



Himalayan HealthCare Annual Report 2011



himalayanhealthcare.org

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हिमालयन स्वास्थ्य सेवा

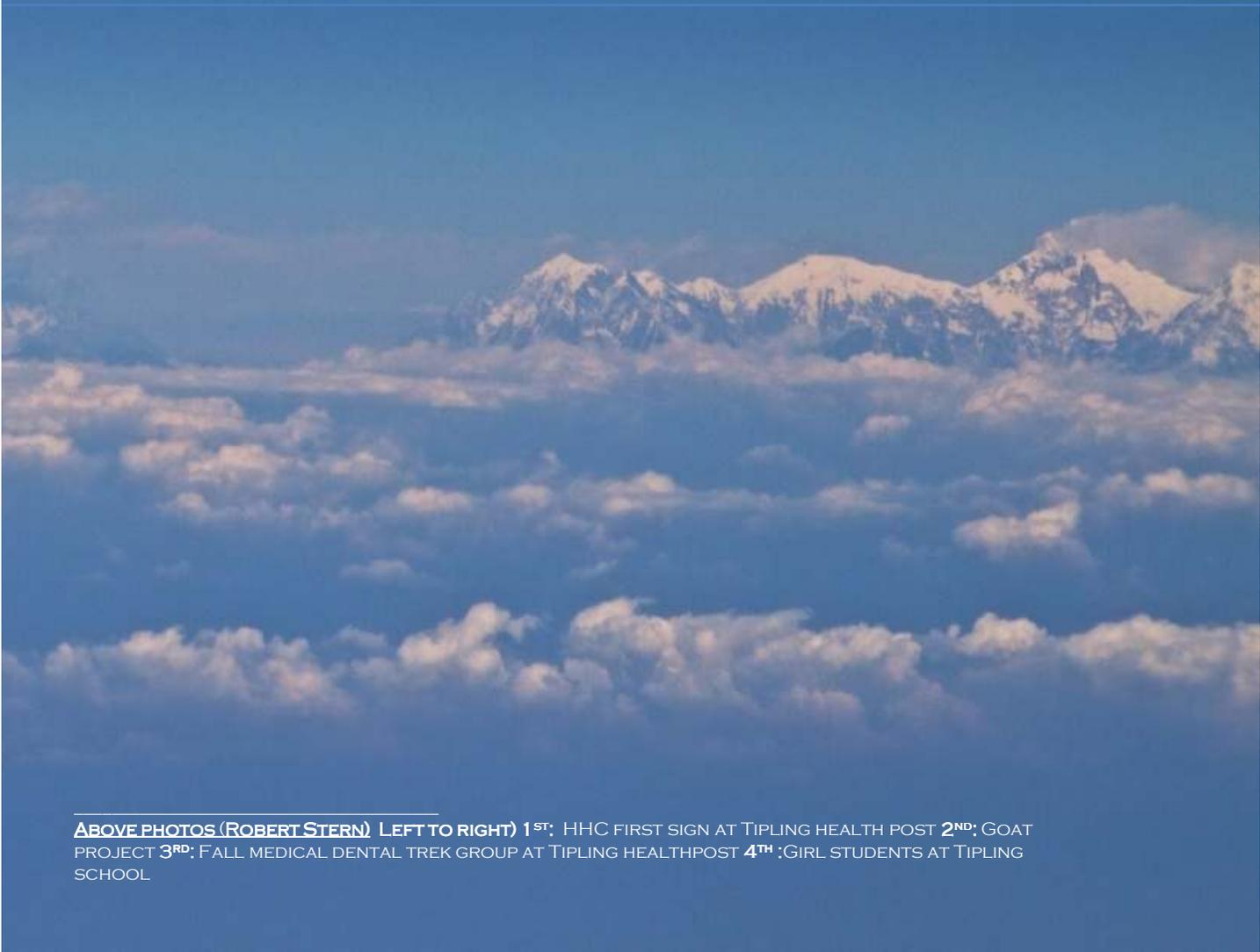
COVER PHOTO (ROBERT MCKERSIE) PHE DORJE WITH PATIENT

BACKGROUND PHOTO (ROBERT STERN): WESTERN HIMALAYAS FROM RANI PAUWA ON THE WAY TO TRISHULI

ABOVE PHOTOS (ROBERT STERN) **LT. TO RT.** 1ST: EFFICIENT STOVE AT PEMA'S HOUSE 2ND: DR. KEN KATAY SERVING PATIENT AT TIPLING, 3RD: WELCOME GROUP AT SHERTHUNG 4TH: TIPLING HEALTH POST CAMP

HHC MISSION STATEMENT

The mission of Himalayan HealthCare is to create sustainable development programs in remote villages of Nepal to help improve the quality of life for its people. Himalayan HealthCare achieves its mission by providing primary health care, community education and income generating programs that enable people to be self-supporting in the long-term.



ABOVE PHOTOS (ROBERT STERN) LEFT TO RIGHT 1ST: HHC FIRST SIGN AT TIPLING HEALTH POST 2ND: GOAT PROJECT 3RD: FALL MEDICAL DENTAL TREK GROUP AT TIPLING HEALTHPOST 4TH: GIRL STUDENTS AT TIPLING SCHOOL



Himalayan HealthCare (HHC) celebrates its 19th anniversary this year! An organization that was founded by Anil Parajuli and Lisa Gomer, who met in passing on a trail in a rural village of Nepal, has grown into a vital and important NGO in Nepal.

This annual report, representing the hard work of Anil and his staff, is a marvelous testimony to the work of HHC. As you read through the report I know you will sense the depth and breadth of our involvement in the lives of the rural Nepalese. From our medical treks, to our involvement in education, to our new income-generating line of artisan crafts (now under the Jeevankala brand), to our partnership with Caring for the World Films (who will tell our important story), we have continued our mission of helping the Nepalese help themselves.

The present global economic recession has forced us to “tighten our belts,” but we have not lessened our resolve to continue to support and offer healthcare, education, and income generating opportunities to all Nepalese, regardless of their gender, caste, religious or political beliefs, or ability to pay.

First-hand accounts from the yearly treks attest to the power of the work we do and the important results we accomplish and is evident in the smiling faces, healthier families, and more stable villages. It is inspiring to have the opportunity to do this work and I am always reenergized from my volunteer work and board duties.

This year also brings some changes in our board of directors. Dr. Robert Jackson, a past president, is stepping off of the board after over ten years of service. We thank Bob for his sage advice and leadership during his tenure. We are fortunate to have recruited two new talented directors. Ms. Christina Madden, works as an independent consultant in NYC and is an accomplished writer and fundraiser. She specializes in women’s and international issues. She presently is working on the promotion of our JeevanKala product line. Ms. Michelle Fanzo, is a strategic consultant who specializes in policy and program development. She has extensive international experience working with the UN in Myanmar and with an NGO in Afghanistan. Michelle will be instrumental in helping us with short and long term planning, as well as grant writing. Their knowledge, and experience will benefit our board and the people of Nepal greatly.

An organization that was founded on a chance encounter 19 years ago has grown to become a wonderful beacon of hope for so many. What was the vision of two humanitarians is now an organization run and funded by many, including many of you reading this report. As always we are very grateful to our donors, both large and small. You are the ones that enable us to do this vital work. Your support of our hardworking and dedicated staff in Nepal is greatly appreciated.

I hope this report inspires you to contribute in any manner you can. Your tax deductible contributions go a long way towards helping us continue our work. As well, we look forward to seeing you at one of the many 20th Anniversary Fundraisers we are having in 2012 fall when we will be premiering Caring for the World Films’ documentary of HHC entitled, “*Hearts in the Himalayas*”.

I thank you for your support!

Sincerely,
Robert McKersie,
President HHC

AN INTRODUCTION

HHC AND ITS PROGRAMS

Himalayan HealthCare (HHC) is a non-profit, non-governmental and non-denominational organization. In 2011 we marked our nineteenth year of sustained involvement with the villages in the Dhading and Ilam regions of Nepal. Since our formation in 1992, HHC has successfully launched local initiatives and community participation programs to encourage villagers to develop the tools needed to help themselves. Our staff continued to carry out our work despite physical and other hardships caused by the ongoing political changes in Nepal.

For nineteen years, HHC has devoted itself to improving conditions in villages that have little support from the government or other NGOs. HHC now serves over 265,000 people in the four villages of Dhading and 48 villages of Ilam. We are committed to the principle that the people we assist can be best served by a long-term commitment that addresses their fundamental needs and helps to establish a foundation for a meaningful and multi-generational improvement in their lives.

HHC first established itself in the isolated villages of Dhading, a region in the Ganesh Himal of Nepal, which is north of the capital Kathmandu, where people live in extreme poverty. Villagers have barely enough to eat, and children still die of illnesses due to malnutrition and lack of vaccines. Education is very rudimentary. These mountain villages can only be accessed by foot, and many lack electricity and clean drinking water. Our focus in Dhading has been on the Tamang people in the villages of Tipling, Sherthung, Lapa

and now Jharlang. Many of these villagers are from ethnic minority groups, which is still a significant obstacle to self-improvement in Nepal.

In 1992, in one village, we began our basic health program of de-worming, rehydration during diarrhea illnesses, antibiotic treatment of respiratory and other acute infections, and distribution of supplemental vitamins. Today four village health posts provide these and many other services, such as the training of local villagers as health providers. These health posts serve over 18,000 people in these remote and isolated villages where government services are barely available. Medical treks bring Western medical professionals to the villages, typically twice a year, often changing the lives of our trekker volunteers as much as the lives of the villagers they treat.

From the northern hills of Dhading and Dolakha, in 2000 HHC expanded its rural health campaign to Ilam, a hill region of 48 villages near the eastern border of Nepal that previously had only one doctor for over 250,000 people. HHC opened its community hospital in 2004 to serve this region of Ilam; patients from neighboring regions of Panchthar and Taplejung have also found their way to the hospital. The Ilam hospital has also expanded its services to mobile clinics and specialty clinics through international doctors and other medical volunteers. The community hospital continues to serve the rural community with affordable and equitable health care.

AN INTRODUCTION

Our work takes many forms: We administer vaccines, supply essential medicines to the villages and help patients secure specialty care in Kathmandu’s hospitals. We support eight village schools directly by funding teachers’ salaries, student scholarships, and books and supplies; we support another ten schools indirectly. HHC projects often focus on women who are the foundation of their homes and society. They take care of the home and children, fetch water and firewood, and engage in farm work beside the men. We facilitate skills training and create work opportunities enabling women to gain more financial independence and self-respect. We continue to help women practice safer motherhood.

HHC addresses the need for long-term financial solutions for these villages. We continue to sponsor ongoing income generating projects and to provide seed money to support new ones. Our programs train villagers as teachers, health providers and skilled technicians. Many of our sponsored students have assumed the responsibilities and challenges involved in leading their

people.

We have also established a line of handicrafts produced by artisans from the villages we support. Named *JeevanKala*, this line of goods is now being sold in Kathmandu, the United States and other markets. All proceeds are returned to Nepal to help support HHC’s programs. Much of the raw materials for the handicrafts come from recycled garbage, reinforcing the idea that our work in the villages can be sustainable and have a beautification of the environment.

The aftermath of the civil war, with its political uncertainty, weak governance and economic drudgery, continues to make life difficult for the Nepali people. The operating premise of HHC is to help villagers to become self-reliant by addressing their basic healthcare, education and income-generation deficiencies. We hope to give the villagers a foundation for a prosperous future independent of our assistance. HHC exists to provide *care, hope and opportunity* to the rural people of Nepal.



PHOTO (ROBERT STERN): TIPLING VILLAGE MEDICAL CAMPSITE, WITH THE HIGH PASS RIDGE IN THE FAR SUNRISE HORIZON

HHC VILLAGE PROGRAMS



HHC continues to provide the three vital programs of basic health care, education, as well as income generation in the villages - since poverty is Nepal's basic problem, resulting in the poor health and illiteracy outcomes. Given the close inter relationship of poverty and health and economic consequences, HHC seeks to address the situation in a systematic way in order to help the villagers achieve a better quality of life.

