


ANNUAL REPORT 2004-2005



The Center for Communications, Health and the Environment (CECHE) is a private, non-profit, 501(c)(3) American institution based in Washington, D.C. Founded in 1990, CECHE's mission is to assist under-served communities in the United States and developing nations worldwide by initiating and supporting programs to improve health and alleviate the adverse health affects of environmental pollution. CECHE works in partnership with scientists, journalists, educators and policy-makers from the United States, Central Europe, India and other countries. Involved in a number of projects in the United States and around the globe, CECHE is especially focused on the use of mass media and information technology in programs centered around: public health programs and policy; community and school-based intervention; global health through global democracy; public education; and private voluntary sector development.



A Message from the Chairman



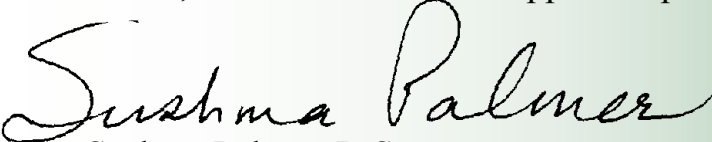
During the past two years, CECHE has launched new partnership initiatives and enhanced the impact and outreach of current programs. Several projects have also been successfully concluded.

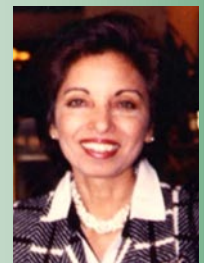
Key among our new partnerships is one with Roshni, a nongovernmental organization (NGO) in South India devoted to anti-smoking education. New initiatives with existing partners include an electronic health newsletter at Syracuse University and a cardiovascular disease-prevention and Safe Food International program with the Center for Science in the Public Interest (CSPI).

In June 2005, to help potential contributors easily identify it as one of the top charities in the country, CECHE was authorized by the Independent Charities of America to reproduce the “Best in America” seal on its Web site and in its promotional materials. 2004-2005 program highlights from the domestic and international fronts include:

- Syracuse University took national its pilot study on how well information technology serves family physicians’ needs for patient health education and promotion, while its mammography survey revealed that information on new screening guidelines did not ensure that women were better informed.
- The University of the District of Columbia expanded its CECHE-supported nutrition scholarship program.
- Six students at Lady Irwin College in New Delhi, India were awarded nutrition and public health scholarships via the 2003 CECHE-initiated program.
- CECHE Vice Chairman Mark Palmer’s book, *Breaking The Real Axis Of Evil: How to Oust the World’s Last Dictators by 2025*, became the basis of a congressional bill on democracy promotion.
- The Russian Cancer Research Center completed the first phase of its program to increase the number of knowledgeable, skilled tobacco-control physicians in Russia.
- The *Global Health and Environment MONITOR* tackled leading health issues and reached an expanded audience.
- Roshni, CECHE’s newest partner, launched a tobacco-control program to assist villagers in South India, especially women, to acquire skills suitable for non-tobacco trades.
- CSPI formed working coalitions with NGOs in developing countries and nations in economic transition in CECHE’s multi-year Global Dietary, Food Marketing, and Health Project.
- CSPI and CECHE began collaborating on two new projects to advocate for public health policy reform in the areas of cardiovascular disease prevention in the United States and global food safety and bioterrorism preparedness.

CECHE’s initiatives and joint efforts continue to succeed on several fronts, and we thank our many partners and volunteers, whose wisdom and support help to make this possible.


Sushma Palmer, D.Sc.
Chairman

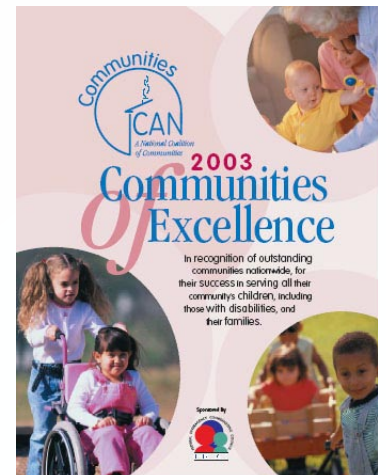


Communities Can! International and UNESCO Ensure Education for All

The Caring for Children Communities Can! Program reflects a long-term partnership between CECHE and the Georgetown University Center for Child and Human Development (GUCCHD). A national network of community groups and individuals, it is committed to comprehensive, coordinated systems of services and support for all children and families, including those with, or at risk for, disabilities. In conjunction with federal agencies, the Communities Can! Recognition Program provides:



- Links with other communities to learn from their experiences
- Information about how to serve and support all families better
- Community leadership assistance, guidance and directives
- A voice in policy decisions at all levels
- The means to work with local governments and national organizations to recognize and publicize the achievements of member communities.

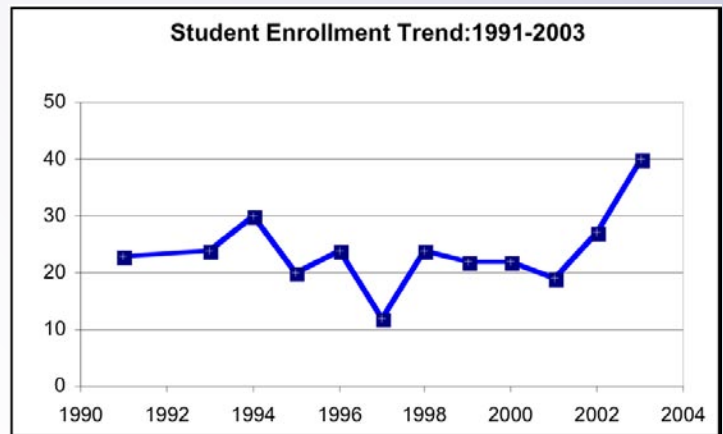


Currently, children, youth and adults with disabilities are among the groups most excluded from receiving a basic education; in fact, an estimated 90 percent of children with disabilities in developing countries do not attend school. To help ensure access to and promote completion of quality education for every person with a disability, Communities Can International, established in 1993 by the GUCCHD in collaboration with CECHE, participated in founding A Flagship on Education for All and the Right to Education for Persons with Disabilities: Towards Inclusion. The flagship is an alliance of global disability organizations, international development and intergovernmental agencies, and experts in the fields of special and inclusive education from developed and developing nations.

