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Sharing medical and surgical supplies and equipment with impoverished and developing countries

SupplyLines

A Decade of Delivery

This issue of Supply Lines highlights the achievements and growth of International HOPE Canada Inc. (IHC) in the ten plus years since its inception. What began as a few small packages mailed overseas became an intense labour of love for a diverse and dedicated group that now coordinates the shipping of a dozen container loads of surgical and medical supplies around the globe each year.

In the following pages you will learn more about our recipients, as well as our volunteers, and all our partners and donors, without whom the organization would simply not exist.

A decade ago, Malawi played a significant role in the founding of IHC as the first beneficiary of this unique program that recycles, reuses, and shares supplies with those in need around the world. Since then, through the determination and vision of founder Phyllis Reader and a growing cadre of dedicated

helpers, communities in more than two dozen developing countries have been the recipients of otherwise unavailable equipment and supplies. Fourteen containers have been sent to the African continent alone.

In Canada, with abundant care provided through readily available socialized medical services, it can be difficult to comprehend how millions face injury and illness without access to even the most basic health care or medical treatment; or how ailments that are minor inconveniences in our part of the world can be debilitating and often fatal elsewhere. Through the collection of redundant but usable items from various health care agencies in Manitoba, IHC seeks to share suitable equipment and supplies with impoverished and developing countries, improving opportunities for care where it is needed most. *IHC*

No Rifts in These valleys!

The Great Rift Valley may be a renowned feature of Africa's landscape, but the compassionate links between our community and several in vast regions of the African continent demonstrate that such divisions are purely geographic. In 2009 alone, four large containers filled with IHC recovered equipment and supplies were received in Uganda, Nigeria, Zambia, and Malawi. Each of these shipments told a unique story of human connection across a dozen time-zones, friendships made, and needs met. Read more about these remarkable stories of hope and help on the following pages...

Zeroing in on Zambia



Terry-Lynn Wiebe and her family are determined to make a difference in the world. In 2009, their resolve spelled good fortune for the Mukinge Hospital in Kasempa, Zambia.

A landlocked country in the southern portion of the African continent, Zambia shares borders with no less than eight other African nations including, Malawi, Tanzania, Namibia, and Botswana. The area was greatly romanticized in 19th century in large part due to the mythic status of Scottish explorer Dr. David Livingstone who was captivated by the magnificence of the landscape, naming the spectacular Victoria Falls after his Queen. The slave trade tarnished this romantic image and the area's history since that time has been tumultuous. In the past two decades some measure of political and economic stability has emerged.

Terri-Lynn had nursed at Mukinge for a 3-week term in 2007. Like others serving in disadvantaged communities, she instantly recognized the acute need for equipment and supplies.

Through the generosity of the WRHA and other donors, IHC's warehouse can easily fill a container with donated goods. It's up to each project sponsor to cover the cost of transporting the shipment to the recipient community. Depending on the destination, the cost of shipping can easily match the price of a new car—but without the slick financing options. So the extended Wiebe family and their friends rallied together to raise the needed funds to send a load to Mukinge.

The hospital is a 200-bed facility, founded some 50 years ago by a missionary doctor and maintained today by an evangelical church. The hospital serves a large area and it is not unusual for patients to walk four or five days for treatment.

Malnutrition is severe, especially among the young, and infant mortality is high. Life expectancy in Zambia is less than 40 years and the country has the world's third highest mortality rate. As with many other African nations, a significant percentage of the population (over 15%) is HIV/AIDS affected.

The Wiebe family and friends—their container well-loaded and ready to send on its way to Zambia.



With their babies on board, these teen-age girls seized the opportunity to earn a little money by unloading mattresses into Mukinge hospital at Kasempa, Zambia.

Tuberculosis is chronic and hepatitis, malaria, and typhoid fever are prevalent. Because treatment is often very basic or unavailable, even preventable diseases regularly claim lives.

Providing health care to a largely rural and impoverished population has stark challenges. Supplies such as those provided through the dedication of the Wiebe family are truly life-giving. *IHC*



Good thing these are light!

Memorable Malawi



The 365 mile long Lake Malawi (also known as Lake Nyasa) is the third largest on the continent and second deepest of Africa's Rift Valley lakes. It runs nearly two thirds of the length of this small southeast African country, along a border shared with Mozambique.

