

Adventist Health

INTERNATIONAL



2001 ANNUAL REPORT



PRESIDENT'S REPORT

It has been quite a year. Amidst the concerns about security, terrorism, and the understanding of other cultures, AHI has flourished. We have officially grown from two countries to six countries including nine hospitals and 30 clinics. As you will see in this report, AHI is now active in Cameroon, Ethiopia, Guyana, Haiti, Rwanda, and Zambia. Our new hospital building in Gimbie is nearing completion, Davis Memorial Hospital in Guyana is doing well, and strategic plans are being implemented in the new countries, including hospitals with well-known names like Mugonero, Mwami, Yuka, Koza, and Port-au-Prince.

Perhaps even more gratifying has been the expansion of the AHI support base. In this report, you will meet the AHI officers who provide considerable time and effort in moving projects forward. We have also been blessed with several extraordinary volunteers who continue to make a real difference in achieving our goals—the stories of Karen Simpson and Kelvin Sawyer are truly inspiring. And finally, there are the many donors and agencies who have confirmed their belief in what AHI is doing by providing financial support.

From our board members to the individual staff and volunteers who make it possible, God has woven a tapestry of love for serving others. I want to personally thank the Board of Trustees of Loma Linda University and Medical Center, and later the AHI board, for their willingness to support a new idea and approach. Dr. Calvin Rock, now retired, was chair of those boards during the foundation of AHI. He deserves our appreciation for his far-reaching vision and steady encouragement.

As you read about the different projects and dreams from around the world, remember that AHI is the combined hopes and commitment of us all. The success of AHI is due to partnership—the collective belief that we are all children of God who are blessed by sharing with others. It is now clear that AHI is filling a critical need, both for giving and receiving. Thank you for being a partner in bringing God's love to the world.



Richard H. Hart, MD, DrPH, president, Adventist Health International

Adventist Health International (AHI) is a multinational, nonprofit corporation with headquarters at Loma Linda University, Loma Linda, California. AHI has been established to provide coordination, consultation, management, and technical assistance to hospitals and health-care services operated by the Seventh-day Adventist Church, primarily in developing countries. AHI is not a funding agency and depends on various organizations, foundations, governments, and individuals to provide financial assistance when needed.

AHI believes that every health-care institution must be firmly rooted in its community with concern for all aspects of development, and will pursue policies and programs which accomplish this aim. AHI is committed to the education of local health-care professionals and will encourage the establishment and/or retention of professional training programs whenever appropriate.

TABLE OF CONTENTS

<i>PRESIDENT'S REPORT</i>	2
<i>INTRODUCTION OF OFFICERS</i>	4
<i>BOARD MEMBERS</i>	5
<i>FOCUS—KAREN SIMPSON</i>	18
<i>FOCUS—KELVIN SAWYER</i>	19
<i>FINANCIAL REPORT</i>	20
<i>AHI PARTNERS</i>	21
<i>AHI NEEDS</i>	23

COUNTRY REPORTS

<i>CAMEROON</i>	6
<i>ETHIOPIA</i>	8
<i>GUYANA</i>	10
<i>HAITI</i>	12
<i>RWANDA</i>	14
<i>ZAMBIA</i>	16



INTRODUCTION OF OFFICERS



Kenneth J. Breyer, ME
Facility/construction and maintenance

Shortly after joining AHI, Ken Breyer participated in a trip to Guyana to initiate planning for the first Project Fix-it at Davis Memorial Hospital. He serves as the administrative director of construction with Loma Linda University Medical Center (LLUMC).



Jerry E. Daly, MA, MSLS
Equipment procurement and maintenance

Jerry Daly coordinates the acquisition and distribution of medical equipment and supplies for project hospitals. Currently, he is the director of media services, microsystems, and the interim director for the University libraries. He also helps coordinate efforts at Sir Run Run Shaw Hospital, Hangzhou, People's Republic of China; the Overseas Heart Surgery Team; and the Loma Linda University Center, in Kabul, Afghanistan.



David T. Dyjack, DrPH
Environmental services

David Dyjack provides technical support and direction to AHI staff and hospital community on environmental health issues. He is department chair of environmental and occupational health of Loma Linda University (LLU) School of Public Health. David is also a consultant to the International Labor Organization where his efforts focus on implementing health and safety programs in developing countries.



James M. Crawford, DDS, MPH
Dental services

James Crawford oversees the coordination of dental services. He is the executive associate dean for LLU School of Dentistry. Jim works closely with Dr. Nicola assisting in the coordination and operation of more than 70 dental clinics owned by the Church worldwide.



Daniel E. Fontoura, MPPM
Financial management

Daniel Fontoura works in the areas of financial analysis and management. He is responsible for financial management in physician and hospital capitation, managed care contracting, and program evaluation and planning for Loma Linda University Adventist Health Sciences Center (LLUAHSC). Daniel has traveled to South America, speaks Portuguese and Spanish, and has participated in mission trips in Southeast Asia and the Caribbean.