1.0 HHC VILLAGE HEALTH PROGRAMS



Our village health program began by combating acute illnesses like diarrhea, pneumonia, and other easily treatable diseases that caused children to die prematurely. The infant mortality rate (IMR) was 225 per thousand in the village of Tipling. One health provider who treated patients soon made a significant difference and many fewer children died needlessly. The parents began to have faith in the health providers and the health post emerged as the center of HHC village activities. In order to improve the hygiene of the village, HHC introduced the goals of literacy, clean water, and homes with latrines – with the result that fewer resources were spent in worm and diarrhea medicines and more in education and seed money for income improvement. As the children are one of the focuses of our attention, we pushed the

villages to improve their school programs. We began by putting in toilets and faucets in the Tipling school. Today we are working with eight out of the eighteen schools in the region directly. The children and the villages have become healthier. The infant mortality is now less than 15 per thousand, which is significantly below the national average.

Since 1992, HHC has invited international medical volunteers to run medical camps and help raise funds to support our village programs. Over 450 medical professionals have been a part of our medical and dental treks and as a result hundreds of thousands of dollars have been raised. These volunteers work alongside our Nepali health providers thereby assuring continuity in our village health programs.

1.1

VILLAGE CLINICS (HEALTHPOSTS)

Today, trained local health providers run the health posts in Tipling, Sherthung and Lapa with increasing support from the government. Antibiotics, vitamins, iron, folic acid, and de-worming medications continue to be part of the basic formulary. HHC continues to provide basic equipment and drugs to these remote health posts but increasingly the villages support a large part of the salary of the health providers as well as half of the cost of the medicines provided at the health posts. This cost sharing was

proposed by the villages and is a step towards the long-term objective of self-reliance and sustainability. We continue to support these village health posts because the villages still lack the economic means of financing them fully and the village level governance is still non-existent. Our supervisors continue to visit the health posts regularly to monitor and evaluate the services provided. With the government plan of more support for village health care in the near future, our village health plan will evolve in the coming years.

HHC 2012 VILLAGE CLINIC REPORT

Disease	Tipling		Sherthung		Lapa		Total		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
Gastrointestinal problems	720	924	859	1052	975	1160	2554	3136	5690
Worms	20	42	38	57	49	41	107	140	247
Skin disease	191	186	157	215	189	178	537	579	1116
ARI	105	155	137	201	171	109	413	465	878
ENT problem	57	77	71	67	48	98	176	242	418
Abscess/Cellulitis	33	70	41	101	57	62	131	233	364
UTI	46	91	37	75	49	87	132	253	385
COPD	19	31	28	30	21	36	68	97	165
Viral fever \ fever of unknown cause	31	20	21	43	36	57	88	120	208
Fracture/trauma	27	29	29	15	56	37	112	81	193
Insect/animal bite	24	27	11	37	24	33	59	97	156
Oral/Dental problem	190	167	128	194	146	193	464	554	1018
Burn/scald	9	12	15	13	18	27	42	52	94
Sinusitis	21	50	35	31	32	49	88	130	218
Osteoarthritis/rheumatism	13	28	21	8	29	44	63	80	143
Hypertension	5	17	23	27	20	38	48	82	130
Cyst/corn	9	28	19	14	21	19	49	61	110
Meningitis	4	1	3	7	2	3	9	11	20
Jaundice	2	4	1	5	7	5	10	14	24
Parkinson's disease \ similar disorders (Total patients only 10)	13	-	2	5	11	2	26	7	33
Epilepsy (Total patients only 24)	14	15	9	12	12	17	35	44	79
Male Reproductive problems	22	-	31	-	15	-	68	-	68
Gynecological problems	-	96	-	104	-	121	-	321	321
Malnutrition (6 months record)	17	20	21	24	22	27	60	71	131
Total	1592	2090	1737	2337	2010	2443	5339	6870	12209

HEALTH PROGRAMS



PHOTOS: TOP: PHUL MAYA, MIDWIFE AT TIPLING CLINIC WITH MOTHER & CHILD RT.: PHUL MAYA MAKING HOME VISITS 2ND ROW LEFT: ARTHRITIS PATIENT AT HEALTH POST RT.: PHE DORJE, HEALTH PROVIDER AND SUPERVISOR USING ULTRASOUND MACHINE ON PREGNANT WOMAN AT TIPLING CLINIC 3RD ROW LEFT: PHE DORJE CARRYING OUT LAB INVESTIGATIONS (ROBERT STERN) 3RD ROW RIGHT: PATIENT CARRIED IN BY SON BOTTOM LEFT.: PEMA TAMANG, HEALTH PROVIDER AT SHERTHUNG VILLAGE PROVIDING CONTRACEPTIVE RT.: TIPLING VILLAGE HEALTH POST \ CLINIC (PHOTO LOUIS DECARLO)

1.2

SAFE MOTHERHOOD PROGRAM

In 2011 HHC continued its midwife program in the villages of Tipling, Sherthung, and Lapa. Phul Maya Tamang, HHC trained midwife, continued to provide both anti-natal care (ANC) and post-natal care (PNC) in the three villages where once there was no midwife. She helped 381 women with antenatal care and safe labor and delivery and referred many complicated cases to Kathmandu. Phul Maya continues to monitor the pregnancies of young village women and provides them with vital information on safe motherhood as well as vitamins, folic acid, and iron. She ensures during clinic visits that they receive tetanus shots from the government providers. As well, she holds special women literacy classes for young mothers.



HHC VILLAGE SAFE MOTHERHOOD PROGRAM 2011

Village	ANC	Delivery	PNC	Total Patients served
Tipling	103	28	39	170
Sherthung	125	37	61	223
Lapa	153	34	72	259
	381	99	172	652

1.3

VOLUNTARY FAMILY PLANNING

HHC continues to support the government’s voluntary family planning program. In this regard the health posts provide information and the means to plan pregnancies and improve birth spacing. Over the past sixteen years, the voluntary use of contraception in northern Dhading among women of childbearing age has increased significantly. Our health providers counsel community women

groups on family planning based on government guidelines. Our health posts continue to provide oral contraceptive pills, Depo Provera®, Norplant®, and condoms. Phul Maya Tamang helps women learn about family planning services. Norplant® was started as a pilot project through HHC in villages outside of the district headquarters by the Ministry of Health (MoH).

HEALTH PROGRAMS

HHC village health providers, Phul Maya Tamang and the village Mother and Child Health Workers (MCHW) continue to educate mothers on the benefits of immunization and encourage them to bring their children to the health posts during the government stipulated vaccines days each month. This has improved the health status of children, especially those under five years. The children are vaccinated against diphtheria, pertussis (whooping cough), tetanus, tuberculosis, polio, and measles. In the entire region of Dhading, these villages continue to have the best immunization records.

HHC VILLAGE FAMILY PLANNING PROGRAM 2011

Village	Tipling	Sherthung	Lapa	Total
Condom users	125	199	218	542
Pills (OC) users	36	45	53	134
Depo Provera® users	174	215	233	622
Norplant® users	4	3	5	12

1.4

TUBERCULOSIS PROGRAM

Tuberculosis has always been a serious health threat in the villages of Nepal. Our village health providers at the clinics identify potential TB cases and refer them (and when necessary escort them) to the district hospital (a two days walk) or to the National Tuberculosis Center in Kathmandu (three days travel) for lab confirmation and initial treatment. Our DOT (Direct Observation Treatment) trained health workers monitor and assist patients in adhering to the long treatment and also help prepare data for the national report on tuberculosis.

1.5

NUTRITION & VITAMIN PROGRAMS

HHC research on the nutrition status of children under five in the village of Tipling, showed that over 50% of the children malnourished or underweight. Based on these findings mothers have been encouraged to bring the child to the health posts for regular evaluation and care. Mothers are supported and trained in preparation and proper storage of blended foods that are high in protein and vitamins from local food grains by Phul Maya Tamang, nurse midwife. In addition, visiting the health posts for regular supplies of multi-vitamins and minerals for most children has continued since 1992.

HHC initially provided Vitamin A capsules (sustained release) every six months for over eight years to help prevent blindness and Vitamin A deficiency, but now supports the government Vitamin A program for children under 5 by monitoring and also taking part in dispensing of Vitamin A during the government

stipulated months of April and October each year.

HHC is also researching the use of RUTF (Ready-to-Use-Therapeutic Foods) in treatment of severely malnourished children with the help of Mark Arnoldy, the founder of NUTrition Nepal.

1.6

REFERRED VILLAGE PATIENTS

Village patients who are referred by the village health posts to city hospitals usually cannot afford the costs for this health care – therefore, HHC provides support for patients in such need. In 2011, we were able to provide financial support to over 47 critically ill patients.

Rheumatic heart disease, cataracts,

tumors, and other severe cases were treated in various hospitals in Kathmandu. Our funds covered fifty percent of the patients' hospital stay, diagnostics, surgery, medicine, follow-up, food, and transportation. HHC also provided funds for two heart surgeries.

HHC REFERRED PATIENT REPORT 2011

S.N.	Name of patient	Age/Sex	Address	Diagnosis	Referred to
1	Pore Rani Ghale	48/F	Tipling-4	Meningoencephalitis	Kathmandu
2	Padam Bdr. Gurung	57/M	Lapa-7	Heart problem	Kathmandu
3	Dorje Tamang	30/M	Lapa-5	Calculus in gallbladder	Kathmandu
4	Khu Ghale	28/M	Tipling-7	Duodenal ulcer	Kathmandu
5	Santi Maya Tamang	24/F	Tipling-7	PID	Kathmandu
6	Man Maya Tamang	36m/F	Tipling-8	Malnutrition	Kathmandu
7	Ram Maya Gurung	48m/F	Lapa-7	Malnutrition	Kathmandu
8	Gita KB	49m/F	Lapa-5	Malnutrition	Kathmandu
9	Men Maya Tamang	58m/F	Lapa-5	Malnutrition	Kathmandu
10	Sarchi Maya Tamang	40/F	Tipling -8	Possible duodenal ulcer	Kathmandu
11	Lal Maya Tamang	47/F	Tipling -4	Possible CA gastric	Kathmandu
12	Tulman Tamang	39/M	Tipling -5	Suspect TB	Dhading
13	Thasa Maya Tamang	57/F	Shertung-7	Possible diabetes mellitus	Dhading
14	Timaya Tamang	46/M	Shertung-5	Gyne tests	Kathmandu
15	Shita Tamang	14/F	Lapa -3	Gyne tests	Dhading
16	Kali Maya Tamang	23/F	Tipling -6	Gyne tests	Kathmandu
17	Deu Maya Tamang	15/F	Shertung-1	Gyne tests	Dhading
18	Timaya Tamang	46/M	Shertung-5	Gyne tests	Kathmandu
19	Hili Maya Tamang	37/F	Tipling -3	Tuberculosis suspect	Kathmandu
20	Dawasang Tamang	57/F	Tipling -7	DM	Kathmandu
21	Sanju Gurung	33/M	Shertung -4	Gyne tests	Dhading