Communities Can International is actively engaged in the flagship's secretariat at UNESCO, which advocates the right to education for everybody in its current Education for All (EFA) initiative, a global program endorsed by every country in the world and expected to result in all children receiving a basic education by 2015. Currently, the flagship is assisting countries in implementing national plans for EFA, as well as advancing the inclusion of individuals with disabilities, through a variety of activities and actions, including working with governmental entities, donors and NGOs at the national, local and global levels; seeking new resources from national and international entities; ensuring adequate monitoring by the EFA to collect quantitative and qualitative data on disabilities; and stimulating research, training and effective practices based on best available data.

Nutrition Scholarships at UDC Yield Results

Aimed at stimulating student enrollment and retention, CECHE's Nutrition Scholarship Program at the University of the District of Columbia (UDC) has done both over the past four years. The university's Nutrition and Food Science Program has seen a 62 percent increase in enrollment since the scholarships were introduced in 2001, from 19 to 49



UDC 2004-2005 Scholarship Recipients

Beth C. Burchard: Recruited in 2003, Ms. Burchard's goal is to work as a registered dietitian focusing on weight management, physical fitness and diet- and lifestyle-related illnesses.

Mercedes M. Laudano: A part-time student since 2003, Ms. Laudano aims to work as a dietitian, conducting research and servicing clients with developmental disabilities.

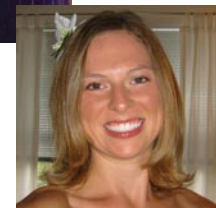
Christine A. Hanson: A certified nutrition specialist and personal trainer, Ms. Hanson joined UDC in 2005 to pursue a second bachelor's degree to realize her goal of starting a private practice in personal training and weight loss management.

Denise Lyn Tyree: Joining the program in 2003, Ms. Tyree intends to pursue a dietetic internship and a graduate degree in public health after her graduation in 2006.

Shanette D. Jenkins: A part-time student since 1999, Ms. Jenkins expects to graduate in 2007 to pursue a career as a nutritionist with the United States Department of Agriculture (USDA) or the Food and Drug Administration (FDA).

Constance Addai-poku: With UDC since 1999, Ms. Addai-poku plans to graduate in spring 2006 to work as a food inspector at USDA or the District of Columbia Department of Consumer and Regulatory Affairs.

Rebecca J. Salus: A 2003 scholar, Ms. Salus received a 2004-2005 scholarship to enable her to participate in the American Dietetic Association's 2nd Annual Leadership Institute. One of 400 member leaders selected out of 70,000 for this certificate-training program, she expects to use her strengthened leadership skills to help transform UDC's Nutrition Club into a "Student Dietetic Association."



students (see chart), and an equally impressive increase in retention. To date, 22 UDC

nutrition and dietetics majors have received scholarships as part of the CECHE initiative. In addition, in 2004, the scholarship program facilitated the awarding of a 10-year accreditation

to the Nutrition and Food Science Program by the American Dietetic Association's Commission on

Accreditation for Dietetic Education.

Public Health Nutrition Scholarships Take Root in India

In the summer of 2003, graduate students at Lady Irwin College in New Delhi, India were given an opportunity to enhance their training and research when CECHE partnered with the school's Food and Nutrition Department to establish a scholarship program for its master's and doctoral candidates.

At least three public health nutrition scholarships are awarded each year — two to master's candidates and one to a doctoral student, chosen on a merit-cum-means basis, with the goal of increasing the training and research potential of these degree candidates. Applications are screened by the head of the Food and Nutrition Department, an instructor nominee and the director of Lady Irwin, which was established in 1932 and is affiliated with the University of Delhi. The school's scholarship committee then approves the final candidate list and presents the recommendations to CECHE for review.

Scholarship Recipients



To date, nine students have been awarded scholarships. The most recent awardees — three in November 2005 — were **Arti Aggarwal Gupta**, **Harsh Bhatia** and **Shefali Sharma**.

Aware that India is likely to field nearly 60 percent of the world's cases of cardiovascular disease (CVD) by 2020, Ms. Aggarwal Gupta has devoted her doctoral thesis to the development of a behavioral and lifestyle-management counseling module for helping premature CVD patients.



In her master's thesis, Ms. Bhatia will use anthropometric measurements, dietary analysis, physical activity and other factors to investigate the prevalence of overweight and obesity in a sample of early preschool-aged children in New Delhi.



Ms. Sharma's master's thesis will assess the nutritional status of girls aged 7 to 12 residing in a children's home in New Delhi for at least one year, quantifying dietary intake, taking anthropometric measurements and conducting a clinical examination for signs of nutritional deficiency.

These most recent scholarship recipients joined 2004 awardees **Anju Sood**, who investigated secular trends in growth among 794 affluent adolescent girls in Bangalore for her doctoral thesis; **Pariksha Bathla**, whose master's thesis was a goal-oriented intervention program enabling adolescents to improve their eating and fitness choices; and **Vandana Garg**, who wrote her master's thesis on household fat consumption practices, including an assessment of sesame and soybean oils as cooking media. Master's candidates **Nidhi Goyal** and **Suman Anand**, and doctoral student **Anshu Kumra** were the 2003 scholarship recipients, and the program's first awardees.

Tobacco-Control Program Leads to Decrease in Beedi Production, Smoking

Six years ago, all 2,500 families in the South Indian village of Pattur supported themselves by rolling beedis, small, unfiltered cigarettes. Today, only 250 families earn their living this way. Meanwhile, the number of companies that collect Pattur beedis has dropped from five to three in the last year, and the incidence of beedi smoking in the village is down 60 percent.

The turning point occurred in September 2004, when CECHE partnered with the Chennai-based NGO Roshni to implement a two-year Tobacco Control Communications Program in Pattur, including health hazard awareness and education, vocational training and job placement. In the past year alone, as many as 100 individuals and nine families have given up beedi production for other professions, including garment design, tailoring and embroidery, leather goods production and grocery/shop businesses. In fact, the rate of beedi-rolling work in Pattur has been reduced by 50 percent in the current year, and is 10 percent of what it was five to six years ago.

