



# spirit of service

A PUBLICATION OF SEVA FOUNDATION®

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## Eye Care in Africa

### Seva Helps KCCO Build a "Bridge" to Connect People to Care

*Culturally sustainable solutions* — you'll see it in Seva's mission statement. Catchy phrase, sounds good... but what does it mean?



Dr. Susan Lewallen tells a quick story that helps put it in perspective. "In the early 1990's, I was working at the largest hospital in Malawi, one of the poorest countries in Africa. I was the only ophthalmologist there in an area with about ten million people, and I can remember friends back in the States saying, 'Ten million people? Oh, you must be working so incredibly hard!' But I wasn't working very hard, because there just weren't many patients coming in.

"You see, if you're imagining a situation like in the U.S. or any developed country," she continues, "then you're assuming that people realize they should see a doctor if they have a problem with their vision, that people

know how to find a doctor, and that they can afford to *get* to the doctor let alone pay the bill.

"But after you've been here in Africa for awhile, and you see how people live," Susan says, "then it becomes very obvious that just building a hospital isn't enough. You have to figure out how to get patients to come in for services, or how to bring the services out to the community. You have to connect people to the care."

That's exactly what Susan and her husband, Dr. Paul Courtright, are doing now at the Kilimanjaro Center for Community Ophthalmology (KCCO) in Tanzania.

## Photographers

Black Mesa Water Coalition, Bill Burden, Jon Kaplan, Roger Maldonado, Deborah Moses, Partners in Health, Paul Paz y Miño, Amy Sherts, Robert Tohe, Robin Woodland

Our heartfelt thanks go to all our photographers for generously donating their work. Please visit the photographer's gallery in the "About Seva" section of our website.

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FIRST OF ITS KIND IN AFRICA

With financial support from Seva Foundation, Susan and Paul launched KCCO in 2001 — and already it’s making a huge difference. Located in Moshi, a small city near Mt. Kilimanjaro in northeastern Tanzania, KCCO programs are improving eye care services for people in the surrounding rural areas, home of the Masai and other indigenous tribes. Here’s just one measure of success: over its first six years, KCCO has helped increase the number of cataract surgeries in the area by about 300%.

Yet KCCO isn’t a hospital and it doesn’t provide any clinical services. Its work is focused on research, program develop-

ment and training, all intended to help eye care service providers and public health workers reach a huge population that has never had eye care before.

BUILDING A BRIDGE

can we do about that?’ Questions like, ‘Do people value cataract surgery enough to pay for it, and if so, how much?’ That’s really relevant if you want to create financially sustainable systems. And we do a lot of training — not training to do surgery, because we don’t do that at all at KCCO. We train hospitals and clinics in personnel management, and we’re training people to set up community programs that we hope will serve the population and last over time.”

“The way to get patients to come in to the hospital,” says Joseph Banzi, the Community Coordinator at KCCO, “is to

ment and training, all intended to help eye care service providers and public health workers reach a huge population that has never had eye care before.

The inspiration and model for KCCO comes from the Lions Aravind Institute of Community Ophthalmology, a project of Seva’s original eye care partner, Aravind Hospital in India. KCCO is the first organization to systematically develop an approach to community ophthalmology in Africa.

“Community ophthalmology looks at how to match up the patient with the services,” Susan explains. “We do research into operational questions such as, ‘Why don’t women come in for surgery as much as men do, and what

get out of the hospital and go see the people. One of the main ways we do that is through our Direct Referral Site program. We send teams all around the rural areas nearby, and we do eye exams out in the communities. Some of the people with minor eye conditions we can treat right there, and we can provide them with glasses. If we see a patient that needs cataract surgery, they are referred directly to the hospital. In fact, we provide the transportation for them to get there and back – they would never make it otherwise. This is what we call a *bridging strategy*. We’re building a bridge that connects people to eye care services.”

As with all KCCO programs, the focus is always on building the capacity of



surgery. But cataract blindness is only one of the health issues addressed by KCCO. Their community health programs also address factors like nutrition and sanitation problems that play a role in other eye conditions such as trachoma.

SUSTAINABILITY IS THE GOAL

“In the past, most eye care services in Africa have been donor provided,” says KCCO’s Sustainability Planner, Edson Eliah. “But if the donors withdraw, everything stops there. So our work looks at how to make the program sustainable, how to make the programs work if the donors aren’t there. In fact, our goal is to make affordable eye cares services that are there for the long run – even if KCCO is not there.”