HEALTH PROGRAMS

S.N.	Name of patient	Age/Sex	Address	Diagnosis	Referred to
22	Ruku Maya Tamang	30/F	Lapa -7	Fracture of Rt. wrist	Dhading
23	Chunu Maya Tamang	13/F	Shertung -9	Rt. TM perforation	Kathmandu
24	Lali Maya Tamang	15/F	Jharlang -7	Tuberculosis suspect	Dhading
25	Sampa Tamang	61/M	Tipling -8	Cataract?	Kathmandu
26	Suk Ghale	47/M	Tipling-2	HTN	Kathmandu
27	Kumari B.K.	57/F	Shertung-8	PID with GERD	Kathmandu
28	Sompar Tamang	8/M	Tipling-8	Chickenpox	Kathmandu
29	Sompar Rani	55/F	Tipling-6	Cataract	Kathmandu
30	Binu B.K.	9/F	Shertung-4	Myringoplasty	Kathmandu
31	Chhoy Lama	45/M	Tipling-4	Heart problem (rule out)	Kathmandu
32	Tarchi Tamang	21/F	Tipling-8	USG for ANC	Dhading
33	Pramila Gurung	25/F	Lapa-7	CSOM	Kathmandu
34	Kauri Maya B.K.	51/F	Lapa-4	Breast lump	Kathmandu
35	Chinu Maya Gurung	9/F	Lapa-7	Neurological problem	Kathmandu
36	Menchit Tamang	65/F	Jharlang-7	UVP	Kathmandu
37	Natuk Tamang	45/F	Lapa-4	Cataract	Kathmandu
38	Niruta Maya BK	4/F	Tipling-1	Rt. elbow fracture	Dhading
39	Ga Rani Ghale	34/F	Tipling-6	Dental problem	Dhading
40	Khoni Maya Tamang	9/F	Tipling-5	Epilepsy	Kathmandu
41	Minjom Tamang	9/F	Tipling-7	Deformity leg	Kathmandu
42	Dili Maya Tamang	36/F	Tipling-6	Rib lesion	Kathmandu
43	Kumari Tamang	11/F	Tipling-3	Orthopedic problem	Kathmandu
44	Ki Thapa Tamang	39/M	Tipling-8	Hepatitis – B	Kathmandu
45	Phul Maya Tamang	51/F	Tipling-9	Leprosy	Kathmandu
46	Kuman Tamang	49/M	Tipling-2	Lipoma	Kathmandu
47	Dinesh Tamang	19/M	Tipling-4	Gyanecomastia	Kathmandu
48	Suni Maya Tamang	16/F	Tipling-9	Poor vision	Dhading
49	Mlang Maya Tamang	48/F	Shertung-3	Cataract	Kathmandu
50	Chuni Maya Tamang	8/F	Shertung-3	Paralysis	Kathmandu
51	Res Man Tamang	18/M	Shertung-5	TM perforation	Kathmandu
52	Krishna Bdr. BK	55/M	Shertung-8	CA Lungs	Kathmandu
53	Mandal Tamang	78/M	Shertung-3	CA Rt. Check	Kathmandu
54	Khojom Tamang	68/F	Shertung-1	Cataract	Kathmandu
55	Hem Maya Tamang	14/F	Shertung-3	Epilepsy	Kathmandu
56	Mensing Tamang	56/F	Shertung-5	Abdominal mass	Kathmandu
57	Kalpana BK	3/F	Shertung-1	Malnutrition	Kathmandu
58	Sagar Tamang	18m/M	Shertung-2	Delayed development	Kathmandu
59	Subash Tamang	6/M	Shertung-8	General heart disease	Kathmandu
60	Dhansing Tamang	56/M	Shertung-3	TB suspect	Kathmandu
61	Khari Lama Tamang	56/M	Shertung-5	Cataract	Kathmandu
62	Tarche Ghale	71/M	Shertung-3	Eye Mass	Kathmandu
63	Mansuba Gurung	65/F	Shertung-4	3 rd degree UVP	Kathmandu
64	Subash Tamang	6/M	Shertung-8	Heart problem	Kathmandu

HEART PATIENTS SUPPORTED BY HHC

Bishnu Maya Lama	Ilam	13	F	Valve replacement done
Sabitri Gurung	Sherthung 4	30	F	Valve replacement done

1.7

SANITATION PROJECT

Since inception, HHC has supported temporary latrine projects in the villages of Tipling, Sherthung, and Lapa. These sanitary systems were first initiated through the adult literacy classes; lessons were created in the syllabus to the importance of a proper sanitation system. The literacy teachers were trained in latrine building and taught this valuable skill to their students. Subsequently, each literacy student was asked to build their own latrine as illustrated in their book; to ensure that the students complied, the class assisted each other with the building of the latrines. Within two years over 150 pit latrines were built in these three villages. In addition, the village committee enacted a ban on defecating near water sources and has an active campaign to encourage villages to build and use these temporary latrines.

Over the years HHC has also funded public toilets in schools and other communal areas of the villages. In 2009, HHC launched a permanent toilet (pans style) campaign in northern Dhading to build a toilet with a septic

system for every household. HHC first began this in partnership with the village of Sherthung after consultation with the political leaders. HHC funded the costs of the building materials (corrugated tin sheets for the roof, plain tin sheets for the door, cement and reinforced steel bars for the slab). Each household provided the property to build the toilets, building materials available in the village (wood and stones), and labor. The households were asked to pay back to HHC in small manageable installments the costs of the supplied materials. These funds are deposited in a revolving fund to help fund the building of other toilets in the village. The Toilet Management Committee managed the project under HHC supervision. In 2011 with the help of GlobeMed (University of Colorado at Boulder chapter), HHC helped build 48 permanent toilets in two villages which has benefited over 500 people. At present there are twenty toilets under construction. HHC will continue to raise funds to build toilets in every house and every school in the villages of Tipling, Sherthung and Lapa.

VILLAGE TOILET & SANITATION PROJECT

Village	Households	People served	Remarks
Tipling	20	145	Two toilets for public use
Sherthung	28	218	Three toilets for public use
Total	48	543	



PHOTO: HHC FUNDED TOILET AT THE BACK OF A HOUSE IN TIPLING VILLAGE

HEALTH PROGRAMS

1.8 EFFICIENT WOODSTOVE PROJECT

Since inception, HHC has tried to introduce chimneys in the houses in the village of Tipling as the smoke-filled homes are a major cause of lung disease in the village. The children and elderly are the most vulnerable. As well, the existing open hearth in the middle of the houses is a danger for fire injuries to children, the elderly, and epileptic patients.

In 2010, a new and efficient wood stove prototype, modeled on one studied in Ilam, was introduced in the villages of Tipling, Sherthung, and Lapa. The design allows the smoke to escape through a chimney and the consumption of firewood was reduced by half compared to the traditional stoves the villagers were using.

Ten HHC trained technicians help in each village instructed locals to build the clay stoves. Bin Thapa Tamang, HHC stove supervisor for the three villages, ensures that a growing number of villagers learn about the stoves and are instructed in their construction. The cost of the stove (labor and parts) is approximately \$20. A metal reflector to keep the heat in the house during the winter months is an additional \$20. At present, over one hundred of these stoves have been built with more and more households interested as it decreases the time families spending collecting firewood. Environmentally it has helped decrease the amount of deforestation and has dramatically improved the quality of air that the villagers breathe in their homes.

GlobeMed at UC, Boulder, HHC’s partner, has helped support the cost of building these woodstoves in the villages.

Village	Households	People served
Tipling	36	216
Sherthung	<u>42</u>	<u>252</u>
	<u>78</u>	<u>468</u>



PHOTOS: TOP: WOMAN CARRYING FIREWOOD (ROBERT STERN) MIDDLE: LADY OF THE HOUSE WITH BOTH OLD AND NEW WOODSTOVES IN THE BACKGROUND BOTTOM: HHC FUNDED EFFICIENT WOODSTOVE (ROBERT STERN)

2.0 HHC VILLAGE EDUCATION

Since 1993 HHC has supported the village school and adult literacy programs. Today, all of the villagers realize the importance of education. Before our village programs were initiated, only a handful of children attended schools but today every household in the three villages of northern Dhading have children attending schools.

2.1

WOMEN EMPOWERMENT PROGRAM



HHC's non-formal education program began in 1993 with just one center in one village; by 1997-98 it had expanded to 27 centers in three villages. Over 90 percent of the students are women but some children who have had no formal schooling join these classes as well. Women have shown great interest in these four-hour long classes held after dinner, focusing on safer pregnancy, immunization, family planning, hygiene, latrine sanitation, alternative farming techniques, cash crops, skill training, voting rights, and women empowerment. In the past eighteen years, benefiting from our programs, about 4,000 students have learned to read and write in Nepali and over 60 children have enrolled in regular

schools. HHC continues to provide blackboards, reading and writing material and other essentials and the students contribute by transporting these materials to the villages.

In 2008, after many years of conducting literacy classes, HHC, with the suggestion of the participants, began vocational training classes, entitled Women Empowerment Classes. In 2011, between 29th May and 18th July, 146 women in Tipling (70) and Sherthung (76) villages continued receiving hands-on training in family planning, safe motherhood, cleanliness, sanitation, and environmental-friendly practices. These classes are being taught by experts such as midwives, village health workers, HHC trained sanitation and environmental workers, and teachers. This practical training will allow these women to not only help themselves but it will also teach them to help others. For example, they will learn to build a pit latrine in their home and also use this skill to help others do the same. A women's empowerment class was also launched for the blacksmiths in Sherthung village.

2.2

VILLAGE SCHOOL PROGRAM



Village schools in Nepal are government run and require help with additional staff and funds. The villages themselves have little financial means nor manpower to support them. In 1995, after three years of discussion with local leaders, HHC was able to improve standards and expand enrollment at a primary school in Tipling that initially counted just 15 students. Today the Tipling school has over 300 students and has added sixth, seventh, eighth and ninth grades.

Today two high schools, three lower secondary school and fourteen primary schools in the villages of Borang, Tipling, Sherthung, and Lapa receive support from HHC for teachers' salaries, training programs, instructional. Also, HHC has supported school renovation, and continues to support stipends for orphaned children. In 2011, our teachers Bahadur B.K., Purna Tamang, Suman Ghale, Dorje Tamang, Mlange Tamang, and Purna Ghale, under the supervision of HHC, continued the hard work of organizing and supervising school activities. They also worked as teachers in seven

schools and instructed over 1550 students, of which 851 were boys and 649 girls (more than 50 of these students are from the *Dalit* or lower caste). Twenty five of these students will be taking the national high school exams this year.

There are only two high schools in northern Dhading and most students in the rural areas stop attending school after primary school due to lack of financial support. In 2011, we supported 32 *kami* (blacksmith) and other orphans in the local schools and four in private schools in Kathmandu through the help of generous friends. So far 40 sponsored students have graduated from high school.

Many of the high school graduates are further supported when they attend technical schools and colleges. They receive training as health providers, teachers, and other skilled technicians and typically take over the running of their village health posts, schools, and other services or trades in their villages. In the past students have been trained in carpentry, plumbing,

tailoring, sewing, and knitting in the cities to provide services as well as income.

The secondary school in Borang still operates a small library. Many books, magazines, newspapers, journals, bulletins, and reports have been sent to this remote library. In 2011 more than 500 students and 30 teachers from several schools made use of this facility.

Two village libraries established in 2007, one at Dongden Devi School in Tipling and the other at the Mukrap

Devi School at Lapa continue to serve over 700 students and 13 teachers. The schools in these regions had no access to telephones, Internet service, books, magazines, or television prior to these village libraries.

A very special thank you to Mr. Ramesh Shankar Shrestha and Mrs. Anju Shrestha who continue to support our village stipendiary program for the past four years and also for supporting Suku Maya's education fund, started after her entire family was tragically killed in a landslide in Tipling in 2009.