Hot in the southern low-lying areas and temperate in the northern highlands where the altitude moderates the equatorial climate, Malawi is a lush and verdant landscape of plains and rolling hills, with mountainous peaks surrounding the Rift Valley.

Among the world's most densely populated but least developed countries, Malawi's economy is largely driven by agriculture, relying heavily on tobacco and a freshwater fishery.

Life expectancy is very low (under 45 years), infant mortality high, and as much as 15% of Malawi's 14 million inhabitants live with HIV/AIDS. These factors significantly impact delivery of health care to a

population which is 85% rural.

Ten years ago, Winnipeg nurse Sonia Michalyshen and her husband Merv were serving a three-year volunteer posting to Malawi's Katete region. Here at home, a colleague, operating room nurse Phyllis Reader had begun collecting usable discarded items. Some were sent to Michalyshen for use in the clinic, thus, Malawi was the first recipient of medical items from what was to become IHC.

Over the years following their return to Canada, the Michalyshens maintained contact with the community of Katete and in particular with one Sister Florence Msowoyaa, a young novitiate who aspired to become a nurse.

In 2008, determined to help Sister Florence, now administrator of the 85-bed Katete Mission Hospital, the Michalyshens began the daunting task of raising the

(cont'd on page 6)



Sending to Sudan

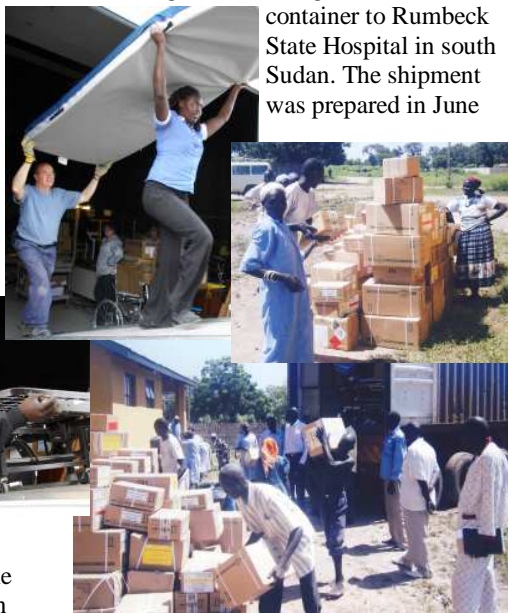
Sharing borders with no less than nine other African nations, the Republic of the Sudan is geographically the largest country on the continent. That is poised to change as political history continues to be made in this strife-ridden country. Ethnic, economic, and religious conflicts escalating into civil wars have punctuated a continuing unrest. With a constitution a mere six years old, Sudan is now facing further change following the referendum to determine independence for the south. The current President, who claimed Sudan in a 1989 coup, has said the result of the referendum will be honoured, but many around the world are skeptical, fearing the recent genocide in Darfur will continue and bloodshed will escalate in many regions along the proposed border, especially where petroleum reserves are rich. It is those same crude oil and petroleum resources that have accelerated the country's economic growth to be among the fastest in the world.

The north, predominately desert, suffers dust storms and piercing drought, despite the Nile River bisecting the plains. South Sudan is more mountainous and tropical. Still, less than 7% of the country is arable land.

With inadequate access to potable water for a population approaching 42 million—

about half of which inhabit urban areas—food, animal, and waterborne diseases constitute the greatest health risks. Life expectancy hovers at 52 years and, among many other infectious diseases, HIV/AIDS is a growing concern.

In 2009, the Sudanese Association of Manitoba began fundraising efforts to send a container to Rumbeck State Hospital in south Sudan. The shipment was prepared in June



2010. Several volunteers, including Association President Kuac Madit, traveled to Sudan to meet the container and participate in the unloading and distribution of medical supplies.

The hospital's Director had provided a comprehensive list of the equipment and supplies needed, as well as invaluable guidance regarding import limitations. Ground transportation and security of the container was the greatest concern: from the port in Mombasa, Kenya the container would travel some 2000 kilometres by road to Rumbeck. Shipping companies can be reluctant to allow containers to leave port areas for fear they will not return. This would mean off-loading the IHC goods onto trucks, raising the possibility of damage and measurably increasing the risk of loss due to theft. However, the Minister of Health and the State Governor both gave their assurances that the shipment would be safely transported to Rumbeck and indeed, it was—on September 27th, almost four full months after leaving IHC's warehouse in Winnipeg.