Donn P. Gaede, MPH
Secretary

Donn Gaede is currently secretary for the corporation. He has worked in the Adventist health-care system and for LLU for more than 20 years, serving as a medical technologist at Monument Valley Hospital, finance officer for the School of Public Health (SPH), and currently as an assistant professor in the SPH health administration department. He was involved with projects in the Marshall Islands, the Navajo Indian Reservation, and Tanzania before joining AHI.



Jimmy E. Gillespie, CPA
Chief financial officer

Jimmy Gillespie oversees the financial and administrative functions. He serves as an officer and director of internal audit at LLUAHSC. His professional background includes profit and nonprofit health care, education, and public accounting. He has served on and participated in mission projects in Africa, Micronesia, South America, and the West Indies.



Albin H. Grohar, PhD
Philanthropic services

With a professional background in fundraising, Albin Grohar presently serves as executive director of advancement for LLU. He is originally from Austria, but has lived in South America and the West Indies. He volunteers frequently, consulting with institutions in the United States and internationally that strive to optimize their fundraising capacities.



Steve M. Hannah, MHA
Administrative management

Steve Hannah began working with AHI with a trip to Ethiopia and Nigeria. He holds the position of executive director for SAC Health System, an affiliate within LLUAHSC. His passion for mission service and international travel has taken him to Central America and Mexico.



Kent A. Hansen, JD
Legal services

Kent Hansen was instrumental in the organization of AHI. As managing attorney of Clayson, Mann, Yaeger & Hansen in Corona, California, he serves as general council for AHI. He represents a number of private and public higher educational institutions and also serves as general counsel to LLUAHSC. His clientele also includes entities in the manufacturing and health-care sectors.



Richard H. Hart, MD, DrPH
President

Richard Hart is the founder of AHI and serves as chancellor of LLU. He has participated in numerous international community service activities and has served as a consultant for the World Health Organization. Richard has a vision and passion for improving the health and wellness of local and international communities. His commitment to mission service has taken him to all parts of the globe.



Quint P. Nicola, DDS
Dental services

Quint Nicola is the director of dental affairs for the General Conference of Seventh-day Adventists. He has a private practice of dentistry and teaches at LLU School of Dentistry. His professional background includes many years of mission service throughout the world.



Emmanuel M. Rudatsikira, MD, MPH
Disaster and humanitarian services

Emmanuel Rudatsikira oversees humanitarian services. He has served in Burundi, Africa, as medical director of the Primary Health Care Services. Currently he is an assistant professor of international health at LLU. He coordinates the pan-African MPH program, the Summers Only program in international health, and the certificate of humanitarian assistance program.



Jan Zumwalt, RN, MS, MBA
Nursing services

Jan Zumwalt oversees nursing services. She is currently chair of the LLU International Nursing Council, and executive director of case management and advanced practice nursing at LLUMC. For the past nine years, she has served as lead nursing consultant with the Sir Run Run Shaw Hospital in the People's Republic of China. In addition to visiting hospitals in many parts of the world, she has facilitated several exchange experiences for nurses from other countries who want to learn from nurses at LLU.

REGIONAL REPRESENTATIVES

Elie Honore, MD, MPH, MHA
Inter-American Division

Elie Honore is an obstetrician/gynecologist originally from Haiti who currently serves as director of health ministries for the Inter-American Division of Seventh-day Adventists. He has been key in establishing AHI-Guyana, where he previously worked, and now is active in AHI-Haiti, his home country.

George Sanz, MD
Africa-Indian Ocean Division

George Sanz is a pediatrician, graduate of LLU, who has worked most of his career in Canada. He accepted the position as director of health ministries for the Africa-Indian Ocean Division in 2001 and now serves as AHI regional representative to Rwanda, Cameroon, and Nigeria.

Fesaha Tsegaye, MD
Eastern Africa Division

Fesaha Tsegaye is a surgeon from Ethiopia who was active in establishing AHI-Ethiopia. He accepted the position of director of health ministries for the Eastern Africa Division (EAD) in 2001 and now lives in Harare, Zimbabwe, where he assists with AHI activities in the EAD.

AHI *Board members*

Lowell C. Cooper (board chair)
General vice president, General Conference of Seventh-day Adventists

Matthew A. Bediako
Secretary, General Conference of Seventh-day Adventists

B. Lyn Behrens
President and chief executive officer, Loma Linda University Adventist Health Sciences Center

Mardian Blair
President emeritus, Adventist Health System/Sunbelt

Frank Dupper
President emeritus, Adventist Health System/West

Allan R. Handysides
Director, department of health ministries, General Conference of Seventh-day Adventists

Harold L. Lee
President, Columbia Union Conference of Seventh-day Adventists

Juan R. Prestol
Associate treasurer, General Conference of Seventh-day Adventists

Donald G. Pursley
Executive vice president and chief financial officer, Loma Linda University Adventist Health Sciences Center

Ralph S. Watts Jr.
President, Adventist Development and Relief Agency (ADRA)

CAMEROON



Cameroon officially joined AHI in 2001, with a desire to strengthen and expand its existing health facilities. These included an active dental clinic in the capital of Yaounde, Hôpital Adventiste de Koza in the north and Hôpital Adventiste de Batouri in the east. There are also three health centers, including Buea which desires to upgrade to a full maternal and child health center. The Central African Union has an additional hospital in southern Chad at Bere which desires to join AHI in the future. Monita Burch is coordinator of AHI-Cameroon, in addition to her responsibilities as business manager of the dental clinic. Her husband, Perry, is director of the dental clinic.

