

**DIKEMBE MUTOMBO**



**FOUNDATION, INC.**

*Helping Others Is A Family Tradition*





Dear Friends:

I was born in Kinshasa the capital city of the Democratic Republic of the Congo (formerly Zaire). I first arrived in the United States in 1987 on a USAID scholarship to attend Georgetown University. My childhood dream was to become a medical doctor, someday returning to the Congo to practice medicine. After arriving at Georgetown however, it was not long before my skills on the basketball court were discovered. Shortly after graduation, I was drafted by the Denver Nuggets and several years later I signed on with the Atlanta Hawks.

Although I continue to devote considerable time to my family and my basketball career, I have never forgotten my childhood dream of helping my people in the Congo.

My dream is now becoming a reality as the Dikembe Mutombo Foundation begins to raise funds to build a general hospital, elementary school and recreational facility in the city of Kinshasa. It is my sincere hope that the success of these projects will encourage both national and international interest in fostering economic growth, accessible health care, and sustainable development in all of Africa.

On behalf of the Board of Directors, I thank you for your support and interest in the Foundation's efforts to improve the quality of life for the people in the Democratic Republic of the Congo.

Very truly yours,

Dikembe Mutombo  
Chairman & President

## MISSION STATEMENT

The Dikembe Mutombo Foundation is dedicated to improving the health, education, and quality of life for the people of the Democratic Republic of the Congo. The Foundation strives to accomplish this goal through an emphasis on primary health care and disease prevention, the promotion of health policy, health research and increased access to health care and education for the people of the Congo.





## A Boy's Dream

Dikembe Mutombo Mpolondo Mukamba Jean Jacque Wamutombo was one of the lucky boys who grew up in Kinshasa, located in the Democratic Republic of the Congo. He didn't become part of the statistics for children in his hometown, where one in five die. He wasn't struck down by yellow fever, malaria, tetanus, or diphtheria. The deadly measles outbreak that struck many of his schoolmates left him unharmed. Instead, he grew strong and healthy and tall (to 7 feet, 2 inches) despite a scarcity of health facilities.

The seventh of ten children born to a school superintendent father and a mother who taught Sunday school, Dikembe Mutombo studied hard, taking English classes at the American Embassy. As a young boy, he already knew what he wanted to be. He planned a career in medicine so that he could make a difference in the lives of the children in his native land.

Soon after Dikembe Mutombo's second year at Georgetown University, coach John Thompson invited him to join the university's team, a move that redirected his career to center court.



## A Humanitarian's Vision

Dikembe Mutombo's success on the basketball court has enabled him to make good on his childhood dream to improve the lives of Africa's people. During off seasons, he travels throughout Africa on behalf of the NBA, performing at basketball clinics that enroll as many as 2,000 children a day. In 1995, when he returned to the Congo (then Zaire), he brought along 65 suitcases of basketball uniforms, shoes, and equipment for the 18 Kinshasa club teams participating in his free basketball clinic. In 1996, he even provided uniforms and covered expenses for the women's basketball team from the Congo, enabling the team to



participate in the Centennial Olympic Games in Atlanta.

At home in Atlanta, Dikembe Mutombo likewise works to improve children's lives. He is active in Strong STARTS (Schools Taking Action to Reach Troubled Students.) He also serves as a spokesperson for the Atlanta Hawk's Team Up program. Team Up's Foundation encourages middle school students to become active in their communities. Dikembe Mutombo takes a positive message to local schools, where he promotes reading and good study habits. He also tapes public service announcements on violence prevention, volunteerism, and smoking prevention.



Fluent in four languages (English, French, Spanish, and Portuguese) and five African dialects, Dikembe Mutombo spreads his humanitarian vision to audiences around the world. He has been an international spokesman for CARE and also serves as the first Youth Emissary for the United Nations Development Programme. In October, 1998 Dikembe Mutombo delivered a moving speech at their inter-faith service in New York, where he described the world's children as living in a state of crisis. It was at that service that Dikembe Mutombo referred to children as "our richest natural resources" and that "caring for them is an investment in the truest sense of the word." He emphasized that "it is through them that we invest in the future security of the world and in its future social health and stability."

On the lecture circuit Dikembe Mutombo delivered special remarks to a distinguished audience at the Columbia University forum on "Strengthening Ties to Africa." He has spoken at a Foreign Affairs Brain Trust Forum, sponsored by the Congressional Black Caucus and the Constituency for Africa and most recently was the Keynote Speaker for World AIDS Day at Emory University in Atlanta Georgia.