This was IHC's first shipment to Sudan. It took four days to assemble and package the goods, four hours to load it all into the container, and four months to reach its final destination. Reports and photos from Rumbeck indicate it was time and effort well spent! IHC

Clockwise from left: A bed is loaded, with mattress not far behind. Unloading at Rumbeck brought out the entire community to help.

On Board for Ukraine



Patients resting in their hospital beds. These gentlemen had sagging mattresses and plastic sheets. The ladies (middle) fared a little better, albeit in a very crowded room. A sunny, but equally sparse obstetrics room (top) with no space for personal items..

Below: Comfortable beds await—sent by caring Canadian friends with the help of IHC.



In order to supply medical facilities in Ukraine, International HOPE Canada has partnered with six organizations since 2003.

Three containers were forwarded to Zaporzhzhya, in the southeast through the Mennonite Benevolent Society. Among the recipients were nursing homes, some staffed solely by volunteers, where several elderly residents had never slept on a modern mattress. The Society's Louie Sawatsky was instrumental in guiding a founding IHC through the process of shipping to Ukraine and has remained an advisor.

In 2007 the Evangelical Mission in Ontario organized a container to Lviv near the western border with Poland. Funding for this was supported by the Joe Brian Foundation which in 2009 also funded a container to Sumy in the northeast. Borshev, in the southwest, was sent a container in 2008 financed by the Ukrainian Catholic Women's League. That same year, Kirovograd in south central Ukraine received goods financed by the Mennonite Central Committee.

Four of the eleven shipments sent to Ukraine have been sponsored by The Ukrainian Professional and Business Club of Winnipeg Inc. Through this local group, hospitals and nursing homes in the west-central Ukrainian city of Teofipol, Nedryhaliw (in the north to the west of Sumy), and Lviv, are now supplied with beds and other equipment previously lacking.

A second container intended for Teofipol met with severe challenges at customs in Odessa. After a year of negotiation, no resolution was found and the goods were redirected to the Romanian city of Transylvania, more than 400 kilometres away.

In September 2009, six dedicated IHC volunteers set off for Ukraine at their own expense to tour some of the recipient facilities. Travelling with them were Sylvia Todaschuk, a respected leader in the Winnipeg community and a member of the Business Club, and Donna and Dave Dunford, two long-time IHC volunteers extraordinarily dedicated to warehouse activities and shipments to Ukraine. The three week



The unloading area at the hospital in Sumy.

excursion was an eye-opener for the group, reinforcing how fortunate we are in Canada.

In addition to seeing many health facilities and hospitals where equipment sent by IHC was in use, there were plenty of opportunities to experience the local culture and gain an appreciation for the rigors of daily life in a country shaped by a tumultuous past.

Founded in the 9th century by Vikings, later becoming the birthplace of Russia, this land has been





Top: Customs officials oversee unloading in Sumy. Before shipping, every box is numbered and each item they contain is catalogued in painstaking detail—right down to individual gauze pads, with sizes and weights of each entry provided. Above: Local media covers the arrival.

Right: Using antiquated methods: a technician washes blood sample tubes by hand in a hospital lab, Rozhnyativ, Ukraine.

At left: The hospital in Cluj (upper photo) had a reasonably modern and well-equipped surgery but by far, most facilities throughout the country are sadly neglected and “make do” with obsolete and inadequate equipment and supplies.

invaded by Mongols from the east, pressed from the west by Lithuania and Poland, expropriated by Russia from the north, dominated by Austro-Hungarian rule, and plagued with famines, to mention but a few chapters in the country’s turbulent history. The collapse of the Soviet Republic in 1991 brought independence; however, a pervasive and painful economic slump has followed.

In addition to having one of the fastest growing HIV/AIDS epidemics in the world, Ukraine has the highest death rate and lowest birth rate in Europe and the population, shrinking by 150,000 each year, is declining at the fourth fastest rate globally. Life expectancy is also falling. Rampant pollution, smoking, alcoholism, poor diet, and a badly deteriorating system of medical care, all contribute to the high mortality rate. Infant mortality is high largely due to poor health care and poverty.

Medical care in Ukraine is supported by the state and, in theory, is free to

all citizens. However, in many areas this is problematic as wages for doctors are low and most charge an extra fee to boost their income. Limited private care is available but with such widespread poverty, few have sufficient income to afford the fees.

