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"He lifted him up..., took him to an inn, and cared for him." Luke 10:34

OUR CURRENT PROJECTS AT THE HEALTH CLINIC IN N'GARENAIROBI, TANZANIA



Our foundation has taken on two major projects in relation to N'Garenairobi Clinic and the compound it occupies. The most important is the addition of an operating room to the clinic.

For example, difficulties during the delivery of a baby lead to high rates of mother and infant mortality in Tanzania. Sister Doctor Ernesta has explained that if they had a properly equipped operating room, she would be able to perform an emergency C-section. Currently, an expectant mother with complications must travel 45 minutes by car, if one can be arranged and there is time, to the closest hospital. If it is too late or no arrangements can be made, the Sisters try their best to save the mother and the child.

However, before we can add an operating room, we must deal with the expansion of the current convent which houses the sisters. Sister Ernesta (see back page) handles the major medical tasks at the clinic, with four nurses—all Sisters. Because the clinic operates 24 hours a day, 7 days

a week, there is a great strain on the current staff.

We have initiated our largest project to date, the expansion of the convent. When complete, this undertaking will double the size of the convent to eight rooms. It will also allow space for visiting medical personnel. The cost of this project is \$25,000 and we hope to have it completed by the spring.



Architect's rendering of expanded convent

The second phase of this project is to build and equip the operating room. The plans are being formulated for this phase. An addition to the existing clinic building would include a small operating room with a recovery room. TCHF Board member Jack Antedomenico is working with local surgeons at Martin Memorial Hospital to establish the list of equipment and instruments needed to begin surgical procedures. Some of the basic surgical instruments have already been donated and shipped by TCHF to the clinic in anticipation of the completion of these projects. It is through your continued generosity that the Tanzanian Hospital Cardiac Foundation is able to expand the medical care to the good people of Tanzania.

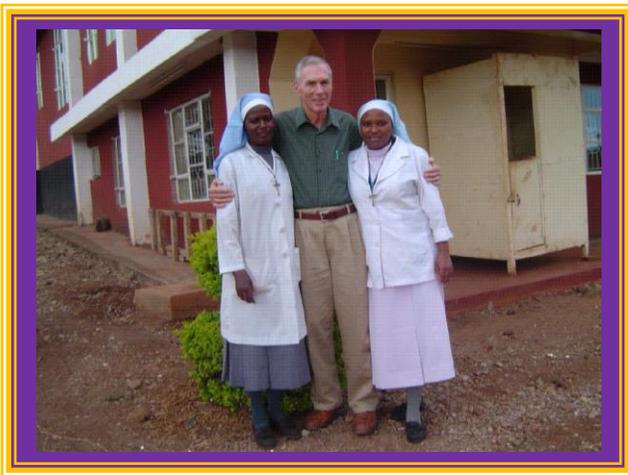




**TCHF MISSIONS TO TANZANIA—
JANUARY 2012 AND JULY 2012**

There is something about Tanzania that captivates the visitor and entices him or her to return. The Tanzanian people are some of the most genial, hospitable, and considerate people one might meet.

TCHF Board member Jack Antedomenico spent three months in Tanzania working at the clinic in the fall 2009. A combination of his own regard for the people and his recognition that his medical training and gifts are of great use and need there have Jack returning to Tanzania for another 3 month stay in January 2012. He will continue his training of the staff at the clinic in the use of the ultrasound machine he delivered there last year. He has developed a real love for what he affectionately calls his second family.



**JACK ANTEDOMENICO
WITH TWO DAUGHTERS (NURSE SISTERS)**

In July 2012 Father Mark Mlay ALCP/OSS, our Spiritual Director and a member of our Board of Directors, will be leading a group on our second medical mission to Tanzania. We will visit the clinic to deliver supplies but then go on to explore the beauty of Tanzania. Father Mark is extending an invitation to anyone who has ever thought about visiting Africa.



LAKE MANYARA

This 10 day trip would give you the opportunity to visit some of the most remarkable national parks in the world. These parks include: the Serengeti, the N'Gorongoro Crater, and Lake Manyara. You would also view Mt. Kilimanjaro, the highest peak in Africa and possibly visit the famous Spice Islands, which are part of Tanzania. Traveling with Father Mark has the added benefit of frequent Masses celebrated along the way.



We will start planning for this trip early next year. If you have any questions or would like more information, please do not hesitate to contact Father Mark Mlay at markmlay@yahoo.com.

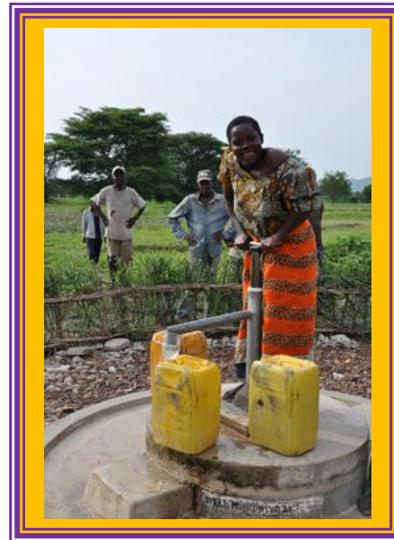


THE CHALLENGES OF LIFE IN TANZANIA ...