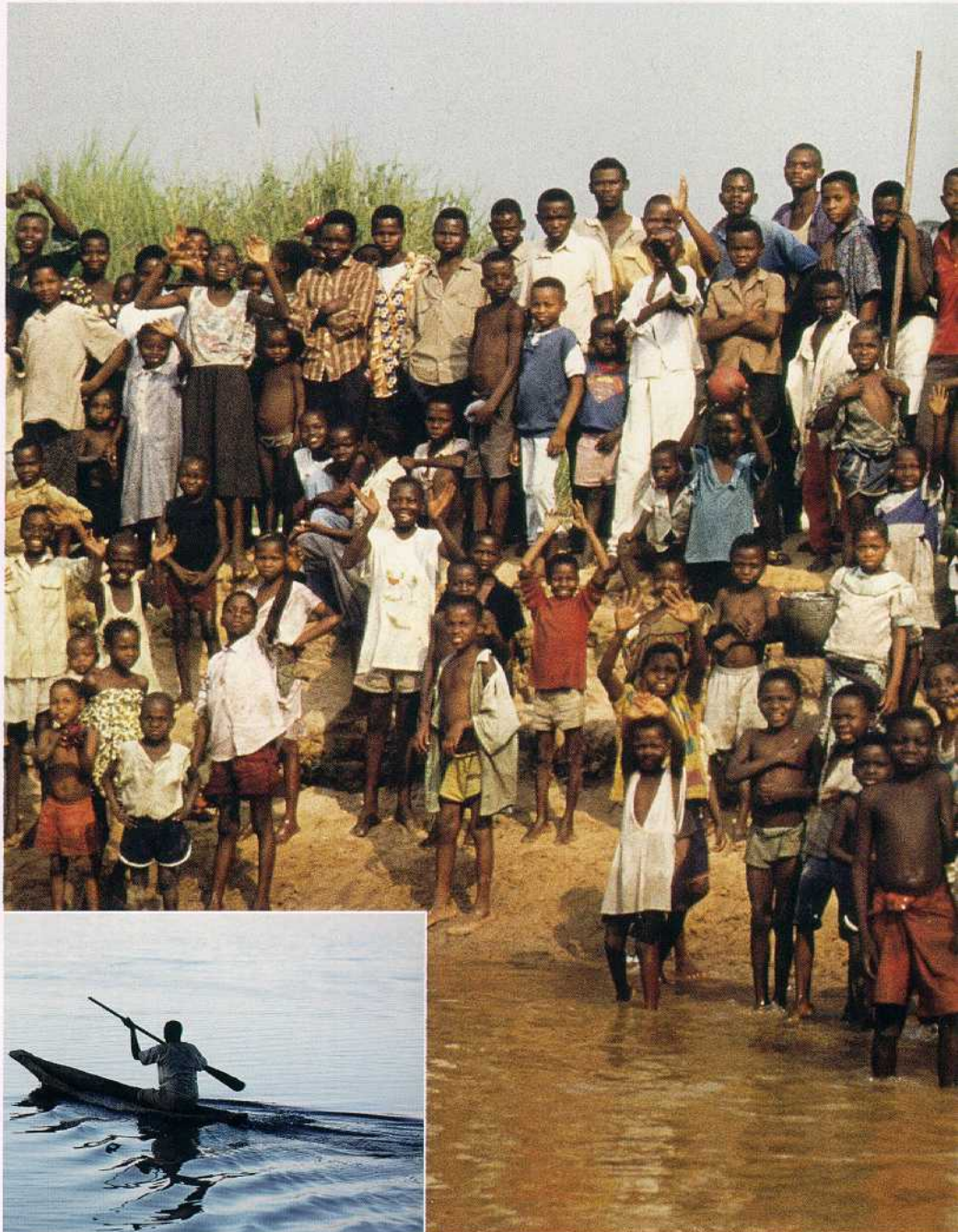
## The State of the Nation's Health

### Major health problems

Children in the Congo face many health threats. Infant mortality, estimated nationally at 109 for every 1,000 children born, often results from malaria and diarrhea. The mortality rate for children under five years is 186 per 1,000. Life expectancy is 47 years and because the country is tropical, mosquitoes carrying yellow fever and malaria breed throughout the land. Black flies in the river region carry onchocerciasis, known as river blindness and villagers sometimes develop Hansen's disease, also known as leprosy. Unfortunately, victims must travel many miles to reach