Health facilities are often severely neglected and even dirty; with equipment and trained staff in short supply and unable to meet demand. Patients must provide their own bed linens and meals in many hospitals, and laundry and other basic services may not be offered at all.

Since 2009, the Ukrainian government has taken some steps toward reforming the health care system, making improvements to emergency services and public health care. As higher western standards are met, the equipment and supplies provided by IHC will continue to be well used in many regions of the country. *IHC*



Return to Katete... from page 3

funds needed to send a container of equipment and supplies to Malawi. In February of 2009, they returned to Malawi to meet the container lovingly packed and shipped from Winnipeg three months earlier.

Roads in the area are rudimentary at best, and although the community worked hard to prepare the muddy surface, there was some difficulty navigating such a large, heavy truck across the little bridge and over the hill to the hospital. It took two hours, and a good deal of cheering, to traverse a mere six kilometres!

The size of the container was astonishing to the local people—

bigger than a house! Unloading was a community affair that took much of the morning and many heads—the traditional carrying method. Once everything was unloaded it required another five days to sort and unpack all the items sent: an operating table, hospital beds, OR supplies, lab equipment, bedside tables, baby bassinets, needles, blood pressure machines, lamps, a sterilizer, a centrifuge, dressings, and hundreds of boxes of supplies. Twenty beds were immediately placed into the wards. In the days that followed, staff were instructed in the use of some items.

Then it was time to celebrate!



Everyone in the community took part. Singing, dancing, drama and speeches accompanied a meal of rice, goat meat, beef and chicken.

Sister Florence has the last word: “We are really grateful as the Hospital has completely changed with the donated equipments. God bless you all. Yewo Chomene”.

IHC



Top left: Arrival of the container emotional but joyful moment. Above and cover photo: Everyone community was eager to help unload hospital staff sorted and unpacked mountain of boxes—a task that many happy days.



Sonia on the little bridge at the bottom of the hill. Would the truck make it over?

Been there— Sent that...

Well, here you have it... a comprehensive, and we think, impressive listing of all the shipments made by IHC over the past decade. It runs a gamut of countries from A to Z and includes the many “suitcase-fulls” taken by vacationing medical personnel and others headed to far-off places for missionary service. As you can see, for more than 10 years, our volunteers have been very, very busy... collecting, sorting, wrapping, packing and, ultimately sending, tons of reclaimed materials to those eager to use them.

40 Foot Containers:

Africa:

Various locations through Friends of Africa, April 2006

Ecuador:

Guayaquil, August & September 2010

Ethiopia:

Addis Ababba, October, 2007

Haiti:

June, 2006 (20 foot container)
Haute Limbé, October, 2009

Jamaica:

Kingston, September 2007 & August 2010

Malawi:

Katete, November 2008

Nigeria:

Enugu, May 2007 & September 2009
Issele, April 2010

Philippines:

Baguio City, April 2008

Dagupan City, August 2009

Maria, Siquijor, October 2010

Romania:

Transylvania, October 2008

(redirected from Ukraine)

St. Vincent and the Grenadines:

Kingstown, Union Island and other locations, October 2005

Sierra Leone:

Freetown, July 2010

Sudan:

Rumbeck, June 2010

Uganda:

Kumi, October 2006 & August 2008

Mbale and Tororo, December 2006

Ukraine:

Zaporzhzhya, September 2003,

July 2004, & October 2005

Lviv, March 2007 & August 2007



Right: With a smile at least as bright as the new OR lamp, Sister Florence beams amid the just received operating room equipment, now polished to a sparkle and ready for use. Above: some of the many mobility aids included in the shipment are given a test run by their new owners.

*Teofipol, November 2007
Kirovograd, March 2008
Nedryhaliw, May 2008
Borshev, September 2008
Sumy, May 2009*

Zambia:

Kasempa, April 2009

Zimbabwe:

*Rutenga, May 2010
Bulawayo, September 2010*

Pallets and Crates:

Haiti:

Northwest Haiti, July & November 2007

Republic of Nicaragua:

Managua, February 2010

St. Vincent and the Grenadines:

*Kingstown and other locations,
September 2003, April 2004,
February 2005, & April 2008*

Tanzania: September 2010

Ukraine: March 2006

Boxes, suitcases and smaller parcels have been personally delivered by kind travellers to:

Afghanistan, Barbados, Bolivia, Costa Rica, Cuba, Democratic Republic of Congo, Dominican Republic, Ethiopia, El Salvador, Grenada, Haiti, India, Kenya, Malawi, Mexico, Nicaragua, Nigeria, Paraguay, Peru, Philippines, Senegal, Serbia, Sudan, Swaziland, Tanzania, Thailand, Uganda, Ukraine, Vietnam and Zambia.