HHC SPONSORED STUDENTS IN UNIVERSITIES & COLLEGES in 2011

Students	Village/ District	Training	Period	Year
Sita Thapa	Sindhupalchowk	Diploma in Pharmacy	36 m	2009-2012
Dal Bdr. Kumal	Lamjung	Bachelor in Health Care Mgt.	48 m	Completed
Kumar Gurung	Shertung	Bachelor in Health Care Mgt.	48 m	2009-2013
Chhabi Lal Bhattarai	Pyuthan	Masters in Rural Development	24 m	2010-2012
Chandra Tamang	Ilam	MBA	24 m	2011-2012
Bina Lungeli	Ilam	Certificate in Nursing	36 m	2011-2013
Rasa Maya BK	Lapa 8	Auxiliary Nurse Midwife	18 m	2011-2012
Khem Raj Ghimire	Ilam	Diploma in Electronic	36 m	Completed
Sudhir Singh	Janakpur	Bachelor in Anesthesia	36 m	2010-2012
Purna Tamang	Tipling 7	Certificate in Education	24 m	2010-2012

2.3

VILLAGE YOUTH MANAGE PROJECTS

HHC has supported and worked with village students for nineteen years and these students have lately initiated community based organizations (CBO). In 2011 HHC financially and technically supported mothers' groups in Tipling and Sherthung. It also supported Sewa Nepal in Tipling and Apanga Ekta Kendra (persons with disabilities) in the Lapa villages. These groups in turn support HHC's medical camps, building of permanent latrines, campaign against malnutrition, conducting women literacy classes and other HHC village projects. HHC maintains instructs these youth groups in organization and

leadership skills to enable them to manage present village programs and projects and develop new ones. With the birth of these youth groups, HHC's advisory role will gradually increase. The youth groups are also conducting social awareness campaigns which are showing encouraging results as more villagers are persuaded to build toilets, send children to school and to participate in other village activities. HHC has also provided computer training to the members of these groups to enhance their management skills.

3.0 HHC INCOME GENERATION PROJECTS



The villages that HHC supports rely on corn, millet, and potatoes for their livelihood, but, due to the harsh mountain climate and poor soil conditions, face famines every few years. Even during good years, most families have to feed and support themselves by eating roots and bark of trees from the nearby forests and have members take on work as porters for many months away from home.

HHC continues to distribute seed money to women in the villages to help support small income generating activities to supplement their farming incomes. Many of these women are now able to support their own families, even while their husbands, who often work overseas, are away for several years at a time. Many of these women are now managing their own lives and families. In the past sixteen years HHC has supported local entrepreneurial activity including raising chickens, angora rabbits, goats, pigs, medicinal plants and metal crafting, weaving, and knitting. Many of these projects have been successful.

3.1

JEEVANKALA (ART OF LIFE) PROJECT



In 2011, Himalayan HealthCare continued the production, shipment, and sale of the environmental-friendly handicrafts and support of the hundreds of women artisans of northern Dhading in central Nepal and their families who produce these handicrafts, work that has both dignity and pride. Our new brand is JeevanKala, which literally means art of life; as the art allows the artisans to earn their livelihood. JeevanKala is in the process of being registered as a handicraft company both in New York, USA and in Nepal and it should be completed by early 2012.

HHC, through JeevanKala, funds the production and shipment of handicrafts and the profit from these handicrafts supports humanitarian projects in the villages of the artisans thus helping the artisans and their families directly.

JeevanKala first and foremost ensures that the handicraft proceeds benefit the

artisan and their families. These artisans are provided with fair salaries, taught the skill-sets needed for crafts production (thus in turn is shared with their communities), assisted in becoming self-reliant entrepreneurs, and gain a sense of well being by having involvement in a worthy humanitarian project. Our artisans have a real sense of pride creating exclusive handicrafts that have international appeal and support indigenous knowledge, with a third of the revenue generated by the sale of these beautiful crafts returned to them in the form of primary health care and educational services provided through HHC.

HHC through JeevanKala project continues to manage two stores in Kathmandu, one in Thamel and one in Jawalakhel. The women working in the handicraft project receive better wages than comparable projects in Nepal.

VILLAGE INCOME

HHC's JeevanKala project promotes preserves traditional skills, supports individual entrepreneurial initiatives and community responsibility, and creates products that are environmentally sensitive and of the highest quality. We will continue to help train women artisans to ensure quality and long term production that will add in their own sustenance. We thank Tim Cotton and Teresa von Roedelbronn for their leadership support in helping launch JeevanKala.

We also thank Laxmi Maharjan, Rita

Karki, Rabina Maharjan, Saru Maharjan and Geeta KC, and Nirmala Khadka for providing quality work and Soni KC Parajuli, with support from Chandra Tamang, for helping manage this unique handicraft project.

We invite all friends and supporters of HHC to look for these beautiful gift items on www.himalayan-healthcare.org and to support this important project. We also invite friends to host sales in their homes and in the process raise funds for all the village programs.

Artisans working with HHC in 2011

	<u>Households</u>	<u>Members</u>
Artisans from Tipling, Sherthung and Lapa residing in Kathmandu	60	240
Artisans from other villages living in Kathmandu	6	30
Disabled artisans	2	2
Total in 2011	68	272

3.2

CARDAMOM PLANTATION PROJECT

In 2001, fifty thousand cardamom seedlings were brought from Ilam in eastern Nepal to the hills in central Nepal to be planted to help farmers supplement their incomes. During 2011, more than 20 families in Tipling, Lapa, and Sherthung villages raised several hundred kilos of the

spice from their farms which has a ready market in nearby towns.

Twenty thousand additional seedlings will be brought to these hills from Ilam in 2012 to help additional farmers.

3.3

LIVESTOCK PROJECTS



The 32,000 animals are important livestock for the survival of the 13,000 people of Tipling, Sherthung and Lapa villages and now they have a HHC trained veterinarian technician, Chhen Tamang of Lapa, and several skilled local villagers he has trained to help him with the management of medical problems from diarrhea to potential epidemics that can affect an entire animal population.

In 2012, HHC will distribute loans to these trained individuals for medication and other supplies to help them maintain the livestock in their villages. A new veterinarian technician will also

be funded for a two months training in cattle artificial insemination in Pokhara to help increase and improve the cattle population in the three villages. Initial supplies and equipment to support this project will be provided by HHC.

In 2011, HHC donated four goats each to Dilli Maya BK, a *dalit* woman whose husband is unable to support them, and Sabitri Gurung who has a debilitating heart problem. The breeding and sale of the goats has helped these with additional income. Dilli Maya has used this income to educate her children. More such women will be identified to support in 2012.

COMMUNITY HOSPITAL PROJECT



In April 2004, HHC launched the Dr. Megh Bahadur Parajuli Community Hospital (DMBPCH) in Ilam, in the eastern most part of Nepal. Over 250,000 people living in 48 villages and two large towns had only one doctor providing health care. Patients had to spend their much-needed resources in visiting hospitals across the border in India or in larger Nepali towns many hours away. In 2011, the community hospital, with Drs. Buddhi Thapa, Pranav Wasti, Archana Wasti, Krishna Budhathoki, and Himal Dahal provide 24-hour service to all of Ilam as well as to neighboring regions. Special thanks to them.

An acknowledgement for support from Drs. Sonai Giri and Niroj Agrawal, final year residents of family medicine at the B. P. Koirala Institute of Health Sciences (BPKIHS), Dharan, who worked in our community hospital under the guidance of Dr. Buddhi Thapa, the chief medical officer (CMO),

as part of the curriculum (rural medicine). We are grateful to Dr. Gyanendra Malla, head of family medicine, at BPKIHS. The community hospital in Ilam will continue to have doctors from this tertiary center serve as well as to learn in a rural setting.

HOSPITAL SERVICES

24 hour service to community

- * Outpatient
- * Delivery & C-section
- * Pathology lab
- * Emergency care & ambulance
- * Primary eye care & surgery
- * Town clinic (telephonic appointment)
- * Pharmacy
- * Inpatient
- * Surgery
- * X-ray, ultrasound, ECG
- * RCT, extraction & scaling
- * Optical shop for glasses
- * Occupational therapy
- * Canteen

Patients Served at Hospital (2011)

Dental	471
Emergency	1344
General OPD	4706
Referred (Other centers)	539
Eye Patients	683
Camps	<u>1,572</u>
Grand Total	<u>9,315</u>

ANC & Obstetrical Care in 2011

Antenatal Checkup	138
Normal Delivery	10
Total Live Births	18

Surgical Procedures in 2011

Minor surgeries	49
Major surgeries	49
LS CS (Caesarean Section)	7
LS CS with BTL	1
I&D under GA	2
MUA	11
D&C (Incomplete)	9
Foreign Body Removal	4
Appendectomy	3
Herniorrhaphy	1
Hydrocele	1
Circumcision	1

In spite of the logistical difficulty of running a hospital in Ilam where few other support systems are in place, the staff were able to provide quality care to over 9,000 patients including the medical camps. We are happy to have a new hospital director Dharma Gosain. The hospital continues to provide surgery, labor and delivery services along with antenatal clinic, family planning, an HIV clinic and immunization.

During 2011 several international

medical volunteers have supported the hospital staff in Ilam. HHC is grateful to Dr. Robert McKersie (Family Physician, HHC President), Dr. Susan George (UK), Dr. David Reczek (Dentist), Dr. Alan Collin (MDGP, Australia), and Dr. Claire Thomas. The hospital staff has benefited from the presence of all of these medical providers and enjoyed having them in Ilam. We are also grateful to Debi Lang, Founder and President of Caring For The World Films, and her colleague Mike Palliola, for filming the

hospital for the upcoming *Hearts in the Himalayas* film.

We are also grateful to HHC benefactor Ms. Teresa von Roedelbronn and her niece, Angela

Molnar, for visiting the hospital. We were also happy to have fourth year medical students from the UK visit our hospital namely; Dan Wilbor, Jon Goodship, Ellior Adamson, Stephanie Raybold, and Jennifer Forshaw.



HOSPITAL STAFF & VOLUNTEERS:

FRONT (LT. TO RT.): DR. PRANAV WASTI (MO), ANIL PARAJULI, LIZA CHANDRA THAKUR, RAMA DEVI MALLA, JYOTI BARAL, ANU LOPCHAN, GUNA THAPA, DR. DAVID RECZEK, MIKE PALLIOLA

SECOND ROW: DR. PRAMENDRA PSD. GUPTA, KHAGENDRA THAKURI, DEBI LANG, GANESH RAI, DR. ARCHANA WASTI, KUMARI LAMA, DIPAK DHUNGANA, DHARMA GOSAIN (HOSPITAL DIRECTOR)

THIRD ROW: MANI RAM NIROULA, DR. BUDDHI BDR THAPA (CMO), BIMLESH KUMAR JHA, TIRTHA BISTA, PURNA PSD. GAUTAM, RAJENDRA NEUPANE

BACK ROW: INDRA NEPAL, PRADIP KUMAR BUDHATHOKI, DIPENDRA KUMAR JHA, DR. HIMAL DAHAL (MO)

MEDICAL AND DENTAL CAMPS IN ILAM VILLAGES

The Dr. Parajuli Community Hospital continues to bring healthcare to the doorsteps of the villagers; this has engendered trust in Nepal's healthcare providers who historically have been a part of a healthcare system that was archaic and poorly managed. The medical camps have also allowed the villagers to learn about the various services available at our hospital. Our services have allowed many of our patients to receive their needed specialty care at our hospital, thus saving them from traveling long distances to the medical centers in the terai (low-lands) or the Indian border towns. There were six camps carried out by the hospital in Ilam in 2011. These camps were carried out with the support of the hospital staff, local village committees and organizations and clubs, and many other individuals. HHC is grateful to all of them.