Edson is putting his background in economics to good use. “Part of my job is to help our partners figure out how to reduce their costs. If we can lower the costs of materials, and if we increase efficiency of labor, then eye care becomes more affordable. But we are also putting fee structures in place that can help generate revenue to keep it all going. If we can charge a small fee for things like eye glasses and eye drops, and if people pay for part of their surgery, then we’re creating the basis of sustainability. Looking at the example of Aravind Hospital in India, we know it can be done. We just have to find the best ways to apply that model here in Africa.”

KCCO has a vision for bringing top quality, high-volume eye care services to all of eastern Africa, an area that is home to 300 million people. Already, they are training staff and building networks to make it happen — and Seva is delighted to be a part of it.



existing health providers in the region, explains Joseph. “We provide training and technical assistance to a lot of partners, such as the Ministry of Health, staff from nongovernmental organizations, public health clinics in the communities, and the Kilimanjaro Christian Medical College, which has the largest hospital in the area and is our primary partner in Tanzania. That’s our focus because it’s going to take all of us working together to really make a difference in eye care.”

Based on Susan and Paul’s groundbreaking research documenting the significantly higher prevalence of cataract blindness among women in developing countries compared to men, KCCO is developing programs to boost the percentage of women receiving



# Community Health Workers

## Culturally Attuned Training Brings Healthcare to Remote Areas

One of the groups supported by Seva’s Community Self-Development Program (CSD) is EAPSEC — an acronym for its Spanish name, which means *Team for the Support of Community Health and Education*. Formed in 1985, EAPSEC is a group of health educators working in Chiapas, the state with the highest percentage of indigenous people and the worst health and poverty indicators in Mexico. EAPSEC provides primary health care training to marginalized groups that lack access to trained doctors.

Last year, with support from Seva and *Partners In Health*, a leader in international community health programs based at the Harvard School of Medicine, EAPSEC trained 137 community health workers across four regions in Chiapas, bringing health care to about 17,000 people.

Here is an interview with Julio Quiñones Hernández, a Clinic Coordinator with EAPSEC, conducted by Seva’s Chiapas Program Manager, Roger Maldonado, and translated from Spanish.



EAPSEC first aid training

TELL US ABOUT THE COMMUNITIES YOU SERVE.

Most of the places where we work are very remote. It’s a tropical, mountainous area. To reach the most distant communities in the Sierra region, we walk for about 12 hours because there is no other transportation.

The people in these villages don’t have access to the information they need to care for their health. They live by the customs their grandparents taught them. If they boil their water or not, it is because of their grandparents’ teachings. They can only live by what they know.

Sometimes a doctor comes, maybe once every two years. He gives some medicine and a little information, and then leaves — but this doesn’t have much of an impact. You need a health worker who is from the community and knows the beliefs of the people, and knows which customs are good and which of these customs should change. But you can’t change people’s customs by force, because they’ll say, “Hey, you’re taking something that is mine.” That’s why the health workers have to live in the community, so they have the right sensitivity and they know how to improve things little by little.

HOW ARE COMMUNITY HEALTH WORKERS SELECTED?

Well, there are many ways, but we think the best results come when health workers are selected in a community assembly. That helps ensure they will be supported by the whole community.

DESCRIBE THE TRAINING THAT HEALTH WORKERS RECEIVE.

We train them in two fundamental areas, which we call modules. The first module is called the *social aspect*. For example, health workers should know that diarrhea can be caused by bacteria or parasites; but they should also know that it can have an environmental cause or can be caused by certain customs. Health problems have many roots, not just biological causes. We call these other roots the *social causes*.



Julio Quiñones Hernández of EAPSEC

The health worker needs to know that lack of latrines in homes is a cause of many illnesses; the same with not boiling water for drinking. All of these are social problems. The health workers recognize these problems and try to help find solutions. But the problems are complicated, so fixing them isn’t always easy.

The second module of the training is the *medical aspect*, which is actually easier for us to manage. The health worker learns to diagnose common diseases and learns what should be done when different symptoms are present. If they see a person with symptoms beyond their understanding or that requires more expert care, they will arrange to take the patient to a doctor.