a hospital, typically coming by a dug-out canoe or on foot. Diseases such as measles and polio, which have been eradicated from developed countries, still take their toll on children here in Africa. According to the former Health Minister, Jean-Baptiste Sondji, "the situation is truly catastrophic." He added that the "Congo is a zone of dreadful epidemics." In 1995 the Congo had the biggest polio epidemic of the 20th Century. Also in that same year the city of Kikwit was hit by the deadly Ebola virus.





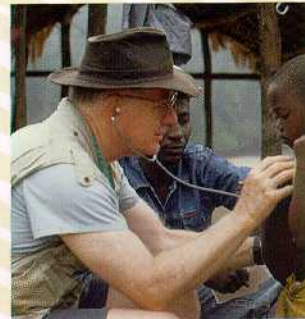


## Structure of the health system

The Democratic Republic of the Congo has 11 provinces and 306 health zones. In each of these zones, a general hospital and 10 to 20 primary care health centers serve a population of 100,000 to 200,000 people. The Ministry of Health offers other programs, such as immunizations or services devoted to tuberculosis, leprosy, and onchocerciasis. These services vary in availability and integration into the primary care health system.

The government assigns teams of nurses to cover the health zones of the Congo. During these visits, an entire village gathers for examinations.

Volunteers and staff carry supplies from the river to the village to set up the makeshift clinic, marked off by bamboo poles. Nurses weigh children and adults, measuring



the circumference of heads and arms as one indicator of nutritional levels and growth progress. Expedition physicians listen to hearts and perform basic exams. They dispense immunizations and offer health education classes in family planning and nutrition.

To assist in the delivery of health care in the country, Catholic and Protestant missions have developed and maintained hospitals and health centers since the early 1900s. Because of the beleaguered circumstances of state institutions, these organizations have played strong supportive roles in the delivery of health care services.



## A medical report from WHO

From June through August, 1997, an assessment team from the World Health Organization (WHO) conducted site visits at 22 hospitals, 49



health centers, laboratories, pharmacies, and nursing and medical schools in the Congo. Of the many challenges to health care the team found, it identified access to health care as a major problem, with families in all the study sites unable to afford available health centers. For example, women who previously delivered in a maternity facility now reported delivering at home because of financial reasons.



Within the last month of the study period, the majority of homes with sick people failed to seek medical treatment due to cost. Instead, the sick people either left their conditions untreated,

used herbs, or consulted a pharmacist, who often sold them one or two pills to treat the illness.

Equipment and supplies are sorely needed in the health care facilities, according to WHO's findings. Currently, sterilization and refrigeration equipment is old, poorly maintained, and not standardized. Protective clothing and gloves are routinely unavailable, as are soap, lighting for night operations and deliveries, operating and delivery instruments, suture materials, and vacuum extractors. At most of the sites studied, no reference materials or treatment guidelines are



available.

A lack of medications is another serious challenge to health care in the Congo. Health centers lack the capital or credit to restock drugs and supplies. Health zones sometimes send personnel to Kinshasa to buy medica-

tions from wholesale or retail outlets, or they place an order with a nongovernmental organization such as a mission, which has contacts and foreign currency to purchase medicines overseas. Still other health zones turn to cooperative buying programs to solve their medication problems. Vaccines are at critically low levels and falling in many districts throughout the Congo. In the past, some health centers have stopped vaccinating altogether. In the northern region of the Sankuru, for example, no immunizations were administered for five years.







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## The effects of poverty

At the United Nations Poverty Eradication Day in New York, Dikembe Mutombo spoke about the effects of poverty on the health and development of a country. He said that "the worst condition for a child to be in is to be born in poverty. Born in poverty, a child starts its



life at a tremendous disadvantage. They are born malnourished because their mothers are malnourished and have no prenatal care. They have a very high infant mortality rate and those who survive this prenatal period are subject to childhood disease because of lack of immunization."