One of the primary goals of the Tobacco Control Communications Program in S. India is the formation of self-help groups that practice and promote a healthy lifestyle in general and cessation of beedi rolling and smoking in particular. Targeted primarily to women, these groups meet once a week and include vocational fieldwork and microcredit discussions, as well as treatment and clinical follow-up for former beedi laborers. The CECHE-Roshni initiative also conducts monthly activities to forward tobacco awareness and change, and organizes health and hygiene classes and camps; the first health workshop took place in September 2005 and focused on healthy cooking, clean food and nutritious choices for special-needs groups such as children and diabetics.

With the two-year program passing its halfway point, progress is palpable. In June 2005, Pattur residents exhibited a strong knowledge of tobacco hazards when Roshni conducted a prize-filled quiz contest in the village. During the past year, 61 girls who underwent training at Roshni's tailoring school were awarded two-month apprenticeships at a nearby leather factory and are now earning monthly salaries that are enviable by Indian standards. Similarly, six boys got into workshops and the leather industry after completing a vocational course offered through the program.

Going forward, CECHE and Roshni plan to participate in WHO's 2006 QUIT and WIN campaign, a bi-annual, international smoking-cessation competition that is widely recognized for its success.



Roshni information sessions like this one are helping to break Pattur's dependence on beedis.

Smoking-Cessation Program To Train Russian Physicians Shows Some Progress

A heart-stopping 40 million Russians smoke; meanwhile, high smoking prevalence among Russian physicians is one of the main barriers to decreasing smoking prevalence among the nation's general population. In response, the Russian Cancer Research Center (RCRC), with assistance from CECHE, the Moscow Public Health Department and the Moscow Medical Academy, developed a program to educate, motivate and train Russian physicians to champion smoking cessation among their patients. Fighting a decidedly uphill battle, the comprehensive 18-month program, which includes the development, implementation and dissemination of surveys, seminars in smoking-cessation counseling and a course on tobacco-related health problems, control measures and dependence treatment, has been effecting change little by little since late 2003.

In 2005, the number of smokers who visited the RCRC-based smoking-cessation service following physicians' recommendations increased more than twofold, indicating that the quantity of knowledgeable and skilled tobacco-control clinicians has expanded in the Moscow area.

To date, a total of 1,700 health professionals have participated in 45 educational sessions conducted in 32 outpatient clinics and 10 hospitals in and around Moscow, and in the Nyzney Novgorod and Altay regions. Nine one-day training workshops have also been conducted in Moscow, and the Moscow and Altay regions. Approximately 800 copies of smoking-cessation guidelines for physicians have been distributed via workshops and medical bookstores. In addition, a "Tobacco or Health" educational training course for post-graduate students devoted to treating tobacco use and dependence debuted at the Moscow Medical Academy this past year.

Going forward, a second cross-sectional survey of 500 physicians will be conducted using a self-administered questionnaire. The results will be compared with the previously administered survey data.



Dr. Vladimir Levshin of the RCRC leads physicians in a smoking-cessation training session.

Healthy Hearts Campaign Aims to Save Lives

The leading cause of death in the United States, cardiovascular diseases (CVD) has yet to evoke more than a tepid response from the federal government and nonprofit groups that could be instrumental in

pressuring government to invest in non-medical approaches to prevent and treat this burgeoning health crisis.

In 2004, with CECHE support, CSPI stepped into this vacuum and is working with CVD experts to advocate policy changes to reduce this deadly disease, including a ban of trans fat in the American food supply and a reduction in the level of sodium in prepared and processed foods. These two measures alone could save 150,000 lives lost to CVD.

Spurred on by CSPI, in 2003, the FDA announced that it would require labeling of artery-clogging trans fat on Nutrition Facts labels by January 2006; however, CSPI continues to press for a full ban. Toward that end, in 2005, CSPI:

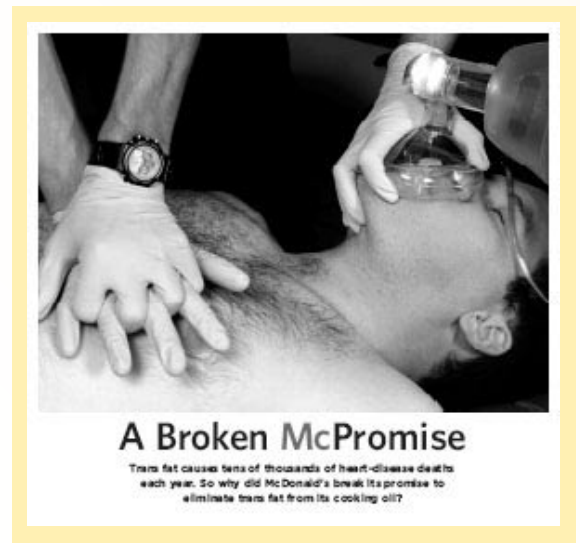
- Petitioned the FDA to limit trans fat to 2 percent of fat in foods, which is tantamount to a ban on partially hydrogenated vegetable oils (PHVO).
- Issued “Trans Fats – Going...Going,” a report that details the findings of its survey on trans fat amounts in popular foods and industry efforts to replace them with more salubrious oils.
- Continued to pressure the food and restaurant industries to voluntarily switch to liquid oils like canola, soy and corn, and to use as little butter, palm and coconut oil as possible. In response, Frito-Lay, Kraft and the restaurant chain Ruby Tuesday’s announced intentions, or have already begun, to modify their fare.

This past year, CSPI also launched an interactive Web site, www.transfreeamerica.com, a valuable resource on trans fat that features a petition drive and e-activism campaign. Soon, CSPI expects to release the results of its tests on frying oils used in leading hospitals and government agencies as fodder for further media coverage.

Also in 2005, CSPI released “Salt – the Forgotten Killer,” a report on sodium consumption highlighting processed foods and restaurant meals with the highest sodium content, and making policy recommendations designed to reduce Americans’ sodium intake. It also released “Salt Assault,” which compares the salt content of popular processed foods, revealing that

some manufacturers are loading up their products with two, three or even four times as much salt as their competitors within a food category; the report served as the basis for a major *Wall Street Journal* article. In addition, CSPI is attempting to persuade members of Congress to commission a study of the FDA’s and USDA’s handling of salt over the past 25 years, and to consider further regulatory or legislative action.