Whether by cargo container, crate or carry-on... there is always a way to get the goods into the hands that need them...

What a great idea!

Ah yes, it all sounds so simple: collect unwanted but still usable medical stuff and send it to other places in the world where they really need it. And do this for free. Using only volunteers. Just the thought gives you a warm feeling inside, like a slice of Grandmama's apple pie fresh out of the oven.

Reality, however, isn't quite as cosy. Collecting items requires the dedicated commitment and understanding of Manitoba health care facilities and, especially, their staff. Sometimes it even requires adjustments to policies. As well, facilities must be prepared to provide space to gather these materials together and then get them to IHC.

Since 2002, IHC has utilised a donated, 40,000 square foot space to warehouse the large quantity and variety of items collected.

Donors, both institutional and individual, are requested to get their goods to the IHC warehouse themselves if possible. Most are able to comply. In some circumstances IHC volunteers use their personal vehicles to pick up boxes and small items. Trucks are needed for beds and other large equipment and, when required, these have been provided by a number of generous transportation partners.

So, bright and early Wednesday morning a truck backs up to the warehouse door. Here, volunteers trained in the use of a forklift and a pallet jack help unload. IHC enjoys the dedication of a crew of retirees who step up each week to keep the warehouse organized and efficient.



They receive goods and perform a preliminary sort. Later, other volunteers will examine each piece, scheduling cleaning and repair, if needed. Every item is now catalogued, inventoried, and appropriately stored.

Meanwhile, another crew of IHC volunteers will be guiding local community groups through the completion of a Memorandum of Understanding—a laborious (and often months-long) but necessary task to ensure goods are securely sent, meet customs regulations in the recipient country, and are received by a bona fide medical group and not sold on the black market. Alas, sometimes where the need is the most intense, graft and corruption are the greatest. In addition, IHC will also advise groups on the collection and handling of funds to pay for shipping.

Once the recipient facilities have provided a "wish list" of items they need, yet another band of volunteers begins task of counting and packaging items carefully numbering and labeling every box. It is exacting work and demands careful record keeping, as well as a knowledge of medical materials.

The shipping container is scheduled and a date set for

loading. Sponsoring groups assist in loading and although hard work, it is a happy time. Depending on what is sent, container loading generally requires about 15 to 20 people (the more the merrier) and five or six hours to complete (including time out for a yummy donated lunch).

Once loaded, the container is fumigated, sealed and sent on it's way. Transit may take months and has its own share of challenges: customs can be problematic; roads unpaved and treacherous.

By most accounts, arrival at destination is a joyous event and frequently involves entire communities celebrating with food, dancing and thanksgiving.

Simple? Not at all. Simply rewarding. *IHC*



Operations—(but not the surgical kind)

IHC's operations are maintained solely by volunteers—with no paid staff. Volunteers come from many walks of life: teaching, labour, administration, and as could be expected, a number have medical backgrounds. Their passion and varying expertise has forged a strong, effective organization with a unique purpose.

A number of IHC volunteers have traveled to foreign lands in medical mission service, encouraged by their increased understanding of need in poorer countries. There are many ways for both medical and non-medical personnel to help within this remarkable global aid community.

For IHC, the past decade has been a journey of discovery—with no exemplar on which to pattern operations, every action and new procedure has been a learn-as-you-go experience. Now, with a robust organizational infrastructure in place, IHC is able to fill and send overseas several containers each year.

When **Phyllis Reader** began collecting supplies from the OR in 1997, the volume quickly outgrew space in the family garage. A small attic room in **Westminster United Church** was also filled in no time. In 2002 the current warehouse space was secured. In the meantime, boxes and suitcases full of supplies were sent along with colleagues going on missions, and small shipments were

sent to foreign locales.