Recognition of children's multiple and interrelated needs are the first steps in caring for them, according to Dikembe Mutombo. In his closing remarks, he drew on a Talmudic proverb to drive home his message:

*"Judge not the poor for their poverty, but judge the community for its indifference."*



## Of HIV, malaria, and maternal health

In addition to tackling poverty, the second long-term recommendation of the WHO researchers is to develop an integrated reproductive health program, which in turn will decrease rates of HIV and maternal mortality. The comprehensive program would identify and target groups at high risk for HIV with risk reduction activities as well as increase the availability of HIV tests. A national Safe Motherhood initiative would train health care workers in obstetrical emergency management.

A decrease in deaths from malaria in the Democratic Republic of the Congo is a third focus of WHO recommendations. To accomplish this goal, researchers suggest increasing the availability of pyrethrum-treated bednets and educating the public about the importance of their use.

Providing support to primary care programs is a fourth necessary step in improving health status in the Congo, according to the WHO report. This support includes funding to increase medical supervision and continuing medical education, providing training in diagnosis and management of disease, and obtaining nongovernmental organizational support for provinces and health zones. Further, improved hospital sterilization and disposal of biomedical waste is needed to bolster health indicators.





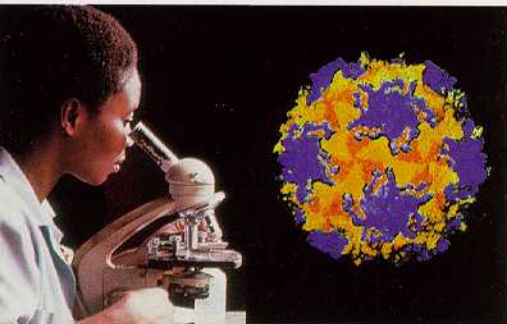
"When you take the elevator up to reach the top, please don't forget to send the elevator back down, so that someone else can take it to the top. This is my way of sending the elevator down."

## The Foundation's Response

Dikembe Mutombo recognizes that health relief to his native Congo will need the efforts of more than one advocate. Through his Foundation, he hopes to begin building a support network for making inroads to improving health for everyone in the Congo.

### Cooperative Health Initiatives

One current thrust of the Dikembe Mutombo Foundation is to cooperate with the health initiatives of other agencies such as the World Health Organization (WHO) and the Centers for Disease Control (CDC). The CDC's National Immunization Program is running a worldwide race to eradicate polio globally by the year 2000. With a 90 percent decline already reported in polio cases around the world from 1988 to



1997, the program is close to reaching its goal. On his next trip to the Congo, Dikembe Mutombo will add his support to the program by making public appearances and taping public service announcements to encourage cooperation of the polio immunization effort.

## General Hospital, Kinshasa

The most ambitious goal of the Foundation's mission of improving health in the Congo is the construction of a multi-million dollar general hospital on 10 acres in Kinshasa. The proposed General Hospital will include state-of-the-art facilities and equipment, with inpatient beds, an outpatient clinic, emergency services, and a pharmacy. Researchers and clinicians will have access to the hospital's laboratories for biochemistry, hematology, bacterial, and parasitic sampling. Other specialized departments will offer services in surgery, obstetrical care, radiology, and nuclear medicine. In the hospital's clinics, physicians and nurses will treat all conditions, offering expertise in general medicine, heart and lungs, urology, orthopedics, otorhinolaryngology, ophthalmology, pediatrics, and obstetrics and gynecology. The General Hospital also will treat specific health conditions, offering tests in gastroenterology, respiratory, allergies, echocardiography, electrocardiography, echo obstetrics, and dermatology.

Already architects have completed plans for the proposed hospital, and negotiations are under way with the government of the Congo for final approval of the location. The hospital will take two to four years to develop and build. Its completion will represent a significant step toward improved health in Kinshasa.