Given sufficient funding, the project expects to enhance its efforts and reach through physician networks; pressing Congress to correct governmental failures to lower sodium content in foods; investigating labeling initiatives to support consumer interests; and assessing recommended diets by the nation’s leading heart-disease prevention advocates.



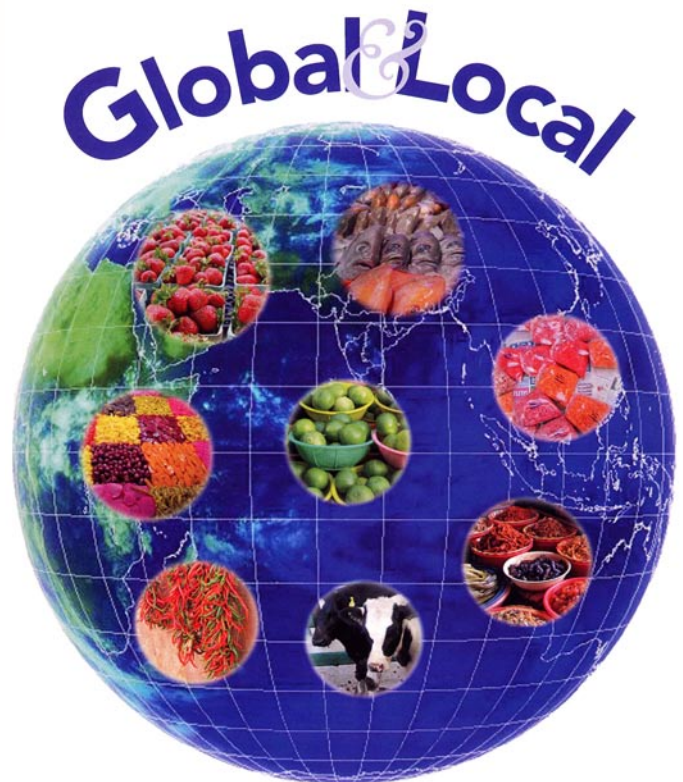
Global Project Promotes Better Nutrition Worldwide

In 2005, CECHE began collaborating with CSPI on a multi-year Global Dietary, Food Marketing, and Health Project to combat growing public health problems in developing countries and countries in economic transition. The project focuses on problems that are caused, in part, by the marketing practices of transnational food corporations. It is raising awareness among NGOs about the health effects of junk-food marketing in Asia, Africa, Latin America and Eastern Europe. The project is also identifying local nonprofits interested in maintaining healthful indigenous diets and helping them advocate for protective health and nutrition policies on both the national and international levels.

In addition, CSPI and CECHE have assembled the International Association of Consumer Food Organizations (IACFO), a network of groups supporting global efforts to prevent chronic diseases through better nutrition (such as WHO's Global Strategy on Diet, Physical Activity, and Health) as well as the work of multi-national consumer-advocacy organizations on food-safety and nutrition issues. CSPI and IACFO have also partnered with NGOs to raise awareness of the unhealthy dietary trends that are spreading from Western countries to developing countries and countries in economic transition.

Over the past year, the Global Dietary, Food Marketing, and Health Project:

- Played a leading organizing role in "Generation Excess – Transatlantic Policy Approaches to Tackling Obesity." Held in Brussels in February 2004, the conference recommended that the United States and the European Union (EU) adopt public policy changes regarding food advertising directed at children, food labeling, school food programs, consumer education and fast food marketing, and helped firm up EU support for WHO's Global Strategy on Diet, Physical Activity, and Health, which includes policy recommendations to governments on how to combat obesity.
- Presented ways that NGOs can work to limit junk-food marketing at the 1st Southeast Asia Conference on Corporate Social Responsibility in July 2004.
- Urged Codex to ensure that its international food standards are consistent with the goals set out in WHO's Global Strategy at the November 2004 meeting of the Codex Alimentarius Committee on Nutrition and Foods for Special Dietary Use.



FOOD SAFETY AROUND THE WORLD

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- Released WHO's unpublished report "Food Standardisation to Support the Reduction of Chronic Diseases" to the international media, calling for strict limits on sugar, salt and fat, and recommending incorporation of limits on junk-food advertising in the Codex Alimentarius.



Joint Effort Addresses International Food Safety

In June 2005, Safe Food International (SFI), a joint project of CSPI and CECHE, hosted the first-ever international meeting of consumer and public health organizations to discuss and draft a set of recommendations for food safety and food-bioterrorism preparedness. During the three-day meeting at WHO headquarters in Geneva, 32 delegates from 25 different countries representing every region of the world produced:

- "Guidelines for Consumer Organizations to Promote National Food Safety Systems," a document to help NGOs monitor their governments' food safety activities and advocate adequate systems for detecting, preventing and managing food-borne illnesses and food-related bioterrorism outbreaks. Released in November 2005 and circulated internationally, the report can be found at www.safefoodinternational.org/guidelines_for_consumer_organizations_20050727.pdf.
- "Global & Local," a report describing food-safety issues unique to seven different geographic regions that was instrumental in informing and sensitizing meeting delegates to food-safety concerns specific to their areas. The report is accessible at www.safefoodinternational.org/international_report_051905.pdf.

The meeting also:

- Initiated the first major discussions among NGOs – and between NGOs and the WHO/Food and Agriculture Organization – on issues of food safety and food bioterrorism, providing a unique networking opportunity for public-health groups.
- Increased membership in the IACFO, a consumer-group coalition that has pioneered efforts to ensure that the consumer's voice on food policy is heard by international agencies.

The partners hope that SFI's reach will be expanded through regional conferences designed to increase the number of countries involved in discussions about the "Guidelines," to develop better tools for evaluating national programs and to formulate regional action plans.