	<u>VILLAGE</u>		<u>HOSPITAL TEAM</u>	<u>PATIENTS</u>	<u>SUPPORT BY</u>	
1	Jan 3-4	Sumbek	Dental OPD Eye	2 Medical Officers or MO, Pratyush Dhakal (Ophthalmic Assistant or OA), Pharmacist, Anu Lopchan (Staff Nurse or SN), Sangita Shrestha (SN), Jhalendra Karki, Praven Poudel (Admin Officer), Ganesh Rai (Dental Assistant or DA), and GlobeMed Volunteers (Adrien, Roohie &, Navodita)	389	Sumbek V.D.C In-charge Dilli Ram Ghimire & VDC office Staff, Sumbek, Sub-health post In-charge Dhan B. Pakhrin & staff, Sumbek School, Gopi Dewan (Hospital Committee), Bal Krishna Bhattarai, Nar Nath Niroula, Indra B. Parajuli, Uma K. Pokharel, Buddha Gurung, Kuldip Ghimire
2	Jan 26	Town Clinic	Diabetes & Eye	1 MO, Dipendra K. Jha (Lab Tech), Liza Thakur (Chief Nurse), Kiran Subba (Auxiliary Nurse Midwife or ANM), Pratyush Dhakal (OA), Mukesh Siwa (Eye Worker), Rajendra Neupane (Pharmacist), Rabin Raya (Team Leader)	162	Dr. Megh Bahadur Parajuli Community Hospital, Ilam-8
3	July 16	Dhobidara	Eye OPD Dental	Dharma Gosain (Hospital Director), Dr. Chandra Paneru (MO), Dr. Deepali Goyal (Dentist), Dr. Colin Allan (MDGP Volunteer, Australia), Dr. Claire Thomas (Volunteer), Medical Student volunteers from UK (Dan Wilbar, Jon Goodship, Stephanie Raybold, Stefano Capozzi, Ellior Adamson, Jennifer Forshaw), Rajendra Neupane, Ganesh Rai, Mukunda Khatri (OA), Mukesh Siwa (Eye Worker), Pharmacist, Rama Malla (SN), Kiran Subba, Mani Niroula, Jhalendra Karki, Dil Raut (Ward Attendant), Dipak Dhungana, Rabin Raya & hospital committee members (Himalaya Karmacharya, Monika Mukhiya, Prakash Pokharel)	332	DHO, Ilam, District Water Supply Office Ilam F.M, Nepal Bani F.M, Ilam Express, Sanakpur & Ilam Post, District Police Office Ilam, Shree Antu Gulma AFP, Nepal Red Cross Society & volunteers of Ward 7 & 8, Bishwo Sijapati, Rup Rai, Lok B. Samal, Basanta Timalisina, Tanka Raya, Sadeep Budhathoki, Bir B. Subba, Dinesh Shrestha, Lila Timalisina, Rajendra Rai, Niru Rai, Dipak Khadka, Puja Rai, Devendra Rai, Chandra Kharel, Vijaya Karki, Ganesh Raut, Nirmal Raut, Ganesh Gole, Tilak Thakuri, Durga Bhattarai, Gajadar Ghimire, Devendra Guragain, Yadav Bhardoj, Dhan Raj Khatri, Bhim B. Raut, Krishna Thapa

HOSPITAL PROJECT

	PLACE	HOSPITAL TEAM	PATIENTS	SUPPORT BY
4	Aug 26-27 Sulubung Dental OPD	Dr. Chandra Paneru, Dr. Deepali Goyal, Dr. Prakash Poudel (Dental Surgeon), Dr. Loken Raj Sharma (MO), Mukunda Khatri, Pharmacist, Kiran Subba, Junee Gurung, Jhalendra Karki, Ganesh Rai, Mukesh Siwa, Dil Kumar Raut, Rabin Raya	446	Sulubung VDC, Camp Support Communities Sulubung, DHO, Ilam, District Hospital Ilam, Nepal Family Planning Office, Ilam (FPAN), East Sky Academy Boarding School, Asirbaad Samodaya Sachetana Kendra Sulubung, Banduke Police Post, Deurali, Lurengtar Health post, Sulubung, Ilam F.M, Nepal Bani F.M, Ilam, Ilam Post, Ilam Express, Sandakpur, Ilam, Budha Gurung, Jivan Khawas, Yasoda Subedi, Indira Gurung
5	Nov 15 Sumbek Dental Pediatrics	Dr. Susan George (Pediatrics, UK), Dr. Deepali Goyal, Jyoti Baral (SN), Sringkhala Dhabadi (SN), Jhalendra Karki, Ganesh Rai, Mukesh Siwa, Rabin Raya	158	DHO, Ilam (Free Medicine), Sumbek VDC, & VDC In-charge Dilli Ghimire, Sub-health Post Sumbek ,In-charge & all staff, Gopi Dewan (Hospital committee), Sumbek School, Deepak Poudel (Sub Health Post In-charge), Usha Rai, Saru Rai, Rupa B.K., Apsara Rai, Ratna B. Deyali, Lila Koirala
6	Nov 19 Nepaltar Dental Pediatrics	Dr. Susan George (Pediatrics), Dr. Deepali Goyal, Nirmal Khawas (Pharmacy), Sringkhala Dhabadi, Jhalendra Karki, Ganesh Rai, Mukesh Siwa, Rabin Raya	85	DHO, Ilam (Free medicine), Health Post Sakhejung, In-charge & all staff, Green Hill Academy Boarding School teachers & founder Dipendra Thapa, Raju Luitel, Kalpana Basnet, R.J. Serawat, Rabu Kala Rai, Bhumika Magar, Pramila Sherpa



PHOTOS : LEFT: DR. DAVID RECZEK AT THE DENTAL CLINIC AT COMMUNITY HOSPITAL IN ILAM RIGHT: DR. CHANDRA PANERU EXAMINING PATIENT AT COMMUNITY HOSPITAL IN ILAM

MEDICAL AND DENTAL TREKS

HHC organizes two medical and dental treks a year, in the spring and in the fall. International physicians, dentists, nurses, health workers, as well as other volunteers, participate to supplement the efforts of the Nepalese medical staff. Medical treks are a unique way to see Nepal and meet and help local people. Treks typically last two weeks and start in Kathmandu. HHC arranges the transportation from Kathmandu into a rural region, where the trekkers begin walking. Two to three days into the trek, HHC establishes a medical or dental camp for a four-day period. During the camp, trekkers treat villagers from the surrounding areas with the assistance of HHC staff.

The Dhading region trek features remote villages along the Tibetan border and opportunities to see the beautiful mountains of the Ganesh, Langtang, and Manaslu Himal.

2011 SPRING MEDICAL DENTAL TREK

A medical and dental trek was conducted in the Dhading region to provide services to villages and also to help train the local community health providers. From March 25th to April 10th, the medical team trekked to the

highest point of Phansang Bhanjyang Pass at over 13,000 ft., and held camps at the villages of Tipling and Lapa. 473 patients were served of which 46 patients were referred to bigger health facilities.



PHOTO ABOVE: SPRING TREK 2011: **FRONT (LT. TO RT.):** DR. LIZ ASHFORD, DR. CAROLINE JONES, AMIE ORF (RN), SONI KC PARAJULI (HHC NEPAL CEO), ANIL PARAJULI (HHC COFOUNDER), SAHARSHA PARAJULI, BIM MAYA TAMANG, PEMA TAMANG **MIDDLE ROW:** DR. JP KRUGER, DR. ASHIKA JAIN, SITASHMA PARAJULI (VOLUNTEER), PRIYASHA PARAJULI (VOLUNTEER), LISA THAKUR (RN), RAM RAI (COOK), BIN THAPA (HHC STAFF), KITCHEN STAFF **BACK ROW:** DR. ROB MCKERSIE (HHC PRESIDENT), DR. JENNIFER SPARKS, TOMMY ASHFORD (VOLUNTEER), DR. DAVE RECZEK (DENTIST), JOHN NOFFSINGER (PA), TIM LATOUCHE (VOLUNTEER), CHABBI BHATTARAI (HHC SENIOR STAFF), DEBI LANG (CFTWF FOUNDER), HOM BAHADUR (VOLUNTEER), MIKE PALLIOLA (CFTWF), SAPTA GHALE, DIPENDRA JHA, INDRA SUNUWAR (COOK), VOLUNTEER, KAMAL LAMA, PAMBAR (PORTER)

HHC is most grateful to the 2011 spring medical and dental trek Volunteers and Staff:

International:

- Dr. Elizabeth Ashford, General Practice (UK)
- Tommy Ashford, Volunteer (UK)
- Nolene Ferguson, RN (USA)
- Dr. Caroline Jones, Internal Medicine (USA)
- Dr. Ashika Jain, Emergency Room (USA)
- Dr. John Paul Kruger, Family Medicine (USA)
- Debi Lang, CFTWF Founder, Film Director (USA)
- Tim Latouche, Volunteer (USA/New Zealand)
- Dr. Robert McKersie, HHC President, FP (USA)
- John Noffsinger, PA (USA)
- Amie Orf, RN (USA)
- Mike Palliola (CFTWF BOD), Dental Tech (USA)
- Dr. Dave Rezcek CFTWF Participant, Dentist (USA)
- Dr. Jennifer Sparks, Family Medicine (USA)

Nepalese:

- Anil Parajuli (HHC Cofounder)
- Soni KC Parajuli (HHC Nepal CEO)
- Dipendra Jha, Lab MMLT, Volunteer
- Liza Chand Thakur, RN
- Phe Dorje Tamang, HHC Dhading Health Coordinator
- Chabbi Lal Bhattarai, Volunteer, Ex-HHC staff
- Sitashma Parajuli, Student Volunteer
- Priyasha Parajuli, Student Volunteer
- Saharsha Parajuli, Student Volunteer
- 75 porters



PHOTOS: TOP: DR. ASHIKA JAIN WITH PHUL MAYA (MIDWIFE, RIGHT) AND PATIENTS **2ND**; DR. DAVID RECZEK AND PRIYASHA PARAJULI WITH PATIENT **3RD**; LUNCH AT TIPLING **BOTTOM LEFT:** SITASHMA PARAJULI AT TIPLING CLINIC CAMPSITE **MIDDLE TOP:** D. JENNIFER SPARKS WITH CHABBI BHATTARAI AND PATIENT AND LOCAL VOLUNTEER **BOTTOM MIDDLE:** JOHN NOFFSINGER WITH PATIENT **BOTTOM RT.:** DR. CAROLINE JONES (HHC BOD) WITH PEMA TAMANG LEFT AND PATIENT

MEDICAL & DENTAL TREKS

2011 Spring HHC Medical Dental Trek Patient Report

S.N	Disease	Patients in Lapa	Patients in Tipling	Total Patients
1	Abscess (0.63%)	2	2	4
2	Allergy (0.21%)	0	1	1
3	Anemia(0.74%)	2	2	4
4	Arthritis (5.70%)	14	13	27
5	Breast lump (0.21%)	1		1
6	Bronchitis (0.63%)	1	2	3
7	Burn (0.21%)	0	1	1
8	Cataract (1.47%)	3	4	7
9	Constipation (0.63%)	2	1	3
10	COPD (3.80%)	9	9	18
11	Dental Problems (0.63%)	2	1	3
12	Dermatitis (0.74%)	0	4	4
13	Diabetes (0.21%)	0	1	1
14	Diarrhea (1.74%)	5	2	7
15	Dysentery (3.17%)	8	7	15
16	Dysmenorrhea (0.63%)	2	1	3
17	Ear Infection (1.90%)	4	5	9
18	Eye Infection (2.95%)	8	6	14
19	Fibroma (0.42%)	2	0	2
20	Fracture (0.84%)	2	2	4
21	Gastritis (17.54%)	45	38	83
22	Giardiasis (2.11%)	3	7	10
23	Headache (3.59%)	14	3	17
24	Heart Disease (0.63%)	1	2	3
25	H. pylori infection (8.24%)	21	18	39
26	Hypertension (1.26%)	5	1	6
27	Impetigo (2.32%)	5	6	11
28	Injury/Trauma (1.47%)	3	4	7
29	Poor Vision (0.42%)	2	0	2
30	Pharyngitis (1.05%)	3	2	5
31	Osteoarthritis (2.53%)	7	5	12
32	Otitis Media (4.22%)	18	2	20
33	Pneumonia (1.47%)	5	2	7
34	Pregnancy (2.11%)	4	6	10
35	Rhinitis (1.05%)	2	3	5
36	Scabies (0.21%)	1	0	1
37	Suspect TB (2.11%)	6	4	10
38	Tonsillitis (0.63%)	2	1	3
39	URI (3.59%)	11	6	17
40	Uterine Prolapse (.21%)	0	1	1
41	UTI (3.38%)	10	6	16
42	Worms (3.38%)	9	7	16
43	Others (9.09%)	20	23	43
	Total	266	208	474



PHOTOS: TOP: GANESH HIMAL 2ND: DR. LIZ ASHFORD WITH BIM MAYA AND PATIENT 3RD: DR. ROB MCKERSIE WITH DR. JP KRUGER TEACHING STAFF BOTTOM LEFT.: TRIAGE IN THE SUN - NURSE NOLENE FERGUSON 2ND: YOUNG VOLUNTEERS TOMMY ASHFORD & SAHARSHA PARAJULI 3RD: RHODODENDRON, NATIONAL FLOWER BOTTOM RT.: PORTERS CARRYING CAMPING GEAR

2011 FALL MEDICAL DENTAL TREK

MEDICAL & DENTAL TREKS

A second medical trek in 2011 was conducted in the Dhading region to provide services to villages and also to help train the local community health providers. From October 29th to November 14th, the medical team trekked to the highest point of Phansang Bhanjyang Pass at over 13,000 ft., and held camps at the villages of Tipling and Lapa.