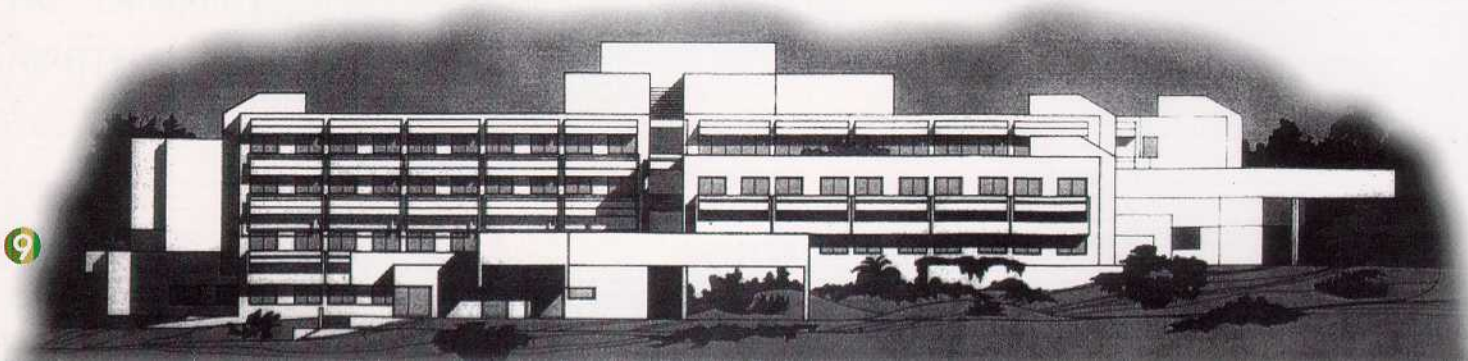
At a fund-raising event for the hospital in 1998 sponsored by the Dikembe Mutombo Foundation,

keynote speaker Melvin Foote, Executive Director of the Constituency for Africa, praised Dikembe Mutombo's efforts to improve health in the Congo. Dikembe Mutombo "symbolizes a bridge and a link between the United States and Africa," Foote told the crowd of 500. "As a son of Africa, he fully identi-