Survey Assesses New Electronic Health Newsletter

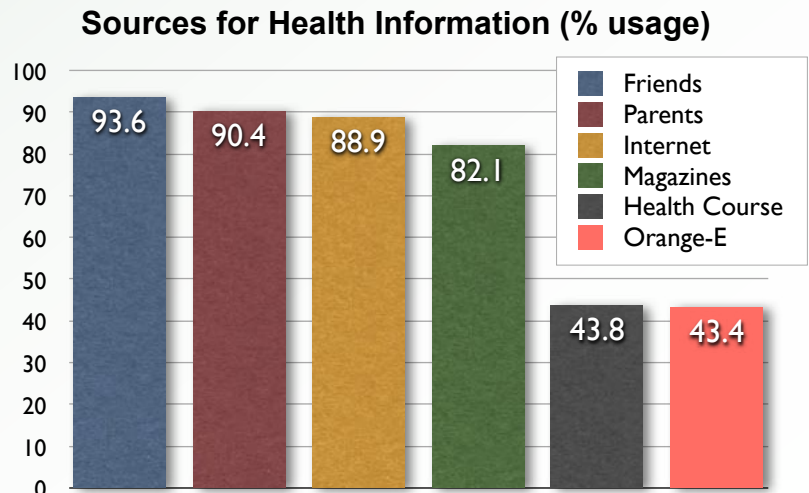
In spring 2005, the S.I. Newhouse School of Public Communications at Syracuse University, with support from CECHE, unveiled “Orange Health-e,” a new electronic newsletter intended to provide Syracuse University students with preventive health advice and healthy tips about nutrition, exercise and risky-behavior avoidance.

From April 6 through May 10, 2005, the school conducted an electronic survey among 6,000 randomly selected students to assess the usage and helpfulness of this new

health-promotion newsletter. A total of 301 responses were obtained, yielding a response rate of 5 percent. Demographics showed that the sample contained proportionately more females and graduate students than the actual student population.

Highlights of the survey revealed that friends were the most widely used source of health information, closely followed by parents and the Internet (see chart). Nine out of 10 students also rated both their parents and the Internet 7.2 on a 1-10 helpfulness scale. The next most helpful source of health information was health-focused coursework, but this involved only 43.8 percent of the students. At the time of the fieldwork, the electronic newsletter, which had just been launched, was rated 4.8 on helpfulness and used by 43.4 percent of the students.

In fall 2005, a similar follow-up study was conducted to assess the perception and use of the electronic newsletter; results are still being evaluated. A third wave will be fielded next spring.



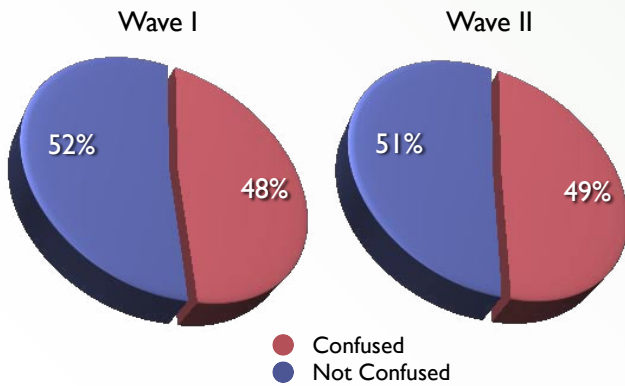
Mammography Screening

Info on Guidelines Does Not Ensure Knowledge

This past year, the S.I. Newhouse School of Public Communications at Syracuse University, in collaboration with CECHE, measured the change in women’s awareness and knowledge of mammography screening in light of changing guidelines resulting from a 1997 controversy. Looking to propose strategies to develop more effective cancer screening education and outreach, the school identified subgroups that were particularly vulnerable to the asymmetric dissemination of mammography screening guidelines.

Data were analyzed from two 1997 telephone surveys fielded by the National Cancer Institute on knowledge and attitudes towards mammography. Wave I surveyed 509 women at a time of great controversy and debate on screening guidelines, and wave II involved 1,007 women after release of the new guidelines.

What's the Right Age for a Mammogram? Women's Survey Results



All participants were analyzed, and their confusion and knowledge about the right age (defined as 40) to start routine mammograms were compared over time.

In both waves, about half the women reported being confused about the right age for regular mammograms (see chart); however, the percentage of women who truly knew the right age declined significantly during the original six-month survey period, from 38.3 to 31 percent. In the subgroup analysis, women who were white, older (age 50+) or of higher income levels generally displayed less confusion and greater knowledge.

In short, information on the new guidelines did not automatically make women more informed about mammography screening. Rather, messages carrying little policy consensus propagated confusion. Women with less education tended to be less aware of the issue to begin with, and this, coupled with their generally lower income, led to a significant socioeconomic gap on knowledge about mammography screening. Results from the study conclude that future health policy messages should be designed to reach women most in need and should make sense to the general public.

IT Helps with Health Promotion

The American public relies on family physicians more than any other source for health information. As the "most credible" source for their patients, physicians require access to current, accurate medical and health promotion information. Information technology is increasingly becoming a critical part of this equation.

Following up on the success of a CECHE-supported survey of Internet use among physicians in the Syracuse, N.Y. area, the S.I. Newhouse School of Public Communications at Syracuse University conducted a national mail survey of 683 U.S. family physicians to assess Internet use and identify sources from which physicians obtain medical information. The school achieved a 34.3 percent response rate, with insignificant differences in the sampling and response distributions. Analysis of the results revealed that family physicians were more likely to use the Internet if they:

1. Accessed the American Academy of Family Physicians' Web site
2. Took a continuing medical education course on Internet navigation, or were introduced to the Internet via a demonstration
3. Were affiliated with a teaching hospital
4. Carried a lower patient load
5. Received recent professional training (within the past 10 years).

Witnessing the benefits of Internet use, compatibility/ease of use and getting helpful information also promoted physicians' Internet skills and usage.

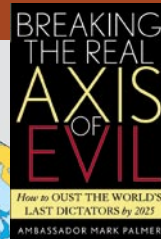
CECHE Author Advocates Global Democracy by 2025

Over the past quarter-century, a tide of democracy has washed across the globe, more than doubling the number of fully free countries and shifting the balance of power in the world. Today, the Community of Democracies produces more than 90 percent of the world's gross national product, has the most advanced military forces and represents the basic human tenets of self-determination and freedom.

