,000 for relief efforts after the violence in Kenya, and \$26,000 for Peru earthquake relief)
- Ocean/air freight and trucking for outbound shipments to partners and inbound product donations (\$1.97 million, of which \$549,000 was donated)
- Travel for oversight and evaluation (\$372,000); contract services (\$659,000, of which \$18,000 was donated); packing materials and supplies (\$87,000); and disposal costs for expired pharmaceuticals (\$32,000)
- A pro-rata portion of other allocable costs (see page 39)

Total Expenses: 2003 – 2008

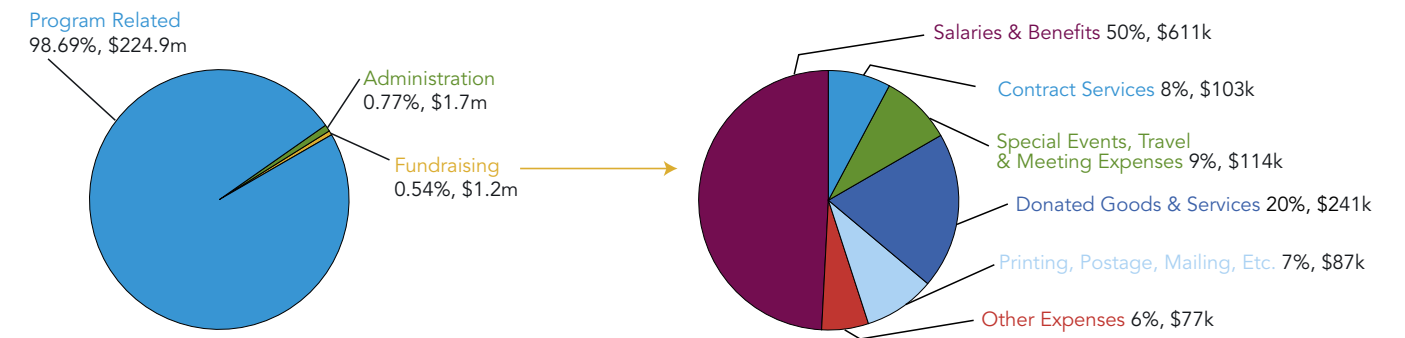
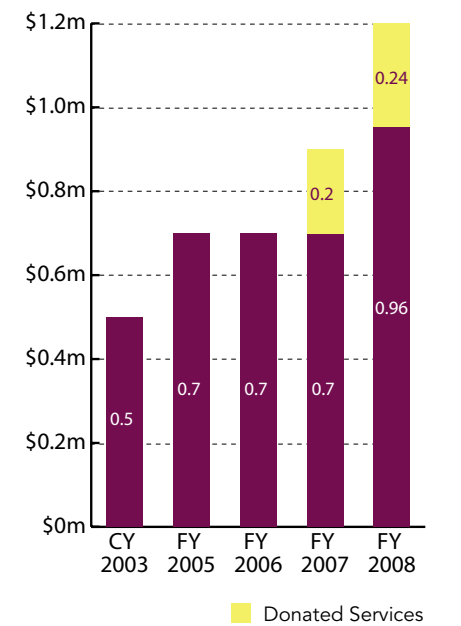


Fundraising expenses also include:

- The production, printing, and mailing of newsletters, the annual report, tax-receipt letters to contributors, fundraising solicitations, and informational materials. Total costs incurred came to approximately \$87,000.
- \$8,000 in advertising and marketing costs
- \$67,000 in expenses directly related to fundraising events (of which \$9,000 were donated goods for the events)
- \$56,000 in travel and mileage-reimbursement expenses
- \$335,000 in contract services (of which \$232,000 were donated services from Google)
- \$12,000 in supplies in support of the fundraising staff
- \$7,000 in outside computer services related to fundraising
- A pro-rata portion of other allocable costs (see page 39)

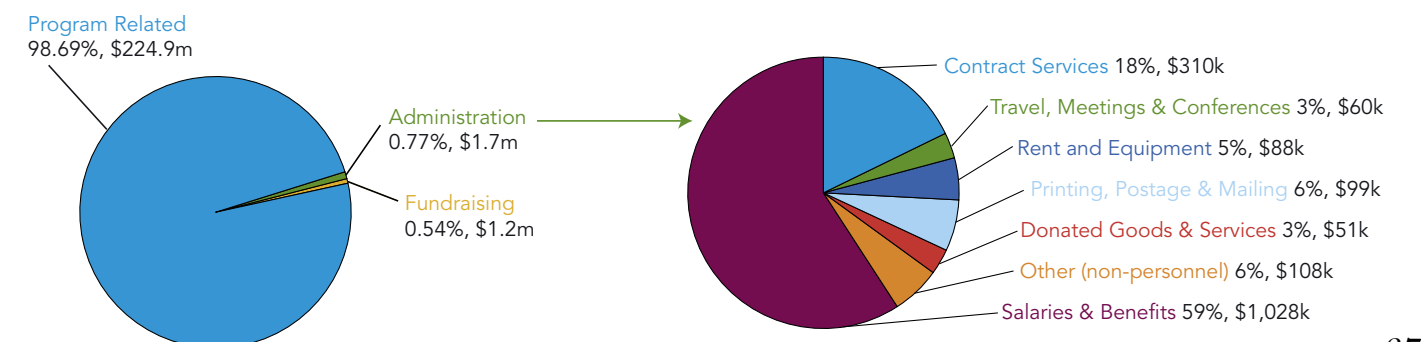
It should be noted that Direct Relief does not classify any mailing expenses as "jointly incurred costs"—an accounting practice that permits, for example, the expenses of a newsletter containing information about programs and an appeal for money to be allocated partially to "fundraising" and partially to "public education," which falls under program costs.