SO IT SOUNDS LIKE PREVENTIVE CARE IS A BIG PART OF WHAT YOU DO.

Right. Disease is a consequence of poor health. That is how we see things at EAPSEC, and that is how the health workers should understand their role.

We can’t say there is health when a person is malnourished or when they have no clothes. We can’t say there is health when the people are cutting down trees and doing away with their own mountains. Health covers a very broad set of issues for us and does not necessarily mean medicine.

I’m not saying that medicine is not necessary, but rather that it isn’t what most stands out here. The most important thing is prevention, so that we don’t have to solve more problems later.

CONTINUED ON PAGE 7



Training community health workers in Chiapas



# Protecting Mother Earth... Protecting the People

## Native Groups Leading The Way to Safe and Renewable Energy

Seva's Native American Community Grants Program supports grassroots efforts to protect the environment and develop renewable energy projects. But don't confuse "grassroots" with "small time." Here are two groups making a huge impact, helping to shape historic government policies, waging effective legal challenges, and laying the groundwork for innovative ways to build sustainable energy projects that benefit Native communities.

### DINEH BIDZIIL COALITION

Social change comes when people advocate on their own behalf. Need a law to protect the environment? New policies on economic development? Better healthcare? Organize — that's how things happen.

And so it is in the Navajo Nation. Covering 27,000 square miles of northeastern Arizona and parts of New Mexico and Utah, and with its own sovereign government, the reservation is home to about 300,000 Navajo people. And while there are dozens of small grassroots Navajo groups addressing a variety of issues, making change happen isn't easy.

"As individual groups, these small organizations found that they didn't really have a voice. Dineh Bidziil Coalition gave them a way to work together instead of in isolation, and that's very powerful," explains Robert Tohe, a longtime Navajo activist and one of the volunteers who founded the organization in 2000. "Dineh (deh-nay) is the Navajo word for *the people* and Bidziil (bid-zeel) means *strength* — and that's what the coalition is about."

Bringing the coalition together was no small task. "These groups are scattered out over Arizona and New Mexico," Robert says, "but they still don't have access to technology such as computers and email, and some don't even have basic infrastructure

like phone services and electricity. So our approach was to plan a series of regional meetings to bring people together."

Hazel James, another volunteer and cofounder of Dineh Bidziil Coalition (DBC) says the group came together quickly. "In December of 2000, we had a meeting with five grassroots groups to discuss the possibility of starting a united front. Within a year, we had 23 groups across the Navajo Nation, plus another 13 non-Navajo groups. That's why DBC has been so effective."

Describing DBC's first steps, Robert says, "Initially, we did some long-range planning and identified some of the urgent priorities of each community. Then we prioritized those issues in terms of the feasibility of getting a solution — which things could we actually get done?"

### URANIUM: THE HOT ISSUE

DBC's most urgent priority soon became clear: uranium mining. Beginning in the 1940's, millions of tons of uranium ore were extracted from Navajo land and used to fuel America's nuclear arsenal. But no one ever told the people of the dangers of radiation poisoning from exposure to the uranium dust covering their communities and entering the waterways, and the result was devastating. Cancer fatalities, once rare among Navajos, skyrocketed.

Hundreds suffered and died from respiratory disease. And previously unknown birth defects became common.

The last of the mines closed in the mid-1980's as the Cold War wound down. But recent worldwide interest in nuclear energy has caused the price of uranium to soar, and that's driving an industry effort to get back into operation on Navajo land. "Some energy companies are using concern about global warming to revive interest in nuclear power plants as a way to get clean, safe energy," Robert tells us. "But the people calling it 'clean' don't have a uranium mine in their backyard."

Even with the history of uranium's terrible health impacts, coming to consensus among Navajo people about the future of mining is a challenge. "The people need jobs," says Robert, "and tribal government is under tremendous pressure to find revenue sources. Selling our natural resources seems like an easy solution."

DBC worked tirelessly for two years to get a broad range of community groups and representatives of tribal government to agree on what should be done, Robert explains. "We worked with the Navajo Nation's leadership and hammered out a bill called the Diné Natural Resources Protection Act of 2005. Essentially, what that does is ban any more uranium mining within the Navajo reservation. That is Navajo law right now, and it's a huge statement to the industry. Now, we're working to prevent the mines from operating on land directly adjacent to the reservation."