623 patients were served of which 26 patients were referred to bigger health facilities. HHC would like to specially thank Soni KC Parajuli, Binita Timilsina, Chandra Tamang, and other HHC staff at the Kathmandu office for all their hard work in making the trek a big success.



HHC is most grateful to the 2011 fall medical and dental trek Volunteers and Staff:

Americans:

- Jennifer Eisner, MD, MPH
- Dr. John Yost, Rheumatologist
- Robert Stern, Photographer
- Carol Wing, Writer, Research Librarian
- Kenneth R Ketay, DDS
- Jereld Wing, MD, MS

Nepalese:

- Anil Parajuli (HHC Cofounder)
- Phe Dorje Tamang, HHC Village Health Coordinator
- Sita Thapa, Assistant Pharmacist
- Sapta Ghale
- Indra Sunwar (Cook)
- Khagendra (Second Cook)
- Akshay Bikram Singh (Volunteer)
- 60 porters

S.N	Disease	Patient Tipling	Patient Shertung	Other VDC	Total patients
1	GERD (14%)	44	41	2	87
2	Skin problem (9%)	26	28	2	56
3	Joint pain or Arthritis(6)	19	18	0	37
4	Dental problem (12%)	36	39	0	75
5	Cellulites (1%)	3	6	0	9
6	Bronchitis (0.3%)	0	2	0	2
7	Burn (0.80%)	2	3	0	5
8	Eye problem (6.42%)	19	21	0	40
9	Constipation (0.32%)	2	0	0	2
10	COPD (3%)	10	8	1	19
11	Ear problem (2.6%)	7	9	0	16
12	UTI (4%)	13	12	0	25
13	Undigested diarrhea (0.2%)	0	1	0	1
14	Amoebic dysentery (2.9%)	8	10	0	18
15	Bacillary dysentery (1.45%)	5	4	0	9
16	Viral disease (1.9%)	5	7	0	12
17	Rhinitis (2.4%)	8	7	0	15
18	Fracture (1.45%)	5	4	0	9
19	HTN (1.9%)	7	5	0	12
20	General heart problem (0.5%)	0	3	0	3
21	Giardiasis (0.3%)	1	1	0	2
22	Headache (2.7%)	8	9	0	17
23	Cut injury (1.1%)	3	4	0	7
24	Sinusitis & Tonsillitis (2.4%)	6	9	0	15
25	Pharyngitis (1.4%)	3	6	0	9
26	Hydrocele (0.3%)	0	2	0	2
27	Impetigo (3.21%)	9	11	0	20
28	Malnutrition (1.4%)	4	5	0	9
29	Fungal infection (1.1%)	3	4	0	7
30	Mental problem (0.3%)	2	0	0	2
31	Lipoma (1%)	4	2	0	6
32	Typhoid (0.8%)	3	2	0	5
33	Epitaxis (0.8%)	2	3	0	5
34	Tendonitis + Muscle pain (0.8%)	4	1	0	5
35	Leprosy (0.2%)	1	0	0	1
36	Epilepsy (0.3%)	1	1	0	2
37	Worms (2%)	5	7	1	13
38	Suspected TB (1%)	4	2	0	6
39	Corn (0.6%)	1	3	0	4
40	Insect bite (0.8%)	2	3	0	5
41	Jaundice (0.5%)	2	1	0	3
42	Foreign body (0.16%)	1	0	0	1
43	Diabetes (0.3%)	1	1	0	2
44	Hepatitis B positive (0.16%)	1	0	0	1
45	Piriformis syndrome (0.48%)	1	2	0	3
46	MRDO problem (0.48%)	2	1	0	3
47	UVP (1.12%)	3	4	0	7
48	ANC/ PNC (1.44%)	4	4	1	9
	Total	300	316	7	623

PHOTO (ROBERT STERN) FALL 2011 TREK GROUP AT HOTEL SUMMIT IN KATHMANDU FRONT (LT. TO RT.): ROBERT STERN, DR. JOHN YOST, SAPTA GHALE BACK ROW: DR. JERELD WING, CAROL WING, DR. KEN KETAY, DR. JEN EISNER, AKSHAY SINGH, ANIL PARAJULI, SITA THAPA

MEDICAL & DENTAL TREKS



PHOTOS (ROBERT STERN: TOP LEFT): NEPAL FLAG OVER SCHOOL WITH GANESH HIMAL BACKDROP TOP TR. : DR. KEN KETAY WITH PHUL MAYA AND PATIENT SECOND ROW LEFT: FALL 2011 TREK GROUP AT TIPLING CLINIC AFTER BEING WELCOMED BY STAFF AND VILLAGE SECOND ROW RT.: BLACKSMITH AT WORK THIRD ROW LT. (PHOTO ANIL PARAJULI): STAFF AND VOLUNTEERS (SITA THAPA, VOLUNTEER, PHUL MAYA, PEMA TAMANG) THIRD ROW RT. : PATIENT BEING CARRIED BY FAMILY MEMBER TO THE CLINIC BOTTOM LT.:(PHOTO ANIL PARAJULI) ROBERT STERN WITH SAPTA GHALE BOTTOM RT. : DR. JOHN YOST WITH TRAINEE AND PATIENT



“MAKING A DIFFERENCE ON VACATION WITH HHC”

- JERELD WING, M.D.

I cannot remember a time when I didn't enjoy walking and hiking trails in the countryside, parks and urban spaces wherever I lived or visited; it has always given me a sense of connection to the natural world. This interest in the natural world steered me to study the biological sciences and eventually to the medical sciences. Finding new places to hike always held the promise of adventure and I often dreamed about how thrilling and exciting it would be to explore the far flung parts of the world like the Alps or, even more exotic, the Himalayas. After completing my medical training, I gradually became more interested in combining these interests of hiking and travel, and wanted to also seek out unique volunteer opportunities. I read Robert McKersie's "In the Foothills of Medicine" and realized that a Himalayan HealthCare volunteer medical trek was the type of trip I had always wanted to participate in!

When my wife and I arrived in Kathmandu, we were greeted by a well-organized and helpful HHC staff who took care of everything. While the HHC staff was getting the medical licenses and trekking permits and double checking the trekking gear, we were sightseeing in Bhaktapur and Boudhanath and Old Kathmandu, and getting to know all of the other trekkers – all very interesting, accomplished and dedicated people. We stayed at a hotel in a quiet area, and were able to walk to restaurants and shops nearby. Anil and Soni Parajuli gave us a very impressive presentation of all the different HHC programs which help benefit the Nepali people they support

– not just medically, but also educationally and economically. I felt privileged to be part of such a team.

Although we had done a lot of hiking, my wife and I had never been camping for more than a weekend so we were a little intimidated about the prospect of a 12 day trek, especially at altitudes which we had never experienced before. We had nothing to worry about. The trek was well provisioned and organized and while physically challenging, was never overwhelming. The endurance and swiftness of our Nepali porters never failed to amaze us while we huffed and puffed along the steeper parts of the trail! From the morning *chia* to the campfire-side dinners we were well cared for by our Nepali hosts, who were enthusiastic and limitless sources of information about all things Nepal. After several days of rain and mist, we were treated to spectacular vistas – snow capped mountains more majestic than I had imagined, endless terraces above and below us. Not to mention wonderful fragments of Nepali life – the clanging drums and chanting from a small religious ceremony beside the trail, uniformed school kids heading back home, and always people carrying great loads on their backs everywhere at all times of the day.

Medical clinic days began with a lecture given by one of the volunteers, translated by Anil for the health post workers. Then it was off to our rustic exam rooms to see patients with the health workers and translators assisting us. The hardy nature of the Nepalese was apparent many times

over; sons carried their elderly parents on their back, and a woman in labor even hiked to the village to give birth on the first day of the medical clinic in Tipling! Otoscopes, scales and vials of solumedrol were shared and swapped. Diseased teeth were extracted, and the pharmacy whirled out antibiotics and analgesics to the masses, and kept us up to date of which medications were still available to prescribe and which were running low. Many other local volunteers also helped organize the clinic charts and escorted patients from exam room to pharmacy, helping the clinic run smoothly. Soon our band of volunteers, once strangers, became a genuine team, all focused and working towards a common goal. We all felt a great sense of satisfaction (and sometimes shock) counting up the number of patients seen at the end of these clinic days while the evening light faded behind the great mountain silhouettes and the

highest peaks lit up with alpenglow.

At the end of the clinics, the local volunteers and health post workers thanked us with a bonfire and filled the night with Nepali drumming, singing and dancing. As I flew home from Kathmandu I felt just as great a sense of gratitude toward our Nepali hosts. In our busy lives back home, we often feel unable to help others as much as we would like. HHC enabled me to accomplish this in a way which was personally and professionally satisfying, and has also left me with a deep affection for Nepal and a lingering desire to return someday! I am so thankful to have been a part of this great project and adventure, and to have met a group of people who are passionate about helping others – HHC is living proof that imagination, flexibility and dedication are the best resources for the well-being of humans and our natural world.



HHC PARTNERS

Himalayan HealthCare has close relationships with many like minded organizations. HHC could never perform its mission without the support of these organizations. We are proud to highlight our relationships with our partners and encourage you to visit their sites and to support their activities.



GLOBEMED AT UNIVERSITY OF COLORADO AT BOULDER

Letter from Scott Mahlberg, 2011-12 Co-President, GlobeMed at CU-Boulder



The end of 2011 marks the third year of solidarity between GlobeMed at CU-Boulder and Himalayan HealthCare. This partnership continues its success into the beginning of 2012. GlobeMed at CU-Boulder (www.globemedcu.org) is one of 46 nation-wide chapters of GlobeMed (www.globemed.org), dispersed throughout universities in the United States. Chapters of GlobeMed partner with grassroots organizations in order to eliminate global health disparities in areas from Haiti to Nepal. Students from each chapter raise money to support projects of partner organizations, educate their communities about global health issues, and travel to work alongside their partners with the projects they support.

GlobeMed at CU-Boulder currently finished its third year as a student-run organization based in Boulder, CO. The students within GlobeMed refuse to remain idle while global injustice occurs. GlobeMed at CU-Boulder proudly supports Himalayan HealthCare, and all the vital projects Himalayan HealthCare initiates within the most remote and underserved regions of Nepal. The mission of GlobeMed at CU-Boulder is to engage students in the movement for global health equity by training students to generate resources and awareness, developing knowledge bases and skill sets, and providing opportunities to work and learn alongside Himalayan HealthCare. GlobeMed at CU-Boulder believes that every person has a role to play in global health equity and the mission helps students find their place in the movement.