As others joined the effort it became clear that with a more formal organizational structure in place there was potential to make a significant and positive impact in impoverished communities. **Sonia and Merv Michalyshen, Val McIntyre, Dennis McVarish, Ron Reader** and later, **Roma Maconachie**, were all instrumental in establishing the foundation of IHC as it exists today, and all remain deeply involved in aiding others through IHC as well as other organizations.

Partnerships have been crucial to growth and success. Since 2002, support from **Shelter Canadian Properties Ltd.** has been particularly valuable. Cooperation with **Canadian**



Food for Children began when IHC was in formative stages and remains strong today. Every month, with the assistance of **R. W. Packaging** and **Penner International Inc.**, this group sends containers of food—and IHC medical supplies—to needy areas in some two dozen countries.

In the past, an important network developed to gather goods from across Manitoba. **Budget Rental** offered a one-ton truck when volunteers needed to pick up large items from hospitals and other health-care facilities. Later, **Maxim Truck & Trailer** provided bigger trucks to pick up beds, heavy equipment, and much larger quantities of supplies. **Putt's Transfer** was also an invaluable support. **Gardewine North** has delivered beds and other donated items to the IHC warehouse from northern Manitoba facilities. Most recently, **Riverton Transport** (1998) Ltd. has offered their services. For years **Oma's Bakery** has loaned an IHC volunteer a truck for pick-ups. Without doubt, such assistance will always be needed for IHC to continue its work.

Other collaborations have been with the **Mennonite Central Committee** and **Christian Blind Mission**. As well, the **Mayfair, Sommerfield, Sturgeon and Pembina Colonies** have assisted with repairs and transportation. Both **Diamond Athletics** and **Living Made Easy** have also supported IHC efforts.

(cont'd on page 11)

You Could Do It Too!

Does your group want to send a container of goods somewhere it is needed? Here's the process from start to finish:

- ⇒ Contact IHC, get a tour of the warehouse and see the types of supplies available.
- ⇒ Complete the application package and submit it to the IHC Board for

approval

- ⇒ Stay in touch with your IHC liaison while you work through the Memorandum of Understanding
- ⇒ Once the MOU and recipient waivers have been signed, a comprehensive inventory list is sent to the recipient community

- ⇒ Keep fundraising while your recipients create their wish list
- ⇒ A loading date is set and IHC volunteers begin packaging items to send
- ⇒ Get your volunteers to the warehouse early on loading day and bring a pot-luck lunch
- ⇒ Forward news from the recipients and photos of

the arrival to IHC for use in this newsletter.

IHC is ALL volunteer but we will do everything we can to help you achieve your dream—***it's our dream too!*** IHC



Packed for the Philippines



From top: Many hands make light work: members of the Pangasinan Association take a break from loading to pose. A clinic in Pangasinan and staff with a fraction of the items delivered to them. Everything from examination tables and crutches to gauze pads were shared with hospital and clinic facilities throughout the region.

Bottom: A patient is examined in a sparse hospital room in Baguio City.

An archipelago of 7,107 tropical islands in the western Pacific Ocean comprise the Republic of the Philippines. Situated on the Ring of Fire, this cluster of volcanic islands is lashed by typhoons, battered by monsoons from the southwest, and whipped by seasonal trade winds from the northeast. Not far off the equator, the days are hot and humid year round. The lush landscapes of these mountainous islands are rich in biodiversity.

With a population over 92 million, the Philippines ranks twelfth among the world's most populous nations. Approximately half the population lives on the island of Luzon, with more than 20 million residing in the area of the capital, Manila. It is estimated that another 11 million Filipinos live in other parts of the world.

In the mid 1500's the islands came under a Spanish rule that held over 400 years. A series of revolutions, wars and other skirmishes resulted in a transfer of power to the United States until independence was attained after World War II. Since then, democracy has been a bumpy road, peppered with challenges to dictatorships and constitutional unease.

Health care is largely through private providers and the majority of hospitals are privately run. Health services and access to pharmaceuticals are non-existent in many regions, especially rural areas.

Demographic data is scant, but suggests

there is perhaps one doctor and one hospital bed for every 800 or so people. Life expectancy is about 70 years, with women generally living a little longer. There is no requirement to establish a medical cause when registering a death, so it is impossible to substantiate figures, however, there is some evidence to suggest that perhaps 25% of deaths result from cardiovascular disease.