Last year, DBC helped make history again as one of the principal organizers of the first Indigenous World Uranium Summit held in Window Rock, Arizona, the capital of the Navajo Nation. More than 350 delegates from nine countries and ten indigenous nations issued a declaration calling for a worldwide ban on uranium mining and related activities, citing the extensive record of disproportional impacts of the nuclear fuel chain on indigenous communities around the world.



A community meeting sponsored by Dineh Bidziil Coalition.

### SEVA'S SUPPORT WAS KEY

"Even though DBC is a volunteer organization, we had a lot of expenses," Hazel explains. "To organize the meetings, we had to pay for things like travel, phones, printing and radio time. We really appreciate the support from Seva because it gave us the means to involve a lot of people on the reservation who normally don't come out. Some of the elders don't have money for gas, but we were able to pay for them to come to meetings."

"We were concerned that our issues weren't mainstream enough for most funders," Robert recalls. "When we learned about the ways Seva addresses grassroots issues we thought, 'Wow — this is something new. We can apply our own skills and knowledge, and maintain our identity as we do our work.' That's one of the great things that Seva allowed DBC to do, and without that funding I don't think we would have gotten very far."



### BLACK MESA WATER COALITION

Another Native group that Seva was proud to support with a small grant in 2006 is Black Mesa Water Coalition (BMWC). Formed by a group of university students in 2001, BMWC jumped into the fray with other groups working to protect the Navajo Aquifer, an important water resource shared by the Navajo, and the Hopi — whose 2,500 square mile reservation is located within Navajo territory, and is home to about 7,000 people.

At issue was the Black Mesa Mine operated by Peabody Coal Company, which since 1965 has pumped more than a billion gallons of pristine water from the aquifer each year to make a slurry to carry its coal to the Mohave Generating Station in Nevada. While the company claims the operation is harmless, a recent report by the Natural Resources Defense Council confirms what Navajo and Hopi citizens can plainly see — the mine is putting their local groundwater supply at risk.

BMWC's work paid off. Their efforts to educate the community and build resistance to the use of the aquifer were contributing factors in the shutdown of Black Mesa Mine in December 2005. It turned out that the Mohave Generating Station, the mine's only customer, was forced to close after legal action by the Sierra Club and others required the plant to install pollution controls. Faced with the cost of those improvements combined with growing resistance to the use of the water, Southern California Edison, the plant's operator, chose to shut it down.

### JUST TRANSITION: A NEW WAY

With the closing of the mine, millions of dollars of yearly income to tribal governments and hundreds of local jobs have been lost. The big question, as Wahleah Johns, the Field Organizer for BMWC, explains is: what happens next?

"All along, our tribal leaders would say 'Okay — so you guys want to end the use of the water for the mine. Well, what is your idea for replacing the lost revenue once it stops?' And we realized

that as community organizers, we needed to push for something to help get our communities back on their feet. That's what led to the Just Transition Plan."

Together with the Sierra Club and others, BMWC helped launch the Just Transition Coalition. Their vision calls for building a renewable energy infrastructure of solar and wind operations that would be owned in part by tribal communities. "Some of the electricity produced would supply the many Navajo and Hopi communities still without power of their own," Wahleah says, "and some would be sold on the open market, creating new revenue streams. In the process, we'd create a new sustainable industry that would provide long-term jobs for our people."

Funding to implement the plan could come from federal money granted to the Mohave plant's owners now that their operation is no longer producing pollution — credits that could be worth as much as \$65 million per year. Last year, the California Public Utilities Commission agreed the idea is worth exploring. In a historic decision, the CPUC granted the Just Transition Coalition's request to place those funds in escrow pending further review.

"That was a huge victory for us," says Wahleah, "though it was complicated because some of our groups don't support the idea of trading pollution credits. In the end, we knew that money was just going to be handed back to the shareholders of the power plant, and we felt a better use of it would be investing in renewable energy to support Native communities."

Looking to the future, Wahleah says, "We still have a long way to go, but we're optimistic. If nothing else, Just Transition means putting our communities at the forefront of the process. We're working from the bottom up, instead of the top down."



Wahleah Johns of Black Mesa Water Coalition leads a community meeting.

"Just Transition means putting our communities at the forefront of the process. We're working from the bottom up, instead of the top down."