Students commit countless hours of energy to not only support Himalayan HealthCare, but to educate their peers about the need for global justice and irreplaceable organizations such as HHC. We take our work very seriously to ensure that the goals we implement with Himalayan HealthCare, and the beneficiaries of HHC's projects, will receive full backing. Every year the members of GlobeMed collaborate with HHC to evaluate the needs of Tipling, Sherthung, Borang, Lapa, Jharlang, and Ilam. After agreeing on which projects we will support, we devise and execute events to fund the initiatives of Himalayan HealthCare.

Since the founding year in 2009, GlobeMed at CU-Boulder has continued to flourish with success. Among multiple other events, students within the chapter learned CPR training and our organization hosted a panel of experts in global health, open to the entire community, to talk about the question, "What is poverty?" We have exceeded our fundraising goal of \$25,000, all of which supports HHC's projects. These projects include: income generation for women, the village latrine program, cook stoves, nutrition project, medical supplies, and a scholarship fund for outstanding students.

To work alongside Himalayan HealthCare, fighting global injustice is truly an honor for everyone involved with GlobeMed at CU-Boulder. In the coming years we hope to continue our increasing support for HHC through financial means and partnership relations. For more information about GlobeMed at CU-Boulder and our partnership with Himalayan HealthCare, please contact ucboulder@globemed.org.

In pragmatic solidarity,

Scott Mahlberg - Co-President of GlobeMed at CU-Boulder

LOBEMED SUPPORTED PROJECTS IN 2011



VILLAGE SANITATION PROGRAM:

GlobeMed continued to support HHC's permanent toilet (latrine) project in three northern Dhading villages which allowed 30 household latrines to be built with materials supplied by HHC and labor provided by families receiving the materials. This will allow for a total restructuring of the water and sanitation situation in the villages.

INCOME GENERATION:

GlobeMed continued to support HHC's program that provides low-caste *Kami* women with income-generation opportunities. The impact of this program in the long term is to empower the women to help reduce high rate of domestic violence and alcoholism as well as improve the poor education and health in the *Kami* community.

EFFICIENT WOODSTOVE PROGRAM:

GlobeMed has shown a keen interest in the efficient woodstove program launched by HHC in 2009 and a part of the fund raised by GlobeMed has been used to support this program. The efficient woodstove reduces by half the use of firewood compared to the traditional open-hearth stoves use. In addition, these stoves have reduced the smoke in the homes of the villagers thus reducing lung disease.

In the summer of 2011 three GlobeMed members Chris Cook, Kylee Smith, and Amanda Kafil spent three weeks in Sherthung, a rural Nepali village in which HHC works. They visited to learn about the local elementary schools, women empowerment program, and to determine which projects their chapter should fund in the upcoming year. We are grateful to them for their visit.



Direct Relief International provides medical assistance to improve the quality of life for people affected by poverty, disaster, and civil unrest at home and throughout the world.

For over a decade, DRI has continued to support the medical programs of HHC in Nepal by providing essential material resources – medicines, supplies, and equipment.

In March of 2011, DRI sent 13 boxes (over 265 kilograms) of supplies to help the Nepalese people. These supplies were used to serve patients in the remote villages of Tipling, Sherthung and Lapa in northern Dhading in central Nepal as well as in villages of Ilam district in eastern Nepal. HHC is extremely grateful to DRI for their continued support.



JOLKONA FUNDS HHC PROJECTS – DR. RICHARD WEINER

Jolkona and HHC have been partnering since 2010. Jolkona funds projects around the world by encouraging donations of all sizes starting at \$5 thus allowing the donor to choose a project that fits their budget and interests. Jolkona seeks to involve the young and less affluent in philanthropy by reaching out through their online platform and media sites such as Facebook and Twitter.

Jolkona was founded with the idea that every drop of giving counts, hence the name Jolkona which means drop of water in Bengali.

Projects are divided into the areas of arts and culture, education, empowerment, environment and public health. The entire amount

of a donor's gift goes the chosen agency with Jolkona's operating expenses coming from donations specifically to Jolkona. In the eighteen months that Jolkona has been a partner over \$4,000 has been given to HHC. Donors receive a photo of the recipient and information on the family benefitting from their gift.

Jolkona donors support HHC by designating contributions for 1) a child's education in Kathmandu for one year, 2) an energy efficient stove or latrine for a village family, 3) projects in women's health at our village clinics, or 4) cataract surgery for the elderly. You can visit Jolkona on the web at: www.jolkona.org.

"Small drops can add up and have a ripple effect of change" is the motto of Jolkona a new partner of HHC. Jolkona, means a drop of water in the language of Bangladesh. Jolkona Foundation was founded in 2009 by the Seattle couple Microsoft Research program manager Adnan Mahmud and Nadia Khawaja a University of Washington graduate student.

Jolkona seeks to involve the young and less affluent in philanthropy by reaching out through their online micro-giving platform and social media sites such as Facebook and Twitter. Jolkona allows the donor to choose a country and project that interests them and choose a project where as little as \$5 will be used to make a difference. Once the donation has been put to use the donor receives proof of impact of their gift.

The Jolkona Foundation is staffed by volunteers and one paid software developer. Operating expenses are covered by donations to Jolkona specifically for that purpose so that organizations like HHC receive 100% of pledged donations.

CARING FOR THE WORLD FILMS (CFTWF)



- DEBI LANG, FOUNDER



Months of research, one year of physical training, 72 flight-hours, one camera destroyed in transit, dozens of cups of tea, 6 weeks of shooting with one of the most successful humanitarian teams on the planet....priceless.

With a critical eye, our team, which included myself, Mike Palliola and Dr. Dave Reczek, we participated as volunteers on the spring trek of 2011 to shoot a documentary about Himalayan HealthCare entitled *Hearts In The Himalayas*.

Benefactors deserve to know if their contributions are making a tangible impact, which is why Caring For The

World Films did not select Himalayan HealthCare without first conducting thorough and exhaustive research on the organization and their efforts. We performed as volunteers on the team and got to know local villagers whom are the beneficiaries of HHC's efforts. Our team knows that by telling the HHC story from the volunteer and recipient perspective in an authentic manner, viewers will appreciate the real impact being made. Nothing is staged or manipulated. We ask, listen, share and let you decide. This is why we seek out the stories that no one else cares to. We hope, perhaps that by doing so you will reach deeper into your pockets to continue to support

HHC PARTNERS

this worthy and effective cause.

Reliving the trek during the translation and transcribing of over thirty hours of video shot during the assignment, I have come to have even more appreciation for the colossal work this tiny Nepalese NGO has accomplished over the past twenty years. Are they perfect? No, of course not. However, HHC is one of those rare humanitarian groups that gets it. The mission truly is, in its organic form, helping people help themselves.

We saw, first hand, several of the dozens of successful projects HHC has in place and spoke directly with the people who have been affected by these programs. All, especially the Kamis, were proud to speak of the ways their lives have significantly improved since Himalayan HealthCare showed up twenty years ago. For instance, we met Bahadur BK, a Kami teacher who has worked his way up the societal ladder and is now an inspiration to those in his village to pursue education opportunities provided by HHC. We met many healthcare workers who have saved the lives of countless

villagers as a result of the medical training via HHC as well as members of the Women's Empowerment group who shared that the HHC programs, without a doubt, saved their villages.

It is clear these programs were not over night successes. It took years and many failed attempts to get these programs in place and they continue to evolve today through the dedicated leadership of Anil Parajuli.

The HHC story is relevant and to know Anil and his hard working team continue to pursue the mission in the face of threats and political chaos only crystallizes the passion they have to help the people of this remote and forgotten region of Nepal. Knowing this makes me and my team more determined to complete the documentary about Himalayan HealthCare and the people they serve.

We want to thank everyone who participate in the shoot with special appreciate to Anil and his family for their tireless work to accommodate our production needs. The film is scheduled for release in the fall of 2012.
- Debi Lang, Founder



THANK YOU 2011

Himalayan HealthCare would like to thank its many friends and supporters. There have been so many wonderful individuals; non-profit organizations and corporations who have helped us carry out our programs through the generosity of their cash and in-kind donations. We would like to recognize them here and express our hopes for their continued support of our programs.

\$55,000+

Teresa von Roedelbronn and Timothy Cotton

\$26,000+

GlobeMed (CU Boulder)

\$13,000+

Peter Rapaport, The Rapaport Family Charitable Trust)

\$7,000+

David Johnson, MD
Razoo Foundation

\$5,000+

Kristi Saunders (van Nostrand), MD
Eugene and Diane Natali
Robert McKersie, MD
CCS Oncology

\$4,500+

Dawn Anderson, MD

\$3,000+

Felicia Meila-Predovicu, MD

\$2,500+

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George Pfohl, MD
Steven Zabin, MD
Donors Trust, Inc. - Grants Acct
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Janis and Jonas Johnson

\$1,000+

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Susan Longworthy
Phillip Miller, Olson Pediatric Clinic
John and Barbara Mills

THANK YOU

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\$100-199

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Frances Auffinger
Carol Carter
Elaine Devine
Keska Kemper
Paul and Patricia Thoney
Chia Gloria

2011 FINANCIAL STATEMENT

CONSOLIDATED STATEMENT OF REVENUE AND EXPENSES *

FOR YEARS ENDING DECEMBER 31,

REVENUE	2011	2010
Cash and Securities Contributions	\$263,480	\$270,555
Sales of Goods and Services	33,823	77,866
Investment Income	18,885	1,298
In-Kind Donations of Services **	145,237	123,960
In-Kind Donations of Medicines and Equipment	<u>0</u>	<u>0</u>
Total Revenue	<u>\$461,425</u>	<u>\$473,679</u>
EXPENSES		
CASH EXPENSES		
Program Expenses	\$323,757	\$328,684
Administrative Expenses	44,499	100,459
Fundraising Expenses	<u>24,790</u>	<u>17,804</u>
Total Cash Expenses	393,046	446,947
IN-KIND EXPENSES		
In-Kind Contributions of Services **	145,237	123,960
In-Kind Contributions of Medicines and Equipment	<u>0</u>	<u>0</u>
Total In-Kind Expenses	145,237	123,960
DEPRECIATION	90,869	31,370
Total Expenses	<u>\$629,152</u>	<u>\$602,277</u>
EXCESS OF REVENUE OVER EXPENSES		
Revenues	\$461,425	\$473,679
Expenses	<u>(629,152)</u>	<u>(602,277)</u>
Excess of Revenue over Expense	<u>(\$167,727)</u>	<u>(\$128,598)</u>

* Please note that these are unaudited consolidated financial statements prepared by HHC. Audited unconsolidated financial statements of HHC's U.S. and Nepali accounts are available upon request. Please note that all figures in Nepali Rupees were translated at an average exchange rate of Rs. 74.5 per one U.S. dollar for 2011, and so there may be some variations in the consolidated statements owing to currency fluctuations.

** Numerous volunteers have contributed many hours to HHC's program. HHC has valued the program-related services at fair market value because those services constitute an integral part of the efforts of the organization and would be purchased if not provided by volunteers. Equivalent amounts of revenue and expense are recognized for these services.

HHC IS GRATEFUL TO:

We are most grateful to the many wonderful individuals, organizations, and corporations in Nepal and from other parts of the world, who have helped us, through the generosity of their funds, time, and in-kind donations carry out our programs. We would like to recognize them here and express our hopes for their continued support of our programs.