Many health practitioners are trained but the majority choose to go elsewhere, even though they cannot practice outside their country without further training. Nevertheless, the World Health Organization has noted the Philippines is the largest supplier of health care workers.

Winnipeg's Filipino community is a vibrant one, with strong social and cultural ties. The community first came forward in 2007, with a desire to send medical supplies to Baguio City in the northern province of Luzon. Embracing the task with enthusiasm, success was achieved in April 2008.

In the fall of 2009, the Pangasinan Group of Manitoba rallied to send a shipment to Dagupan City situated on the coast, in the Pangasinan region southwest of Baguio City. Goods sent were shared with health facilities in neighbouring towns, including Santa Barbara, Urdaneta, and Calasiao, as well as many rural communities in the provinces of Labrador, Bugallon, Lingayen, and Sual.

Most recently the congregation of Saint Peter's Roman Catholic Church supported a container to

the municipality of Maria on the tiny island of Siquijor in the south central Visayas region. This effort was funded by that church's 2400 parishioners, most of whom are Filipino. The bulk of the shipment will remain at the Siquijor Hospital, a provincial facility, but some items will be shared with other care providers in the area.

Various members of this energetic and hard working community have also helped load containers destined for other countries. Their cheerful assistance (and outstanding cuisine) are always welcome! *IHC*

So many stories to tell...

IHC supplies have helped the lives of so many: from the nurse working unprotected in an HIV/AIDS clinic who received gloves; to the surgeon with only dull, rusted instruments until he was sent forceps and sharp scissors in a cataract tray (which would have been scrap metal here); and the many facilities that have received usable bed linens and surgical drapes.

Through IHC these items and more have been saved from the landfill and put to good use by those who need them most.

IHC

IHC Operations (from page 9)...

Great West Maintenance Service Ltd. has provided technical support and advice for the forklift, while **Knights Industrial Batteries**, have donated service and training assistance.

Some items IHC receives are not suitable for sending anywhere. This may be because repairs cannot be made, replacement parts are not available, or the power cords have been cut off. These items may be dismantled and scrap metals recycled through **Chisick**

Metal. This provides a minimal income, as does rental of certain items for use as props on movie sets (some antiquated pieces are kept solely for that purpose). Income earned from these means is modest and is applied to purchase of materials for repairs or warehouse and other operational needs.

IHC does not engage in fundraising but offers guidance in funding shipping. Costs depend on destination and weight

and range from \$15,000 to \$40,000. Value of goods sent may approach \$1 million but in real terms, to recipients, they are priceless.

IHC is only able to continue its work through the generous support of so many partners, donors, friends, and dedicated volunteers.

Thank you **ALL. IHC**

Help for Haiti...



Ranked as the western hemisphere's poorest nation, the Republic of Haiti has an acute lack of health care, a life expectancy below 55 years of age, and a staggering infant mortality rate—some estimates suggest up to 50% of children perish by age five, most from readily treatable ailments. Add to this a geographic location in one the planet's fiercest weather belts and you have a recipe for unfathomable human suffering.

And that was before disaster struck—in the form of a 7.0 magnitude earthquake, the sixth deadliest in recorded history. The earth shook January 12, 2010, affecting the lives of more than 3 million people and claiming over 250,000.

Since 2006 four shipments of IHC supplies have been sent to Haiti. Two of those shipments were funded by Pierre Joanis, and two pallets of supplies were sponsored through Reverend Tina Leslie of the Northwest Haiti Christian Mission. The Volume 5 issue of *SupplyLines* provided coverage of these and other efforts to provide aid to Haitians. (Go to the web site at www.internationalhope.ca to read the article and access other back issues on line). In October 2009, the Evangelical Covenant Church of Canada supported a 40 ft container to Limbé, a community of some 32,000 people that lies approximately 20km west and inland from Cap Haitien on the north coast of the island. As experienced in other countries,

problems arose at customs and the shipment was delayed. It was finally received in Limbé, a few days before the deadly quake. The tremors and aftershocks were felt in Limbé but no damage was sustained. A portion of the supplies were relayed some 250 kilometres to the south, for use in relief efforts in Port au Prince near the epicentre.