## Learn More!

### The Navajo People and Uranium Mining

University of New Mexico Press, 2006

From an oral history project based at Tufts University School of Medicine in Boston.

### Blighted Homeland

The Los Angeles Times, November 2006

An in-depth series with multimedia slide show.

Visit [www.latimes.com](http://www.latimes.com) and search for *blighted homeland*.

### Just Transition Coalition

Extensive information and resources.

Visit [www.sierraclub.org](http://www.sierraclub.org) and search for *tribal partners*.



# Kids Rock for Seva

Over the years, an amazing constellation of musical stars have performed benefit shows for Seva: Bonnie Raitt, Grateful Dead, Jackson Browne, Joan Baez, Ben Harper, Los Lonely Boys, and Crosby, Stills and Nash — to name just a few.

Now, you can add My Noisy Neighbors to the list. Never heard of them? Well, they may not have a record deal yet, but they were a big hit at Concert for Community, a benefit fundraiser produced by the 5th through 8th grade classes at the San Francisco Day School.

“The kids have come to see it as the premier rock show of the year,” says art teacher Brian Herrick. “We have about twenty bands at the concert. It’s a great way to showcase the students’ performing abilities, and at the same time it has this wonderful altruistic benefit of raising money for charities.”

The staff presents the kids with a list of charitable organizations based in the San Francisco area, and each of the four grade levels selects the charity they want to support. “Before the concert, each grade splits up into small groups and each group researches one charity,” explains 8th grader, Eli Leavitt. “Then the groups present what they learned to the rest of the class, and the class votes for the organization they want to receive the money. The 8th grade class chose Seva Foundation.”

Seva’s share of the Concert for Community proceeds was \$742! “It felt really great,” says Eli. “We had a lot of fun putting it together and it’s a pleasure to perform — especially because we’re helping to support a good cause.”

## YOUTH GROUP PUTS ON “UN-SHOPPING DAY”

The youth group at the United Church of Strafford, in Vermont, came up with a great way to promote meaningful gift giving during the holidays: Un-Shopping Day. The idea took shape after they had come across Seva’s Gifts of Service catalog. “We looked through it and realized we could make cards and sell them as a fundraiser for Seva,” says 13 year-old Lillian Schley. “We picked the Opportunities for Mayan Women in Guatemala, and then we made our own cards that said a donation is being made in your name to help Seva Foundation.”



My Noisy Neighbors rock out at S.F. Day School’s Concert for Community

“The kids decorated the cards by gluing various textiles to them, yarn and ribbon and things likes that,” explained Becky Bailey, Lillian’s mother and an advisor of the youth group. “Then we set up a table at church, and people could buy a card for a donation of any size.”

Lillian says they were surprised at how well it worked. “We sold about 30 cards, and raised \$575 to send to Seva. It felt great!”



The Youth Group at the United Church of Strafford.

## Community Health Workers (cont. from page 3)

### HOW HAS SEVA FOUNDATION HELPED EAPSEC’S WORK?

Seva is a very big support, because without Seva we would not be able to travel to our different training sites, and couldn’t cover the transportation costs of the health workers. Seva helps us to keep our work going.

But it’s more than just the economic aspect of things. It’s not like they just give us the money and that’s where the contact breaks off. No, rather there is an exchange between us — such as when Julie [CSD Program Manager from the Berkeley office, Julie Rinard] comes to Chiapas and goes with us to the communities and stays for a time. That is when we help each other move forward in our work. We are working and learning together — learning how to make a difference for the people we serve.



Preparing local herbs and plants for making medicine

# The Gosse’s Gift

## Major Gift Supports Sight Program

“You know the old saying — don’t reinvent the wheel,” says Rich Gosse, explaining why he and his wife, Debby, decided last year to close their family charity, the International Possibilities Foundation. “We just didn’t have the infrastructure to put together our own programs, so when we created our foundation back in 1999, we set it up specifically with the intent of eventually liquidating and donating it all to other foundations.”