ORGANIZATIONS & INSTITUTIONS:

HHC Nepal Board of Directors
Dr. Megh Bdr. Parajuli Community Hospital Management Committee
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Ministry of Finance
Ministry of Child, Women and Social Welfare
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District Health Office, Ilam
Eastern Regional Directorate of Health, Dhankuta
Mahila Jagaran Sangh, Ilam
Nepal Red Cross Society District Branch, Ilam
Red Cross Society, Himalayan Branch Singfing, Ilam
Social Welfare Council
NCDC, Ilam
Nepal Red Cross, Central Blood Bank, Kathmandu

INDIVIDUALS:

Mr. Milan Gurung
Mr. & Mrs. Ramesh Shankar Shrestha
Dr. Rabindra Shrestha, KMC
Dr. Sunil Kumar Singh, Army Hospital
Mr. Kabindra Jhonche
Mr. Dharma Gautam

A special thank you to **Robert Stern** the photographer who has generously donated his Nepal photos for this report and for other events to support HHC. The photos were taken during HHC medical trek in 2011. Robert Stern is also a videographer, investor, mentor, and philanthropist. He is currently President of The Hampton Foundation, Board Advisor to Find Your Voice, and Trauma Resiliency Resources, Inc., and former Chair of Helping Hands Monkey Helpers for the Disabled. His background is in marketing and communication, and he is a not for profit consultant. We thank him for his contribution and making this world a better and happier place!

2011 ANNUAL FUNDRAISING EVENTS

HHC holds events each year in North America where trek participants, Ilam hospital volunteers, donors and friends can come together. Fundraising events are opportunities for the friends of HHC to get together, share stories, get a report on recent activities, and learn more about what we are doing. The events also help raise funds to support HHC's programs in Nepal. We try to hold events in different cities and at various times of the year.

HHC BOSTON FUNDRAISING GALA 2011: A CELEBRATION OF INSPIRATION

- MONICA LE

On a balmy summer evening, nearly 80 guests entered the modern décor of Mantra, a French-Indian fusion restaurant in downtown Boston to raise money for Himalayan HealthCare (HHC). The fragrant spices of the East permeated the restaurant upon entrance and were enhanced by the low lighting that enhanced the golden Buddha and vibrant colors serving as the backdrop to this year's events. To celebrate its 19th year, the HHC Boston Gala sought to showcase local talent and engage local businesses and individuals in contributing to the cause half a world away. Multiple restaurants and businesses donated auction items—including amazing photographs from his Nepal treks by current HHC president Robert McKersie. The 2011 fundraiser highlighted the upcoming documentary "Hearts in the Himalayas" through a sneak peek trailer from the award-winning filmmaker Deb Lang and the

organization Caring for the World Films. The film promises to be a moving account of the story of the organization and the struggle that continues to keep the work going. One guest who came from California remarked that after the trailer, you are "ready to hand over the entire contents of your wallet." The trailer to the film preceded the moving Keynote address by Co-Founder and Executive Director Sharad "Anil" Parajuli.

The 2011 Boston Gala featured special entertainment from guest DJ Wigbert Caro and a special dance performance by Boston Garba that got members of the audience out of their chairs and cheering the deep beats. After their dance presentation, Boston Garba succeeded in drawing in members of the audience onto the dance floor and learning a few of their signature moves.

FUNDRAISING EVENT



For many of the attendees, this was their first interaction with HHC, having heard about the organization through friends. One of the news supporters, Shreya Chaudhary, remarked how the event was a blend “cultural, fun, and inspiring.” Interestingly, the majority of the wait staff and servers from the restaurant were Nepali and they were personally moved and thankful to HHC for bringing to their attention the work that is going on in their home countries and promised support for HHC in the future. Through ticket sales, silent

auction items, and JeevanKala handicraft sales, the fundraiser grossed over \$10,000, with net proceeds of over \$5,000 that will go directly to the support of HHC programs on the ground.

The fundraiser would not have been possible without the support of local organizers Dawn Anderson, Nolene Ferguson, Monica Le, Kristi Saunders, and Robert McKersie and their friends and family that volunteered their time and effort to make the night a success.

HHC BUFFALO FUNDRAISER

- DAVID JOHNSON

The third annual Buffalo Fundraiser was held on Aug. 4th at Templeton Landing. Music was by the band Equinox.

The first hour of the evening was on the rooftop with hors d'oeuvres and open bar. We then moved downstairs to the main venue where we enjoyed the trailer to our new Documentary *Hearts in The Himalayas* by Caring For The

World Films. Talks by past president David Johnson and by founder Anil Parajuli were informative. Patty Johnson and Brenda Shaw helped with craft sales. Michille and Liza Rudroff helped at the door. A beautiful hand made knife was donated by artist Dominic Cioara and auctioned to Mike Beiger. The evening was a success!

HHC PORTLAND BENEFIT DINNER

- MEGAN NEUMAN

The Portland benefit dinner was held at the World Forestry Center on Thursday, August 11th, 2011. Drs. Dave McMorine and Megan Neuman co-hosted, with invaluable help from Les Fordham of Fordham Goodfellow LLP and Satish Upadhyay, one of Anil's Kathmandu classmates who lives in the Portland area. The invitations asked participants to "Give a hand up to those at the top of the world." Over a hundred guests joined us for drinks, dinner, and entertainment. Several alumni from HHC treks were there, including Andrew Kraus, Dr. Shandra Greig, and Dr. Kathi Antolak. The evening included handicrafts sale, Hearts in the Himalaya

documentary trailer, Anil's compelling presentation on the life of the rural poor in Nepal, and Nepali dancing performed by students from the local Nepali community. Dr. Dave McMorine was presented with a plaque honoring his volunteer work with HHC since 1994.

Many thanks to the various friends and family who provided priceless assistance: Scott Eilers created the event website, Kate Zimmerman of Zimco Design designed the printed materials, Ian and Emma Cunningham and Lizzie Hardcastle sold handicrafts, and Patrick Neuman helped coordinate every aspect of the event.

HOW YOU CAN HELP

We would like to take this opportunity to ask all of our friends for their continued support throughout 2012. Your contribution will make a difference and is 100% tax-deductible.

Please send donations via PayPal, visit himalayanhealthcare.org

Please send check donations to:

Himalayan HealthCare, Inc.
PO BOX 737
Planetarium Station
New York, NY 10024
USA

Phone: 917 274-7345
info@himalayan-healthcare.org
himalayanhealthcare.org

Please wire transfer to:

Citibank N.A.
ABA 021 000 089
Himalayan Healthcare Inc.
Checking acct: 37072163



YOU CAN SUPPORT HHC BY:

MAKING A DONATION

Donation can be made via PayPal, checks or wire transfers

ATTENDING FUNDRAISING EVENTS

In 2012, a series of fundraising events will take place in Boston, Buffalo, New York City, New Hampshire, Washington DC, Boulder Colorado. Please visit our website or email us for updates on programs and dates.

ORGANIZING A FUNDRAISING EVENT

Please help us with the annual HHC fundraiser or organize one at your city or town. We will help you with slides, photos, and arrange participation or presentation by a board member.

PURCHASING ENVIRONMENTAL GIFTS ONLINE

Women of Tipling, Sherthung and Lapa villages create wonderful gift items now called JeevanKala (art of life). Purchases will directly help the women and will also support their village clinics and schools.

SELLING ENVIRONMENTAL GIFTS (Home Sale or Exhibition)

Host a gift show at home. Everything will be sent to you by mail with no cost to you. What you do not sell can be returned with no cost to you.

SIGNING UP FOR MEDICAL TREK

Please visit (himalayanhealthcare.org) for dates to Dhading or other exciting destinations. Non-medical volunteers are also welcome.

VOLUNTEERING AT ILAM COMMUNITY HOSPITAL (check website)

Medical personnel can teach and train while they help village patients in Ilam in eastern Nepal

SUPPORTING COMMUNITY HOSPITAL

This hospital runs on a cost-to-cost basis and provides care for all without prejudice. Motto: First treatment then pay. \$150 will pay for a C-section or hysterectomy for a village woman. \$2000 will pay for a heart surgery. Or please help build a part of the hospital. We need help with nursing school, staff quarters, boundary wall, etc.

SPONSORING A CHILD

\$ 10 - books for 1 year for one child; \$20 – Cost of day school & one meal for one month; \$ 40 – One month full board at boarding school near village; \$ 130 – One month full board for a girl/orphaned child in boarding school in city. You will receive regular reports & photos of sponsored child. As they learn English, you will receive direct mails.

SUPPORTING VILLAGE SCHOOL OR TEACHER

\$50 - Teaching materials (Maps, posters, etc.) for one school; \$100 – Games\sports materials for one school; \$150 – Library books for one school for one year; \$150 - One village teacher salary per month, this helps 200 students; \$500 – One computer for a village school.

FUNDING TOILETS AND EFFICIENT WOODSTOVES

We need patrons to help village homes with toilets and efficient woodstoves. \$25 – One efficient woodstove (technician's wages & materials); \$150 – Purchases one permanent toilet with septic tank

FUNDING SMALL BUSINESSES FOR DALIT WOMEN

We need patrons to help village *Dalit* women (*Kami* & others who have no resources) to become financially independent and also to support their children. Many of the husbands have alcohol problem. They have no school. \$100 – Seeds & fertilizer for one season; \$200 – Twill purchase two goats for family; \$400 – Will purchase four goats for larger family; \$1000 – Will purchase land for a family for farming

HHC IN NEPAL

HHC NEPAL, BOARD OF DIRECTORS

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HHC NEPAL STAFF (Kathmandu office)

Chief, Admin & Finance	Soni KC Parajuli
Accounts Officer	Binita Timilsina
Field Coordinator	Phe Dorje Tamang
Accounts\Store Manager	Chandra Tamang
Office Attendant & Store	Juli Tamang
Handicraft Artisan	Laxmi Maharjan
Handicraft Artisan	Saru Maharjan
Handicraft Artisan	Rabina Maharjan
Handicraft Artisan	Rita Karki
Handicraft Artisan	Ram Hari Khadka
Handicraft Artisan	Geeta KC

Dr. Megh Bahadur Parajuli Community Hospital

Medical Staff 2011

Dr. Pranav Wasti	Senior Medical Officer
Dr. Archana Wasti	Senior Medical Officer
Chandra Kala Rai	Nurse In-charge
Lisa Chand Thakur	Senior Staff Nurse
Anu Lopchan	Staff Nurse
Nilima Rai	Staff Nurse
Jyoti Baral	Staff Nurse
Dipendra Kumar Jha	Lab In-charge (MMLT)
Sudhir Kumar Singh	Radio Tech
Basanta Ingham	Pharmacist
Tirtha Bista	Dark Room Assistant
Thakur Parajuli	Pharmacist
Bipin Rai	Pharmacy assistant
Yogendra Raut	Ophthalmic Assistant
Pratyush Dhakal	Ophthalmic Assistant
Ganesh Rai	Dental Assistant
Prabina Dewan	Lab Assistant
Bina Lungeli	Nurse Midwife
June Gurung	Nurse Midwife
Sunita Basnet	Nurse Midwife
Kiran Subba	Nurse Midwife
Sarita Rai	Nurse Midwife
Babita Dhungana	Nurse Midwife

Hospital Admin Staff

Dharma Gosain	Hospital Director
Dipak Dhungana	Accountant
Rabin Raya	Support Service In-charge
Mani Niroula	Receptionist
Krishna Bdr. Moktan	Ambulance Driver
Dil Kumar Raut	Ward Attendant
Januka Nepal	Ward Attendant
Khadga Bdr.Subedi	Ward Attendant
Maya Devi Shrestha	Ward Attendant
Padam Bdr. Pakhrin	Ward Attendant
Mukesh Siwa	Eye Worker
Sajit Budhathoki	Watchman
Khagendra Thakuri	Watchman
Purna Psd. Gautam	Watchman
Jhalendra Karki	Maintenance\Reception
Nandu Rai	Laundry Assistant
Ram Bdr. Gurung	Gardner

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 Pediatrician, Clarian Health
 Indianapolis, IN
 Rtd. 2005, Settled in Seattle, WA



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*Co-Founder, Vice President
 (Nepal)*
 Program Coordinator, Nepal
 Bagdole 4
 Lalitpur, Nepal



Christina Madden
Executive Member
 Independent Consultant
 New York, NY

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