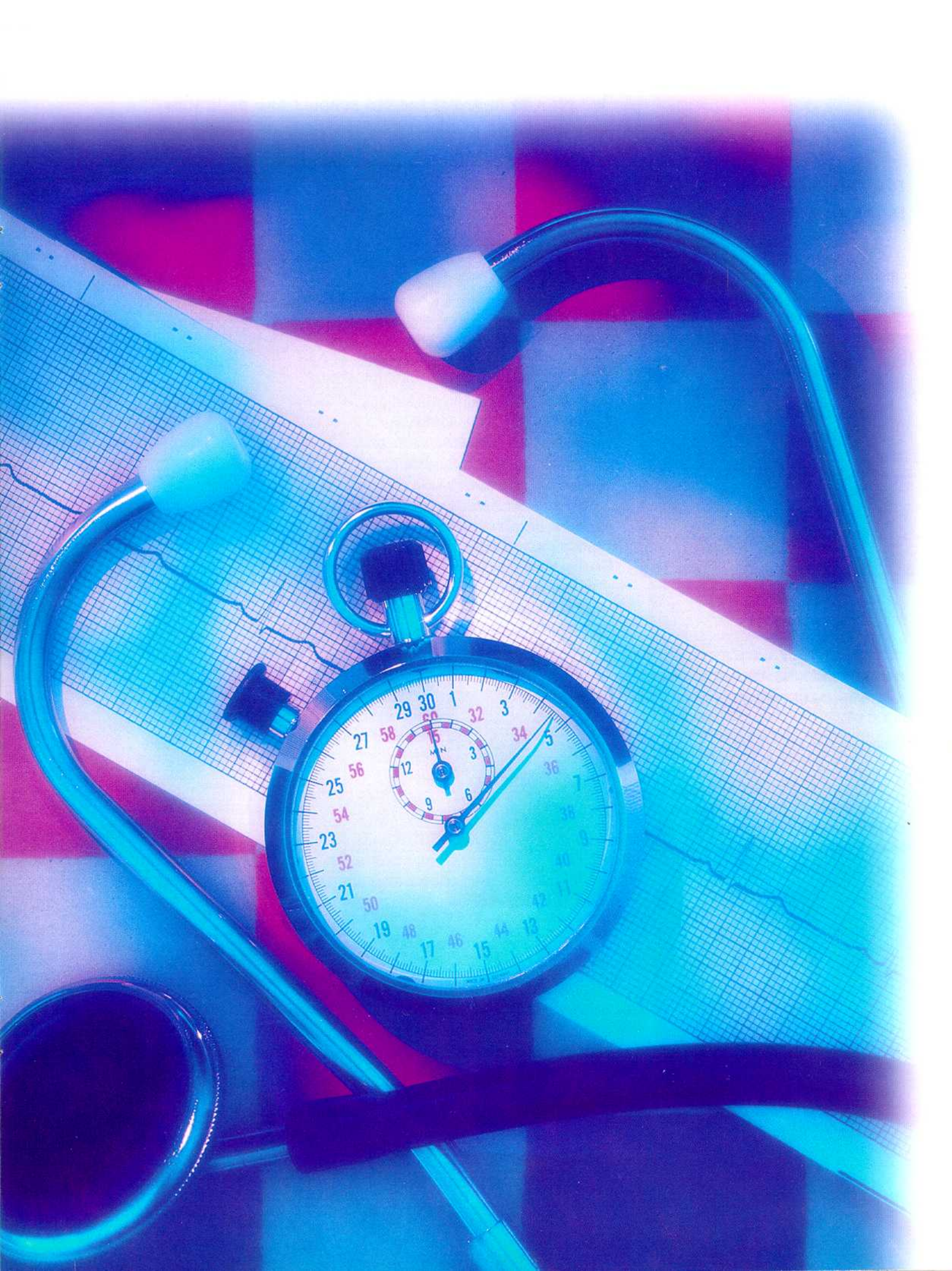


fies with the plight and struggles of the people. At the same time, he is fully conversant in the culture of America and interacts and is respected by Americans on a variety of levels."

At that same event, Dikembe Mutombo shared with the audience his personal hopes for the Foundation and the hospital: "In Central Africa, there is an old proverb: "When you take the elevator up to reach the top, please don't forget to send the elevator back down, so that someone else can take it to the top. This is my way of sending the elevator down."









"We plan to improve the old schools and build new ones and build a recreation center for the total well being of our children," *Dikembe Mutombo*

## Education & Recreation Future Plans

To grow into healthy, well-developed adults, children need not only adequate medical care, but also places to develop their minds and bodies. Also



while the literacy rates among men and women are higher than many developing countries, the school enrollment in primary and especially secondary schools is quite poor, especially among girls.

According to a UNICEF report (1990-95):

Primary School Enrollment  
Male = 71% & Female = 50%  
Secondary School Enrollment  
Male = 32% & Female = 19%

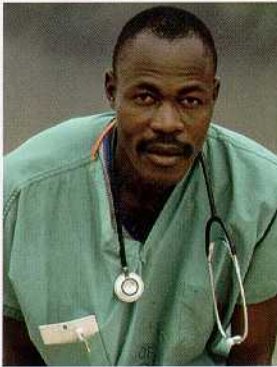
According to a UNESCO report (1995):