Most recently twenty-five beds and twelve wheelchairs were sent to Canadian Lutheran World Relief for their permanent mission in Haiti. Other assistance is planned: Terry-Lynne Wiebe, whose family sponsored a container to Zambia in 2009, is soon heading to Haiti with a suitcase of IHC goods. The Wiebe family made a similar trip in 2010, with each member carrying an extra suitcase of medical supplies. Dr. Bruce McFarlane, a Winnipeg orthodontist, has recently received considerable media attention for his passion to help in Haiti. His local team is working with medical personnel from Chicago and he will take beds, examining tables, IV poles and other items when he returns to Haiti in 2011.

News from Haiti has not improved in the many months that have followed the quake. Cholera is ravaging many areas, seasonal hurricanes lash the tiny island and political unease is a growing concern. In comparison to the intense need, the supplies sent by IHC may seem limited but, there is no doubt they are well used. *IHC*

Update—Zimbabwe



A shipment of supplies reaches its destination in Bulawayo, Zimbabwe and the joy-filled face of a child receiving a mobility aid says it all. The container was purchased and will become a facility in the community. Disengaging it from the truck required some ingenuity—logs were strategically placed and the container was secured with rope to a tree as the truck slowly pulled away.

Letters from the Field



... thank you very much for facilitating the donation of various medical supplies and equipment from International HOPE Canada to our San Carlos City Hospital. The items sent will go a long way in our efforts to provide quality service to our poor constituents.

The City Government passed resolutions to express our gratitude to the people behind this laudable contribution.

Very truly yours,
Gerardo P. Valmayor, Jr.
Mayor, San Carlos City, Philippines



*Beds lined up and ready to load.
The mattresses will be healing comfort.*



...Thank you on behalf of Dr. Simone, all of us here at Canadian Food for Children, and on behalf of the poor and needy children of the world for all that you have done for us over the past 10 years. We express our deepest gratitude for all of the beautiful supplies that you have donated to our charity. Your support has given the poor hope and dignity and has helped to save lives.

We could not help as many people as we do without your vital gifts and we ask that you please continue to lend us a helping hand. Congratulations on 10 wonderful years, and here's to many more!
Thank you and God Bless,
Jane Karges and Dr. Andrew Simone



Thank-you for your generous donation of approximately 500 pounds of medical supplies received in October, 2011. The ten suitcases were taken as extra humanitarian aide pieces of luggage by ten of the participants.

...We used the first rate first aid kit you sent along and also conducted hygiene classes on hand washing and prevention of dental caries. All of the supplies were subsequently delivered to Agua Negra: the BP cuff, N95 masks, dressing trays, needles and syringes, procedure gloves, moleskins, bandages, sheets, dressings etc. The two suitcases you

donated were also given to them for storage purposes.

The medical supplies are a godsend and truly appreciated. Thank-you again for all of your support. Together we can all make a difference.

Most sincerely,
Daria McLean
(on her return from Dominica)



....I believe that gratitude should go to you and members of IHC who willingly give their time to collect medical equipments and generously donate them to help fellow human beings in far away countries that they do not know and may never know or meet. That is kindness and nobility at its best. So we thank you.

I like to say big thank you to all those who came out to help us load the container and to Dave Dunford, the "Master Loader", who somehow packs the container in such a way that is truly amazing, leaving virtually no space unfilled, with a skill that is hard to match. We could not have done this without the very kind and generous people at International HOPE Canada Inc.

On behalf of the many patients that will benefit from your donation, **Thank You.**
Reg Ejeckam
(Regarding the container sent in September 2010 to the Eastern Nigeria Medical Centre, Enugu, Nigeria)

Nothing speaks as clearly as the words of our recipients...

Bassinets are packed with other goods prior to shipping so every available inch of container space is filled to capacity.



On the Loading Dock...

The next container is destined for **Vietnam** with a loading date scheduled for March 2011.

It may take a year, or even two, to work through the process for sending a shipment and IHC is always eager to respond to enquiries from potential sponsors.

Containers for **Bolivia, Niger,** and **Cameroon** (through a group

in Toronto) are in the early stages of discussion with various groups.

It is hoped a second shipment can be sent to **Zambia** and likewise to the **Sudan**. Possibly a fourth container will be sent to the **Philippines**, to another of its many islands.

Most assuredly, the future will be as active as the past! IHC



Walkers are always in demand and IHC is happy to supply them. Wheelchairs and crutches are also precious commodities in countries where services are scarce. Fortunately, IHC is able to supply those as well.