Life in Tanzania is difficult in comparison to the ways we live in the United States. The following is a summary of what some of the obstacles are in the area where our health clinic is located.

HEALTH

Health and healthcare are struggles in Tanzania for a wide variety of reasons. The country has experienced rapid population growth and more than half of the population are children. As is the case with our own clinic, people must travel long distances to even get to health clinics, and transportation is almost impossible. To give you some idea of transportation, the United States has 828 automobiles for every 1,000 people. In Tanzania that number is 73 autos for every 1,000 people. For many years healthcare was only accessible to urban areas even though Tanzania is still a country with a largely rural population. As we have reported previously, the major health issues involve malaria (particularly in children), HIV Aids, infectious bacterial diseases, heart disease, and various problems associated with child bearing.



FOOD

Tanzania remains a country where subsistence farming is the norm rather than the exception. **Subsistence farming** is a form of farming in which nearly all of the crops or livestock raised are used to maintain the farmer and the farmer's family, leaving little, if any, surplus for sale or trade. The clinic and the parish, which are part of the same compound, are dependent upon this—the priests and sisters raise crops and animals to meet their own needs. Of course, having to devote time to this task decreases the time they can allocate to the health aspects of the clinic. Nevertheless, this is a question of survival.



MEDICINES

Many of the impediments to health care in Tanzania could be solved with access to basic medicines. In spite of efforts by their government to solve this encumbrance, availability of medicines is limited. TCHF has provided thousands of dollars of free medicine to the clinic to alleviate some of these drawbacks.

WATER

One of our future projects is to dig another well for the clinic and the compound. The problem is not having water—it is access to the water for irrigation and use at the clinic. Because of insufficient power, it is hard to get the water to where it needs to be.



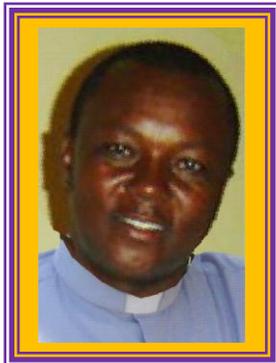
POWER

Power for the clinic and the compound is produced by a solar-powered generator. TCHF has purchased and had installed additional solar panels to increase power availability, but there is still limited power at night, and the power scarcity restricts what kind of medical operations can occur.



**STAFF OF THE N'GARENAIROBI CLINIC—
PART 1**

From the inception of our Foundation it has been our privilege to work with two religious communities in Tanzania—the Apostolic Life Community of Priests (ALCP/OSS) and the Congregation of Our Lady of Usambara Sisters (COLU). The two key administrators of our clinic in N'Garenairobi represent these two communities. In this newsletter we wish to highlight those two officials. In our next newsletter we will meet the others at the clinic.



FATHER PRISCUS ALCP/OSS

Rev. Priscus Jumamosi ALCP/OSS is the overall administrator of the clinic and the entire compound where it is located. Father Priscus is a man of great learning, and he wears “many hats” in his assigned roles.

Father Priscus is also the Pastor of St. Paul Parish in N'Garenairobi. The church and rectory are located in the same compound as the clinic. He was sent to law school by his Congregation to facilitate the relationship of his Congregation with the government, considering their schools, clinics, and many other social services offered to the people of Tanzania by their community of priests. As mentioned, he is Administrator of the Clinic where he takes care of the needs of the Sisters. He also teaches the young adults, directs operations of the 100 acre farm crop, animal care, the preschool, and vehicle maintenance. He says three Masses on Sunday in the outstations to reach the parishioners who live too far to walk in addition to ministering to his flock on a daily basis. In other words this one man is priest, civil lawyer, hospital administrator, farmer, mechanic, teacher, and friend to all.



SISTER ERNESTA JOHN COLU, MD

Sister (Doctor) Ernesta manages the day to day operation of the clinic. She is often up before dawn, if she has not been up most of the night tending to an emergency medical situation.

In her quiet, unassuming manner she also serves as the superior at the convent which is home to four other sisters and a house girl. Like Father Priscus, she works the gardens which grow their food, cares for the chickens, milks cows, and monitors the use of the limited supply of electricity and water that is available.

In addition to dealing with the staff and the patients, she must also cope with shortages of medications, sutures, and other critical medical supplies. In spite of her own personal diagnosis of osteoporosis which causes hip and leg pain, she continues to work incredibly long hours without complaint. She is a woman to be admired as she has dedicated her life to God and to her people of Tanzania.



SISTER ERNESTA PRESENTED BOARD MEMBER JACK WITH A MAASAI SHUKA

Our organization is committed to building a hospital specializing in heart disease as well as the treatment of other chronic diseases.
Our goal is to raise money to build a Catholic cardiac and general hospital to allow our human family in Tanzania to raise their children without fear of death.