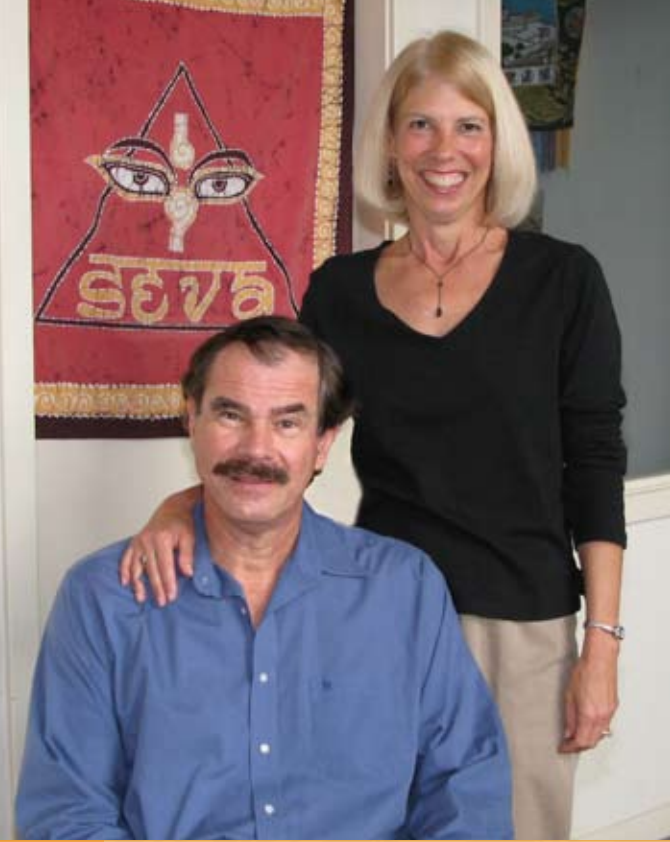
As the end of 2006 approached, Rich and Debby decided it was time to do just that. “We wanted to put the money into what we thought would do the most good for the most people,” says Rich. “So we looked at a lot of different foundations — and there are many great foundations, as you know — and we just came to the conclusion that you couldn’t spend the money more cost effectively and help people in a more significant way than you could through Seva’s Sight Programs. We were just so impressed that for about \$50 per person on average, you could give a blind person the gift of sight. We didn’t see any other foundation out there that could deliver that kind of bang for the buck, that could so revolutionize a human being’s life for such a minimal investment.”

Well, Rich and Debby are going to help restore the vision of a lot of people — their gift to Seva was nearly \$500,000!

When they’re not busy with philanthropic work, Rich and Debby run American Singles Education, Inc., the world’s largest nonprofit singles organization. “We do 150 events a year for singles on six continents,” Rich tells us. “We’re the only organization that does events for singles worldwide. There are thousands of non-profits in the world that do singles events in their area, but nobody does the singles events worldwide, as we do.”

Talking about the gift to Seva, Rich says, “It’s a tremendous feeling to be able to contribute so significantly to the lives of so many people. For the last 28 years, my mission in life has been to serve single people, and I like to think that I’ve made a significant contribution in that area. But I don’t think it’s anywhere near as significant as the contribution that we can make through Seva. Debby and I are very pleased to be of service in this way.”

Rich and Debby Gosse, visiting the Seva Foundation office in Berkeley.



# New, Improved Online Services Coming Soon!

## JOIN THE E-CIRCLE AND HELP SEVA GROW

This spring, Seva is launching a completely new online service system. That means we’ll be able to serve you better with a fresh new website, timely e-News, improved online donation processing, and a new Gifts of Service online catalog that makes shopping easier than ever.

But the most important part of our new online system is *you*! That’s why we’ve created the *e-Circle*. Joining Seva’s e-Circle is the best way to be part of the work we do. It’s free, it’s easy, and as an e-Circle member you’ll enjoy special benefits:

**e-News and Updates** All the latest news about our programs — the best way to learn about the ways your donations are making a difference.

**Gifts of Service Account** Keep an online address book of family and friends so you’re ready to go anytime you order a gift — and enjoy faster checkout service.

**Manage Your Donations** Login anytime to see your donation history, print a tax receipt, or update your profile.

As part of the e-Circle, you can make a huge impact on Seva’s work. Help us grow by using our new online tools:

**Tell-a-Friend** Use these special links to send web pages and news articles to your friends and family — and spread the word about Seva.

**Banners & Links** Tell the world about Seva by linking to us from your myspace page or website.

**e-Cards** Another great way to tell people about Seva — and it’s free! Email one of our beautiful photos along with your personal message.

