

# 23,000 HELPED THROUGH YOUR DONATIONS

Mobile medical clinics, hospital programs, cataract surgeries, agroforestry projects, our Adopt-A-Gran program and other projects in developing countries and in Canada resulted in 23,000 poor people being helped during the last twelve months. This report on our overseas programs will be followed in late August by a newsletter concerning our Canadian projects.

## Help!



Shipping donated medical supplies is an important part of our health care programs and has saved us several million dollars during the last few years. Most of our equipment and supplies are collected by volunteers, stored at a storage depot in Montreal and shipped to our project partners in Haiti or Ghana. Access to our materials is firmly controlled to avoid theft. For example, Canadian medical volunteer Laurian Saint Amour is the only person with a key to the storage room shown in this photo taken at the public hospital in Les Cayes. Laurian (far left) was photographed with HTA volunteers, Suzanne Charest, Jocelyne Gosselin, Léonard Labbé

and director Pierre Barbeau. The portable X-Ray machine, shown in the photo at left, was donated to Help the Aged for our Haiti project.



## Marijuana Plant? – Try Mango Instead



With all of the publicity concerning the decriminalization of marijuana possession these days, you can be excused for looking at this photo and thinking that we have decided to invest in the infamous weed. However, we prefer to specialize in the growth of species such as mango and jack fruit. This photo of volunteer Paul Noren shows him describing the grafting techniques for mango seedlings. Our agroforestry project in the Democratic Republic of Congo started in 1996 and is now complete but still has three years to go in Ghana.

## Feeling Guilty Sometimes? Welcome to My Club

by Pierre Barbeau  
Executive Director

An Ottawa Citizen article entitled “Sherpas dying needlessly as firms exploit porters” attracted my attention recently because I had personally witnessed a less serious but equally shocking type of exploitation of porters when I travelled to Nepal in 1984. This article by David

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## Mobile Medical Clinics and Hospitals



*An average of 200 patients are treated every week in south-west Haiti as a result of the mobile medical clinic sponsored by Help the Aged. In addition, we have a large group of medical volunteers and a full-time Canadian prosthetist who are involved in orthopaedics, supply of artificial limbs and physiotherapy. Donated canes, walkers and crutches are also provided free of charge to the poor.*



## Feeling Guilty Sometimes?

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Harrison described the lives of Nepalese porters who carry trekkers' equipment in the Himalayas. He noted that "many tour companies fail to supply porters with protective clothes and medical care and force them to carry loads up to 60 kilograms and sleep in the open in sub-zero temperatures. The exact number of deaths is unknown since not all are recorded. According to the British Charity Tourism Concern, some bodies are not discovered until the snow melts. Thousands of other porters suffer from frostbite and snowblindness, with one hospital in Nepal treating 2,000 porters a year." The article also noted that most of the porters used to carrying equipment at high altitudes are not sherpas but poor farmers desperate to boost their incomes.

During 1984, I was in the Himalayas as a volunteer completing an evaluation of several Canadian charitable projects in the area. **I was shocked to see numerous porters in rags, obviously malnourished, who were carrying a huge collection of new and expensive trekking gear for a group of rich tourists.** I will never forget the sight because it represented so clearly the differences between rich and poor and reflected how some privileged people are willing to take advantage of the poor for their own benefit. Seeing these porters reminded me of slavery in colonial times and how easily self-interest can justify the abuse of those without resources. How this group of trekkers could enjoy their vacation in this environment was beyond me – and still is.

Experiences like this one strongly motivated me to help people living in destitution who are victims of exploitation, egotism, and lack of caring. They also forced me to reflect on how I and others in developed countries are partially responsible for such extreme poverty by not sharing more of our abundance and by wasting precious resources. For example, I cringe every time I read about the huge amount of government waste listed in the federal and provincial auditor generals' reports or when politicians try to rationalize spending such as one billion dollars for a gun

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## Feeling Guilty Sometimes?

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registry. On the non-government side, I'm sure that we could all come up with many examples of extravagance in our own lifestyles.

At the personal level, it is also difficult for me to justify non-essential expenses. One example is purchasing expensive tickets for my family to see an NHL hockey game with the knowledge that a dozen blind people in India could see again with that money.

The expression "we are our brother's keeper" becomes much more meaningful when we witness real poverty and desperation. It is truly rewarding for Help the Aged to receive support through your kind donations to assist our projects. Otherwise, all of our programs would be pipe dreams with no realistic possibilities of improving lives. Your donations reflect your personal commitment that we are indeed responsible to help the less fortunate.

**Thank you!**



## Close to 1,000 grants are now sponsored



*Thanks to donations of \$25 a month, 979 destitute seniors are now being provided with nutritious food, water, clothing, shelter and medications. For the first time since Help the Aged was established in 1975, we will be passing the 1,000 sponsorship mark during 2003. A special thank you to Canadian volunteers like Diane Machel (photo above) for monitoring our program in India for the last eight years and Liza Badham (left), photographed with Saint Vincent de Paul volunteers involved in our Adopt-A-Gran program in Kenya.*

## HIV/AIDS in India



*HIV/AIDS in India is a growing problem which Help the Aged is involved with through this specialized hospital in Lucknow, located one hour from Delhi. This new hospital (photo) is owned and managed by the Medical Sisters of Saint Joseph and only treats HIV/AIDS victims and their families. We are providing hospital equipment, setting up a preventative HIV/AIDS community awareness program and assisting the elderly whose children are dying (or have died) because of HIV AIDS.*

**Ghana Phase 2 will benefit an additional 30,000 poor people**



*In collaboration with Project Reach Out, we have just started Phase 2 of our program in Ghana which will benefit an additional 30,000 poor people during the next three years. The mobile medical clinic, community hospital and agroforestry program created in Phase One also benefited 30,000 people and Phase Two will see the expansion of this successful program. Five new medical clinics will be established as part of this project. This photo shows the line up of patients at the Sabonjida hospital with our mobile clinic van on the right.*



*Every year, more than 3,200 blind elderly people recover their sight through our program in Andhra Pradesh, India organized in collaboration with our Canadian partner, MSMF. During the last fifteen years, over 51,000 destitute seniors have been able to see again as a direct result of your support and matching funds from CIDA and the Alberta Wild Rose Foundation. Each cataract surgery costs us \$35 and each \$35 donation is matched by \$105. The net result is that four blind people in India have their sight restored with every donation.*



**On behalf of the 23,000 poor and destitute people who benefitted from our projects in developing countries and in Canada during the last twelve months ...**

**Thank You For Your Generosity**