Beyond Saddam Hussein, however, are North Korea's Kim Jong-Il, Iran's Ayatollah Haajj Sayyid Ali Khamenei and 43 other dictators who continue to oppress their people, threaten their neighbors, give birth to terrorists and develop weapons of mass destruction. The United States and other democratic nations have significant security and moral interests in promoting democracy, but is military force

ACTION AGENDA

- PROMOTE THE 21ST CENTURY AS ONE WITHOUT DICTATORS.
- ACHIEVE A CONCEPTUAL BREAKTHROUGH – A CONVICTION THAT ALL DICTATORS CAN BE OUSTED WITHIN ONE MORE GENERATION.
- BUILD A NEW ARCHITECTURE OF INTERNATIONAL POWER TO ACHIEVE THIS GOAL.
- OPEN UP, INSTEAD OF WALLING OFF, CLOSED SOCIETIES.



MAP OF FREEDOM 2002



their only answer?

BREAKING THE REAL AXIS OF EVIL: How to Oust the World's Last Dictators by 2025 tells for the first time the story of the world's remaining dictators, their vulnerabilities and how to remove them – in most cases without the use of violence. Author and CECHE vice chairman, Ambassador Mark Palmer designs a new architecture of international political and military power

- INSTITUTE DEMOCRACY DEVELOPMENT PLANS AND PROGRAMS FOR EACH OF THE REMAINING DICTATORSHIPS.
- TRANSFORM EMBASSIES INTO FREEDOM HOUSES AND AMBASSADORS INTO FREEDOM FIGHTERS.
- ENHANCE UNDERSTANDING OF THE NATURE AND POWER OF NONVIOLENT CONFLICT IN OUSTING DICTATORS.
- FOCUS ATTENTION ON EACH OF THE LAST 43 DICTATORS AS INDIVIDUALS TO PREVENT THEIR HIDING BEHIND A REGIME, CULTURE OR COUNTRY.
- DEVELOP A COMPREHENSIVE ACTION PLAN FOR EVERY ONE OF THE REGIONS AND COUNTRIES WITH DICTATORS, COMBINING ALL OF THE RECOMMENDED ELEMENTS.

that focuses on bringing together the world's democracies and democrats, and describes what individuals and NGOs can do to help open the remaining closed societies. The Action Agenda appears on the previous page.

One of the book's recommendations is that dictators should be considered criminals, with evidence collected against them and trials conducted before national or international tribunals. To date, lawyers working with Ambassador Palmer have completed two studies designed to define the "crime of dictatorship" and how best to translate it into international law/practice.

Meanwhile, 60 percent of all people still suffering under a dictator live in China. Appropriately, *Breaking the Real Axis of Evil* has been translated into Chinese, and distributed both in paperback and on various Web sites. At the same time, the U.S. Department of State has adopted a number of the book's proposals, which are also contained in the ADVANCE Democracy Act, passed by the House of Representatives in 2005 and awaiting action by the Senate.

MONITOR Reports on Critical Issues

The *Global Health & Environment MONITOR* first appeared in May 1993 to communicate worldwide the gravity of the health crisis in Central and Eastern Europe and the Newly Independent States, and to report on programs being implemented to combat this crisis. Since then, the now-online bi-annual publication has increased its circulation to 10,000, added an e-mail database of more than 3,000 subscribers and is reaching its target audience of health professionals and policy-makers in more than 50 countries through an international collaboration with WHO.

The spring/summer 2004 issue of the *MONITOR* sounded the alarm on the global obesity epidemic and looked at optimal solutions to obesity control. It also talked about universal democracy, and global and domestic actions to ensure education for all children. Meanwhile, the winter 2004 *MONITOR* offered an update on the HIV/AIDS epidemic. Major contributions addressed changing the course of the epidemic, WHO's global anti-HIV media campaign and the U.S. Global AIDS program.

The spring 2005 *MONITOR* featured the new Dietary Guidelines for Americans, as well as other national and regional recommendations designed to promote health and reduce the growing global burden of chronic diseases. It also included commentary on the existing USDA Food Guide Pyramid, and discussed programs to promote increased vegetable and fruit consumption in the United States and abroad.

The winter 2005 issue focused on WHO's historic Framework Convention on Tobacco Control and the status of ratification around the globe. It also addressed current trends and consequences of tobacco use, emphasizing health professionals and vulnerable groups, and discussed effective approaches to smoking prevention and cessation. The *MONITOR* is featured on CECHE's Web site at <http://www.ceche.org/mol>.



Recent online MONITOR covers

Partners in Action

CECHE is indebted to dedicated professionals in many institutions, organizations and government agencies around the world for their assistance with and support of CECHE programs.

BULGARIA

National Center of Hygiene & Medical Ecology, Sofia

CANADA

Nutrition Research Division, Health & Welfare of Canada, Ottawa
University of Western Ontario, London

CROATIA

Rebro Clinical Hospital, Zagreb
Ruder Boskovic Institute, Zagreb

CZECH REPUBLIC

Center For Independent Journalism, Prague
Czech State Television, Prague
European Foundation for Family Studies, Prague
Institute of Clinical & Experimental Medicine, Prague
Litomerice District Hospital, Litomerice
National Centre for Health Promotion, Prague
National Institute of Public Health, Prague
NOVA Independent Television, Prague
Open Society Fund, Prague
US Agency for International Development, Prague

DENMARK

World Health Organization, Regional European Bureau, Copenhagen

FRANCE

International Agency for Research on Cancer, Lyon

GREECE

Athens School of Hygiene, Athens

HUNGARY

Children's Rehabilitation Center, Debrecen
Hungarian Institute of Cardiology, Budapest
Hungarian State Television, Budapest
Independent Ecology Center, Budapest
Institute of Public Health, Budapest
National Institute of Food, Hygiene & Nutrition, Budapest
National Institute of Health Education, Budapest
National Institute for Health Promotion, Budapest
National Public Health Center, Budapest
Semmelweis Medical University, Budapest
Soros Foundation, Budapest
US Agency for International Development, Budapest
US Information Agency, Budapest

INDIA

INDCARE, New Delhi
Lady Irwin College, New Delhi
Ministry of Health Services, Family
Roshni, Pattur, South India
Society for Service to Voluntary
Technical Teacher's Training Ins

POLAND

Independent Polish Television (N
National Institute of Cardiology,
National Research Institute of M
Polish TV, Warsaw
State Environmental Protection I