Literacy: Male 86.6% - Female 67.7%  
Both sexes: 77.3%

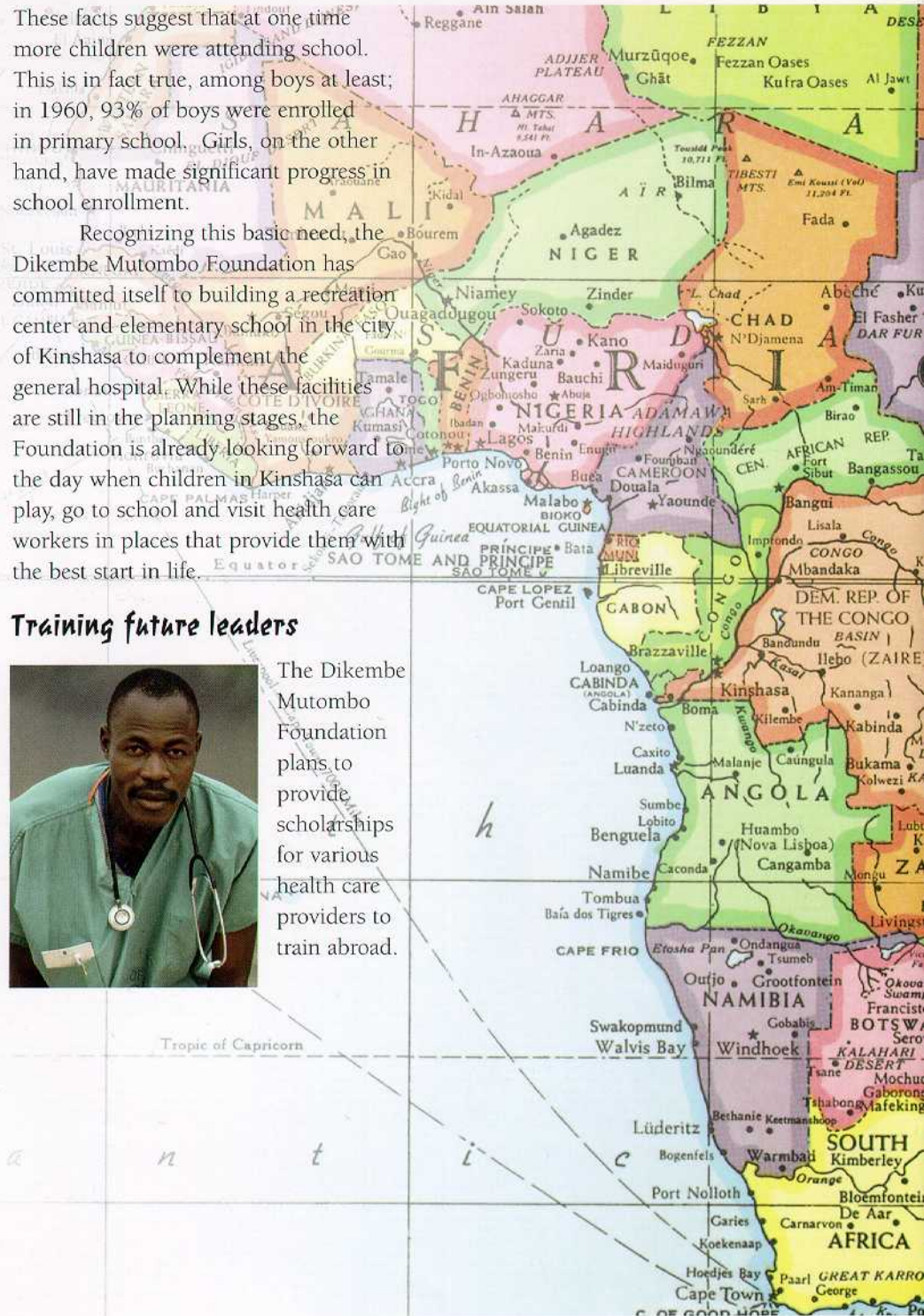
These facts suggest that at one time more children were attending school. This is in fact true, among boys at least; in 1960, 93% of boys were enrolled in primary school. Girls, on the other hand, have made significant progress in school enrollment.

Recognizing this basic need, the Dikembe Mutombo Foundation has committed itself to building a recreation center and elementary school in the city of Kinshasa to complement the general hospital. While these facilities are still in the planning stages, the Foundation is already looking forward to the day when children in Kinshasa can play, go to school and visit health care workers in places that provide them with the best start in life.

### Training future leaders



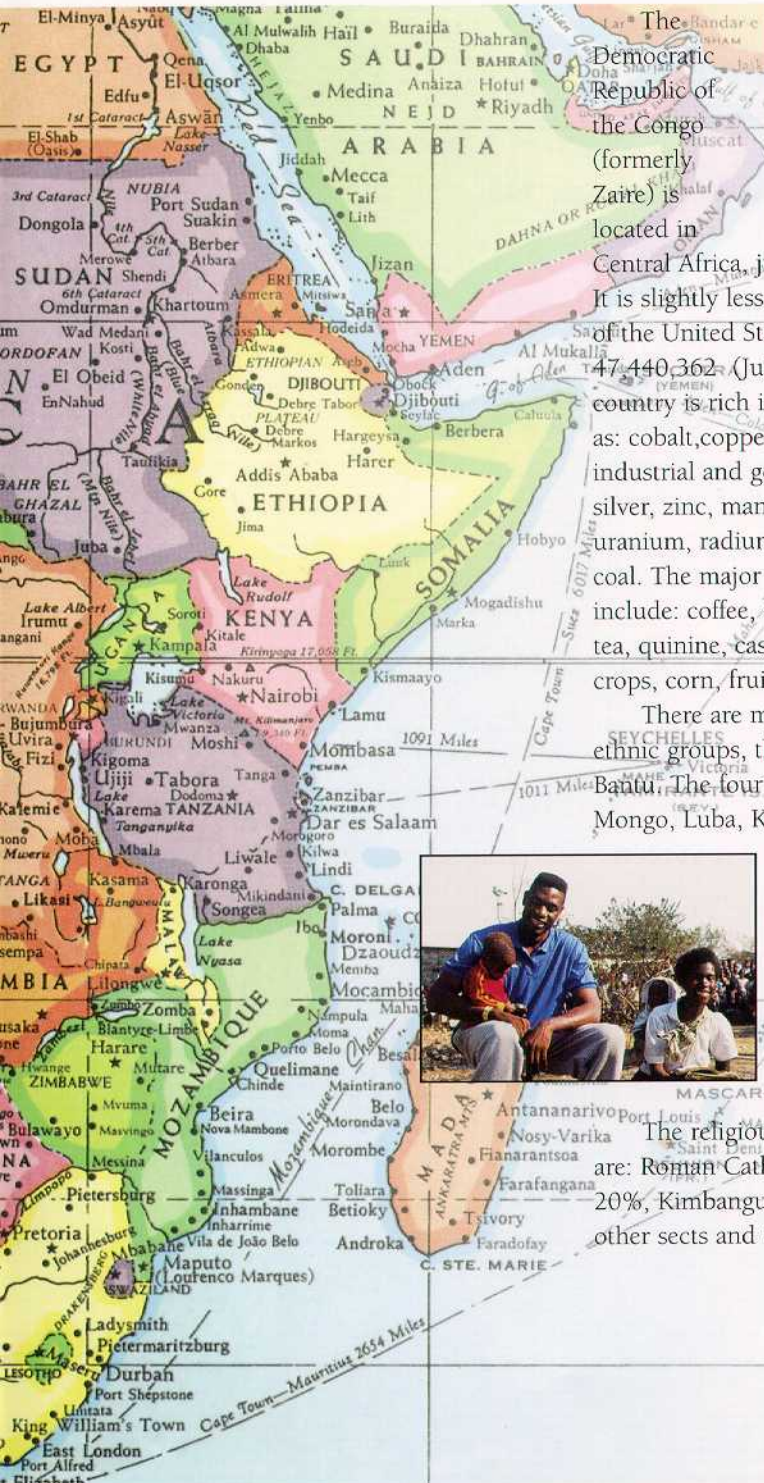
The Dikembe Mutombo Foundation plans to provide scholarships for various health care providers to train abroad.





