During this period we learned of another group that might be interested in African medical affairs. Dr. Milton Brinton, a returned missionary from the Africa West Mission, was active in the Collegium Aesculapium, an organization of Mormon physicians who were seeking Third World projects. We were hopeful they would be interested in West Africa and particularly in Ghana where the medical establishment had been rather sophisticated but was falling into disrepair. We envisioned their participation to be one of arranging for physicians from among their ranks to serve in Ghana as volunteer practitioners and teachers, and vice versa.

With these groups signalling involvement it looked as if our rag-tag group of expatriates could relinquish the torch to better organized forces. We proposed such to Elder Derek Cuthbert who, at that time, oversaw Church activities in Africa. After careful consideration, the Church leadership concluded that there was need for all, including our group. In its large shipment to Ghana, the Church had been most humanitarian in designating a sizable portion go to the general populace. With its worldwide commitments the Church could not be expected to single out West Africa for preferential treatment. As subsequent events have shown, the Church has continued to support African relief in a major way. The second group, the Thrasher Fund has the specific objective of research and demonstration projects, not relief measures. Currently, there is in Nigeria a large Thrasher project. The Collegium is an independent body and, although it had some further involvement with Dr. Kissi, as indicated later it opted to drop out.

Our group was encouraged to organize and expand our scope. We were single-minded in our purpose to help the peoples of West Africa. We had been there and knew the needs. As an independent agency, we could solicit help from sources outside the Church and deal with the Ghanaian government, still wary of any outside church.

We also explored other avenues of help, such as Direct Relief International, and Food for Poland. In some cases, their interests were too global for us, or they were concentrating on other areas of the world. In the larger agencies we sensed a business orientation where the concern centered on the staffs and the mechanisms rather than the basic relief purpose.

Feeling somewhat like the little red hen, in early 1983, Naomi and I invited the West African expatriates to a meeting to consider the propriety of formal organization. Thirty persons attended, which represented just about the potential, and authorized an ad hoc committee to proceed. Mark Bradshaw located an attorney who drew up the documents free. By April a charter had been granted by the state of Utah to Friends of West Africa, a nonprofit charitable corporation. The Board of Trustees also constituted the unpaid officers: Vic Bartholomew, Mark Bradshaw, Milton Brinton, Charles Johnson, and I. Charles had not been to West Africa but had special pharmaceutical skills. Our wives were very much involved but preferred to work behind the scenes. The Advisory Council consisted of six from the United States, namely, David Billeter, Val MacMurray, Ben Shippen, Charles Smart, Ewart Swinyard, and Bruce Woolley. The others were Emmanuel Kissi and Banyan Dadson from

Ghana, Alex Morrison from Canada, and Titus Efidiba from Nigeria. These are knowledgeable persons from the medical, legal, and business fields. Each official pays his own way. Certain ones have been most helpful and others less than interested.

Recognition by Internal Revenue Service came more slowly. The incredulity of the tax man is understandable when he reviewed our application showing no paid personnel, no rented office, and no warehouse. With the help of U.S. Senator Orrin Hatch and a staff man at that time, Bill Loos, the IRS granted tax exemption in November 1983. With that approval came the benefit of tax deductions for contributions. Also, we fell heir to the usual tax report requirements, many not fitting our situation. For instance, we are required to file quarterly payroll reports even though we have no payroll or personal service costs.

Several events occurred in the summer of 1983 which further cemented the Ghanaian connection. To promote the exchange of professional personnel, we had initiated contact between Professor Dadson and Brigham Young University with the end of having him serve as a visiting instructor. Dr. Dadson has impressive credentials. His Ph.D. is in chemistry from Cambridge, a Fulbright scholar and now Vice President of the University of Ghana at Cape Coast. He taught that summer at BYU.

The Collegium brought Dr. Kissi to BYU to participate in a symposium. The expatriates paid for his wife, Elizabeth, an R.N. and midwife in her own right, to accompany him. This made their temple marriage possible. The Kissis and Professor Dadson impressed the participants to the extent they again expressed a desire to help.

The Thrasher Fund and Friends of West Africa sponsored a reception for the Ghanaians in which they met a broader cross section of professional, community and Church leaders. Apostle David B. Haight met separately with them in his capacity as general supervisor of African Church affairs.

While the Kissis were in town, a meeting was arranged with the relevant Church groups. Karl Keeler of the Welfare Department chaired the session. In attendance were staff representatives from the Relief Society, and Welfare and Missionary departments; the Thrasher Fund; and Friends of West Africa. This meeting confirmed the physical needs of Ghana and our respective roles in meeting those needs.

Friends of West Africa continued to collect supplies donated by hospitals. Dr. Morrison put us in touch with a Canadian pharmaceutical firm, Novopharm, which contributed a considerable quantity of new products. Food for Poland gave us a large volume of surgical supplies it was unable to use. The expatriate group paid the freight costs to Salt Lake City. The Church packaged the cargo and shipped it to Ghana.

Dr. Kissi by this time had developed arrangements with six other health institutions in Ghana to share the shipment. The seven institutions were Korle Bu, Kibi, and Deseret hospitals, and Asuom, Martyrs, Abomosu, and Osino clinics. They had agreed not to charge the patients for the supplies.

The arrival of the shipment was a big event in Ghana. Newspapers carried banner stories and pictures. In Ghanaian currency the wholesale value of the