ROMANIA

Copsa Mica Hospital, Copsa Mica
Institute of Hygiene & Public He

RUSSIA

All-Russia State Radio & Televis
Association of Physicians of the
Consumer's Union of Russia, St.
Health & Environment Foundatio
Internews Network, Moscow
Ostankino Television Network, M
Research Center for Preventative
Russian Academy of Medical Sc
Russian Cancer Research Center
Russian Institute of Nutrition, M
US Agency for International Dev
World Learning Inc., Moscow

SLOVAKIA

International Center for Family S
National Cancer Center, Bratisla
National Institute of Hygiene & I

SWITZERLAND

International Baby Food Action I
World Health Organization (WH
UICC GLOBALink, Geneva

UNITED KINGDOM

Central European Media Enterpr
Skyscraper Productions, London

We would like to thank and name our major partners, and acknowledge the many other organizations that have made valuable contributions to CECHE's efforts since its inception in 1990.

World Cancer Research Fund, London

UNITED STATES

Family Welfare, Government of Punjab

Agencies (SOSVA), New Delhi
Institute (TTTI), Chandigarh

(NTP), Warsaw

Warsaw

Other and Child, Warsaw

Inspectorate, Katowice

ca
Health, Bucharest

Division, Moscow

Don, Rostov-on-Don

Petersburg

on, Moscow

Moscow

e Medicine, Moscow

ences, Moscow

, Moscow

oscow

velopment, Moscow

Studies, Bratislava

va

Epidemiology, Bratislava

Network, Geneva

O), Geneva

ises, Ltd. (CME), London

Advocacy Institute, Washington, DC

Albany Medical College, Albany, NY

American Cancer Society, New York, NY

American Heart Association, Chicago, IL

American Institute for Cancer Research, Washington, DC

American Lung Association, New York, NY

American Public Health Association, Washington, DC

Arthritis Foundation, Metro DC Chapter, Washington DC

Cancer Research Center of Hawaii, Honolulu, HI

Capital Systems Group, Inc., Rockville, MD

Cardiovascular Research Institute, Univ. of Calif. at San Francisco, CA

Cause Kids Count, Washington, DC

Center for Science in the Public Interest, Washington, DC

DC Peaceable Schools, Washington, DC

DeWitt Wallace Center, Duke University, Durham, NC

Division of Nutrition, Cornell University, Ithaca, NY

Emory University, School of Medicine, Atlanta, GA

Environmental & Occupational Health Sciences Institute, Piscataway, NJ

Essential Information, Washington, DC

Freedom House, Washington, DC and New York, NY

Garden Resources of Washington, Washington, DC

Garfield Elementary School, Washington, DC

Georgetown Univ. Ctr. for Child and Human Development, Washington, DC

The Independent Journalism Foundation, New York, NY

National Cancer Institute, Bethesda, MD

National Center for Tobacco-Free Kids, Washington, DC

National Endowment For Democracy, Washington, DC

National Heart, Blood & Lung Institute, NIH, Bethesda, MD

NBC/PKO Television Ltd., New York, NY

New York Academy of Medicine, New York, NY

The New York Times, Editorial Department, New York, NY

School of Public Health, University of Massachusetts at Amherst, MA

Stanford Univ., Center for Research in Disease Prevention, Palo Alto, CA

Syracuse Univ., Newhouse School of Public Comm., Syracuse, NY

Time-Warner International, New York, NY

University of Pittsburgh Health Sciences Center, Pittsburgh, PA

University of the District of Columbia, Washington, DC

US Agency for International Development, Washington, DC

US Chamber of Commerce-CIPE, Washington, DC

US Department of Health & Human Services, Washington, DC

US Environmental Protection Agency, Washington, DC

World Federation of Public Health Associations, Washington, DC

World Learning, Inc., Washington, DC

Partners in Finance

Since 1990, CECHE's efforts have been made possible by support from the following organizations and individuals:

American Cancer Society – Atlanta, Georgia

American Heart Association – Dallas, Texas

Agency for International Development – Through the University of California, SF

Agency for International Development – Through World Learning, Inc., Washington, DC

Ambassador Ronald Lauder – New York, New York

American Institute for Cancer Research – Washington, DC

Anonymous Philanthropic Sources – The United States

Capital Systems Group, Inc. – Rockville, Maryland

CECHE Board and Council Members, and Friends – United States, Europe, Asia

Central European Development Corporation – New York, New York

DC Dpt. of Health; Addiction Prevention & Recovery Administration – Washington, DC

Fannie E. Rippel Foundation – Annandale, New Jersey

Flack + Kurtz and Integ International Consulting Engineers – Berlin, New York, London

March of Dimes, National Capital Area – Washington, DC

National Center for Tobacco-Free Kids – Washington, DC

Open Society Institute – New York, New York

Pitney Bowes, Inc. – Stamford, Connecticut

Procter & Gamble – Germany

Rockefeller Family and Associates – New York, New York

Skyscraper Productions – London, United Kingdom

Soros Foundation-Hungary – New York, New York

The American Hungarian Friendship Forum – New York, New York

TRUST for Mutual Understanding – New York, New York

US Environmental Protection Agency – Washington, DC

W.K. Kellogg Foundation – Battle Creek, Michigan

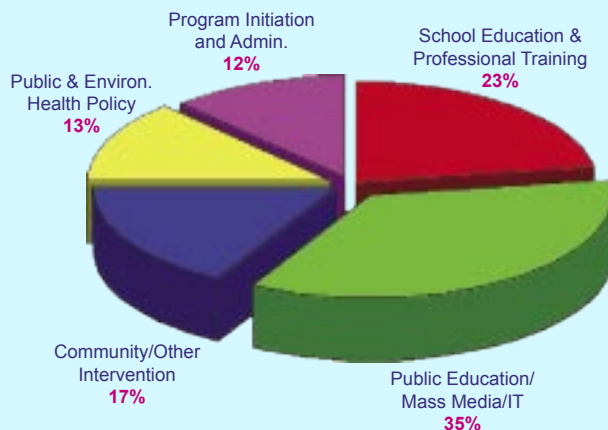
World Bank, InfoDev Trust Fund – Washington, DC