## The people and the land...

## It takes a whole village...

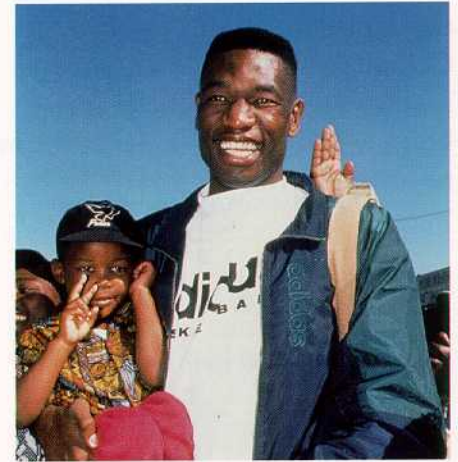


The Democratic Republic of the Congo (formerly Zaire) is located in Central Africa, just northeast of Angola. It is slightly less than one-fourth the size of the United States with a population of 47,440,362 (July, 1997 est.). The country is rich in natural resources such as: cobalt, copper, cadmium, petroleum, industrial and gem diamonds, gold, silver, zinc, manganese, tin, germanium, uranium, radium, bauxite, iron ore, and coal. The major agricultural products include: coffee, sugar, palm oil, rubber, tea, quinine, cassava, bananas, root crops, corn, fruits, and wood products.

There are more than 200 African ethnic groups, the majority of which are Bantu. The four largest groups consist of Mongo, Luba, Kongo (all Bantu) and the Mangbetu-Azande.

The official language of the country is French, but other languages such as Lingala, Kingwana, Swahili, Kikongo and Tshiluba are also widely spoken.

The religious practices of the Congo are: Roman Catholic 50%, Protestant 20%, Kimbanguist 10%, Muslim 10%, other sects and traditional beliefs 10%.



tradition, Dikembe Mutombo has adopted four children (two nieces and two nephews.) In addition, Dikembe Mutombo and his wife, Rose (also Congolese), have a daughter of their own. They reside in Georgia during the basketball season. Dikembe Mutombo wants to insure that his parents' emphasis on education and his community's custom of helping others continue to be priorities in his own family.





## Your Response

You can be a part of the Dikembe Mutombo Foundation's effort to promote health for the people of the Congo and to help build their future. This brochure introduces you to the large-scale challenges to health faced by Congolese people. With your investment you can help the Foundation send the elevator down to bring health up.

To make a tax deductible contribution please contact:

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