**Share a Story** Doing a special benefit event for Seva? Have a great story about giving a Gift of Service? Send it in so we can let others know.

If you’re wondering whether the e-Circle can really make a difference, consider this: a recent study confirmed what every successful nonprofit already knows — personal networking is by far the most powerful strategy for new growth. When donors were asked to check off a list to indicate who influences them most in deciding whether to support a charity, they said family members (77%), friends (64%), co-workers (40%) and way down at the bottom, celebrities (15%).

So, keep an eye out for Seva’s new website — and then please join the e-Circle!

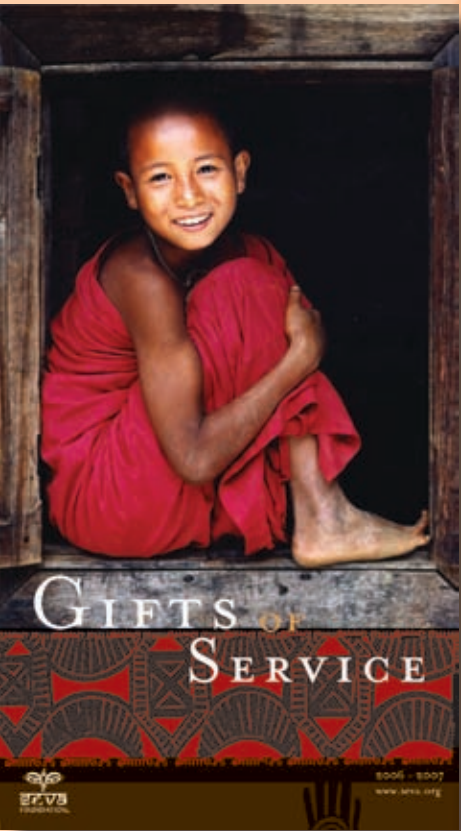
## Seva Featured in AGI Catalog

Seva’s work to bring eye care services to people in Guatemala is getting a big boost from Alternative Gifts International (AGI).

Each year, AGI partners with about 35 organizations to assemble a collection of service gifts designed to support projects conducted by those groups. The gifts are promoted through AGI’s print catalog and their website. AGI requires partner organizations to use every dollar received from AGI donors on direct relief, not overhead.

This year’s AGI catalog features a gift for Seva called Let the Blind See, which enables trained health workers to provide basic eye care services to 100 people in the Peten region of Guatemala. We appreciate the support!

For more information, visit [www.alternativegifts.org](http://www.alternativegifts.org).



## Start a new tradition of giving – perfect for any occasion!

Looking for a special gift for Mother’s and Father’s Day? A thoughtful gift for newlyweds with everything they need? A birthday or graduation present with special meaning?

Honor your family and friends with Gifts of Service™ — and give a gift that does a world of good!

We’ll send a beautiful card with a personal message from you, and your gift of compassion will help change someone’s life.

Find out all about it at [www.seva.org](http://www.seva.org).

Or call **1-800-223-7382** for a free catalog.

## Save the date! Sing Out for Seva

On Friday, May 18th, we’ll celebrate Wavy Gravy’s 71st birthday with a special benefit concert for Seva at the Berkeley Community Theater. Headliners will include:

**Chris Robinson’s Wooden Family**

**Buffy Sainte Marie**

**Tea Leaf Green**

**... with more to be announced!**

For the latest news about artist line-up and for ticket information, visit [www.seva.org](http://www.seva.org).



SPRING/ SUMMER 07

# spirit of service

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## About Seva

**Seva (say-va) is a Sanskrit word for service. Seva Foundation was formed in 1978 with a mission to alleviate suffering caused by disease and poverty.**

Our approach is to build partnerships that respond to locally defined problems and create culturally sustainable solutions. Seva currently works to:

- Prevent blindness and restore sight in India, Nepal, Tibet, Cambodia, Bangladesh, Egypt, Guatemala and Tanzania.
- Help indigenous communities in Guatemala and Mexico develop their capacity to meet basic needs and create solutions to poverty and injustice.
- Support Native American projects across the U.S. in the areas of health and wellness, community development, environmental protection and cultural preservation.

Seva's work is made possible by the generosity of donors, foundations, volunteers and friends — all joined together in the spirit of service.

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