Fundraising Expenses: 2003 – 2008



Administrative Expenses

Direct Relief spent a total of \$1.75 million on administration. As noted earlier these expenses (other than donated services) were paid out of the assets of the Direct Relief Foundation. Administration is responsible for financial and human resource management, information technology, and general office management. A total of \$1.03 million was for salaries, related benefits, and taxes for 10 full-time employees and 2 part-time employees engaged in administration and financial management. Increased administrative expenses are due to new investment in information technology and finance infrastructure, systems, and personnel.



Direct Relief spent a total of \$1.23 million on resource acquisition and fundraising in Fiscal Year 2008. As noted earlier, these expenses (other than donated services) were paid out of the assets of the Direct Relief Foundation. A total of \$610,000 was spent for salaries, related benefits, and taxes for 5 full-time employees and 1 part-time employee engaged in resource acquisition and fundraising.

Fundraising Expenses

Administrative expenses also included:

- \$32,000 in credit card, banking, and brokerage fees
- \$74,000 for duplicating and printing, of which \$9,000 was spent on producing our Fiscal Year 2007 Annual Report
- \$263,000 in consulting fees including information technology services (\$86,000), management fees for invested assets (\$98,000), and communication services (\$46,000)
- \$39,000 in accounting fees for the annual CPA audit, payroll processing and reporting, and other financial services
- \$55,000 in legal fees, of which \$47,000 was provided pro bono for legal representation related to general corporate matters
- \$4,000 in taxes, licenses, and permits (Direct Relief is registered as an exempt organization in each U.S. state requiring such registration)
- A pro-rata portion of other allocable costs (see next page)

Other Allocable Costs

Direct Relief owns and operates a 40,000–square-foot warehouse facility that serves as its headquarters and leases another 23,000–square-foot warehouse. Costs to maintain these facilities include mortgage interest, depreciation, utilities, insurance, repairs, maintenance, and supplies. These costs are allocated based on the square footage devoted to respective functions (e.g. fundraising expenses described earlier include the proportional share of these costs associated with the space occupied by fundraising staff). The cost of information technology services are primarily related to the activities of the respective functions described earlier. These costs are allocated based on the headcount devoted to the respective functions.

Executive Compensation: The compensation of the CEO and the CFO was paid entirely by the Direct Relief Foundation. The CFO's compensation is allocated 100 percent to administration, and the CEO's compensation is allocated 50 percent to administration and 50 percent to fundraising. The compensation of the Chief Operating Officer, who also served as the Vice President of Programs for the majority of Fiscal Year 2008, was allocated 70 percent to programs, 20 percent to administration, and 10 percent to fundraising.



"WE WORK HARD TO WISELY AND EFFICIENTLY MANAGE THE CASH AND MATERIAL RESOURCES ENTRUSTED TO US BY OUR DONORS. 100% OF ALL CONTRIBUTED DOLLARS ARE DEVOTED TO PROGRAMS."

- Bhupi Singh, Direct Relief International CFO



DIRECT RELIEF ARCHIVES

Our Investors

On the occasion of Direct Relief's 60th anniversary, we recognize with deepest thanks the following investors, whose generosity has enabled service to millions of people throughout the world.

CASH DONORS

Honorary Chair (\$1,000,000+)

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Mr. and Mrs. John H. Adams
Anonymous
H. Guy Di Stefano Estate
Mr. Chip Harlow / Precision Strip
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M.E.G. Foundation
The Orfaea Fund
The Babette L. Roth Irrevocable Trust
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(\$100,000 - \$999,999)
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The Antioch Company
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Mr. and Mrs. C. William Schlosser /
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Mr. and Mrs. David Yawitz

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The American Society of the Most
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St. John of Jerusalem
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The Hon. and Mrs. Henry E. Catto /
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The William and Flora Hewlett Foundation
Priscilla Higgins, Ph.D. and Mr. Roger
W. Higgins / Higgins-Trapnell Family
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La Santa Casa de Misericordia
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The Limited Service Corporation
The Linbury Trust
David Livingstone Missionary
Foundation – Tulsa, OK
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Mr. and Mrs. Frank N. Magid
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Mr. Ken Maytag / Fred Maytag Family
Foundation

Mission Without Borders, Inc.
The Cynthia and George Mitchell
Foundation
Mitsui USA
The Henry E. and Lola Monroe
Foundation
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