Financial Position

Balance Sheet

	Dec. 31, 2005	Dec. 31, 2004
<i>Current Assets</i>		
Cash and Investments	\$613,924	\$629,688
Grants Receivable & Advances	0	0
Pledges Receivable	0	0
Total Current Assets	\$613,924	\$629,688
<i>Fixed Assets</i>		
Furniture & Equipment	\$14,850	\$14,850
Less: Accumulated Depreciation	(14,017)	(13,600)
<i>Net Fixed Assets</i>	—	—
Total Assets	\$614,757	\$630,938
<i>Liabilities and Net Assets</i>		
Unrestricted Assets	\$614,757	\$630,938
Temporarily Restricted Assets	0	0
Accounts Payable	0	0
Total Liabilities and Net Assets	\$614,757	\$630,938

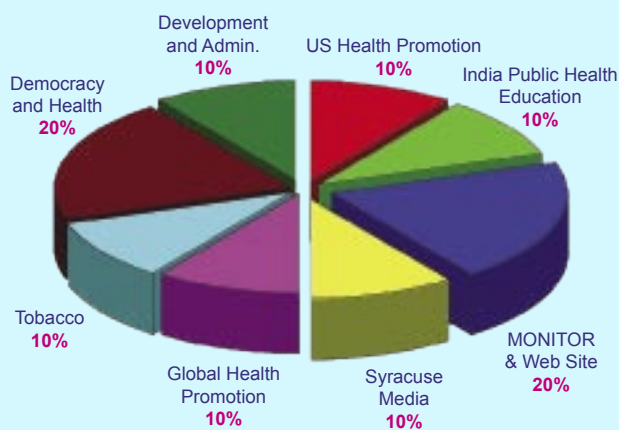
Program Activity Expenses: Fiscal Year 2005



Income Statement

	Dec. 31, 2005	Dec. 31, 2004
<i>Unrestricted Income</i>		
Contributions and Grants	\$25,183	\$35,251
In-Kind Income	148,042	260,980
Investment Income	44,331	36,361
<i>Subtotal, Unrestricted Income</i>	<i>\$217,556</i>	<i>\$332,592</i>
<i>Temporarily Restricted Income</i>	<i>\$0</i>	<i>\$0</i>
Total Income	\$217,556	\$332,592
<i>Program Expenses</i>		
Program Expenses	\$231,964	\$371,429
Management and General	5,006	5,964
Fund Raising	557	689
Total Expenses	\$237,527	\$378,082
<i>Net Assets, Beginning of the Year</i>		
Unrestricted	\$630,938	\$679,054
Temporarily Restricted	0	0
<i>Change in Net Assets</i>	<i>(\$16,181)</i>	<i>(\$48,116)</i>
<i>Net Assets, End of the Year</i>		
Unrestricted	\$614,757	\$630,938
Temporarily Restricted	0	0

Projects Expenses: Fiscal Year 2005



1. Description of the Organization:

The Center for Communications, Health and the Environment (CECHE) works with public health and medical experts, scientists, democracy promoters, educators and policy-makers in North America, Asia, Central and Eastern Europe, and other parts of the world. The organization addresses health and environmental needs, including global health and democracy issues, in cooperation with local experts, and reports on them.

CECHE is exempt from federal income tax under Section 501(C) (3) of the Internal Revenue Code and was incorporated under the nonprofit status of the District of Columbia on October 25, 1990, as the Central European Center for Health and the Environment. During 1996, CECHE formally changed its name to the Center for Communications, Health and the Environment.

2. Significant Accounting Policies:

CECHE records revenues and expenses on the **accrual basis** of accounting. All accruals are recorded on the balance sheet. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make **estimates** and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. For purposes of preparing the statements of financial position and the cash flows, CECHE considers all investments purchased with a maturity of three months or less to be **cash equivalents**.

Pledges receivable represent promises to give, which have been made by donors but not yet received by CECHE. Pledges that are not received in the subsequent year are discounted using the estimated rate of return, which could be earned if such contributions had been made in the current year.

Furniture and equipment are recorded at cost or estimated fair market value at the time donated. Depreciation on equipment is computed over an estimated useful life of five years using the straight-line method.

CECHE receives **donated goods and services**, which are used in its program activities. Donated goods and services include the use of office facilities and equipment, publishing and broadcasting services, and program development and management services. Donated goods and services are recorded at their fair market value at the time received and are reported as in-kind contributions and in-kind expenses on the statement of activities and the supplemental schedule of expenses by program.

Net assets consist of *Unrestricted Net Assets*, which are neither permanently restricted nor temporarily restricted by donor-imposed stipulations, and *Temporarily Restricted Net Assets*, which are associated with donor-imposed restrictions and which permit CECHE to use up or expend the donated assets as specified and are satisfied either by the passage of time or by the actions of CECHE.

3. Benefits and Related Party Transactions:

CECHE receives a significant amount of cash and in-kind contributions from its officers and directors. In addition, as of January 2001, CECHE's program director is donating full-time pro bono services to managing CECHE programs. CECHE continues to contribute to health insurance premiums for its program director. During the year ended December 31, 2005, CECHE received approximately \$75,000 in cash and in-kind contributions from its officers and directors.

CECHE entered into a rental agreement for office space in March 1999 with a related party. Rental payments made to related party are below market value, and accordingly, are considered to be an arms length transaction. The same related party reimburses CECHE for its proportional share of copier use.

Directors, Council and Staff

CECHE's corporate offices are in Washington, D.C. The organization is managed by a board of directors and assisted by a council.

Board of Directors

Sushma Palmer, D.Sc. (Chair)

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Washington, DC*

Ambassador Mark Palmer (Vice Chair)

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Washington, DC*

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*Internal Medicine, Endocrinology
and Metabolism
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*Copsa Mica Hospital
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Chinese Academy of Preventive Medicine
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Carcinogenesis
Russian Academy of Medical
Sciences
Moscow, Russia*

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Kathy Lewis, Administrative & Publications Consultant

Valeska Stupak, Editorial & Design Consultant

Fiona Chew, Syracuse University, Comm. Consultant

Balagan Arumugaswamy, CPA, Consultant

Shiraz Mahyera, Volunteer Systems Manager

Rohit Tote, Web Site Consultant

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