As a French speaking country of southwestern Africa, Cameroon faces the usual challenges of development. The Adventist Church recently started a new university there to provide for educational needs after the closure of the Adventist University of Central Africa in Rwanda. This new institution's leadership would like to have assistance in starting a nursing school, though this major undertaking would require significant external resources. A donation of US\$70,000 has been given to upgrade



Outpatient clinic at Koza

the clinic at Buea, and discussion is underway on how best to pursue this plan.

Hôpital Adventiste de Koza is in a rural area and has been designated as the government's district hospital serving the local population. This institution was built by Swiss missionaries in the 1950s and has a good physical plant built of natural stone. With 100 beds, it is staffed by Drs. Elfred and Marialiter Solis from the Philippines. He is a surgeon and she is an obstetrician/gynecologist.

Additional medical staff would allow for time off for the Solis family and also assist in management issues. The water



Hôpital Adventiste de Koza staff



TOTAL AREA: 475,440 sq km

Slightly larger than California

POPULATION: 16,701,000

INFANT MORTALITY RATE: 69.83 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 54.59 years

ANNUAL AVERAGE INCOME: US\$610



and electricity are stable, but upgrading of technical support areas is needed. Linkage with the university, located some hours drive away, would enable the development of the nursing school and provide student labor assistance.

The dental clinic in Yaounde currently has a very active practice by four dentists, including three national staff. Located in a prime location in downtown Yaounde, it is the clinic of choice for many in the country. A large room next to the clinic is currently being used as a church, but could represent room for expansion to add a medical component to the clinic. There is also another small clinic that has been started recently in association with one of the churches in Yaounde.

Because of its French heritage, Cameroon is not known as well in the United States and has benefitted primarily from missionaries from Europe. While its HIV/AIDS rates are not as high as some other areas of Africa, they are significantly impacting development in the country. Many other challenges also exist. AHI is pleased to add Cameroon to its member countries and is looking forward to partnering in development of its health services.



Koza rehabilitation services

2002 strategic priorities

AHI-Cameroon

- Finalize need for expanding the facility at Buea clinic and implement plans.
- Complete needs analysis and start strategic planning for a nursing school at the university.
- Refine consideration of expanding the Yaounde Dental Clinic to include medical services.
- Finish upgrade of other Seventh-day Adventist health centers in the country.
- Implement common accounting software and practices in each facility with monthly reporting.





The request from both the national and international Seventh-day Adventist Church to save the last Adventist hospital in Ethiopia was the inaugural project for AHI. After a preliminary visit in the fall of 1997, when the local government had given the Church 12 months to upgrade or shut down Gimbie Adventist Hospital (GAH), AHI agreed to take on the tremendous challenge of building a new facility. A team of volunteers from ADRA Netherlands began construction in March of 1998, supplemented by a group of students and faculty from Loma Linda University. Now, four years later, with the help of many volunteers and donors, the new building is nearing completion. What a testimony and builder of faith this project has been to all those involved.

Perhaps even more difficult than constructing the building has been revitalizing the staff and morale at GAH and the outlying clinics in Ethiopia. Ravaged by years of administrative, economic, and political turmoil, the personnel had essentially given up amid pressure and ridicule from local government officials and frustration and anger from patients about broken equipment, lack of medicines, and inadequate staff. AHI will always be indebted to those willing to step into this chaos to start putting structure and hope back into the system. Initially James Hagen and Jennifer Sprague, recent graduates from LLU, held GAH together during a transition year. Their stories and commitment are legendary. Then Dr. Ken Rose, surgeon and medical director, and Darla Lee, matron, were closely followed by Dr. Nick Walters in family medicine. This team gradually assembled a local staff, healed relationships with patients and the government, and started GAH on the long road back to respect and service.



Ken Rose (right) at entrance to Gimbie Adventist Hospital

Building the new hospital became a symbol of AHI's commitment and belief that donors and volunteers could be found who were willing to move beyond the *status quo*, and work for something better. Milt Peterman followed Gene Witzel as the construction superintendent on the building project, and along with Lloyd Kuhn, Leonard Laabs, Roger Cook, Brian Carmody, and others are bringing this building phase to completion.

Opening ceremonies for the new building are scheduled for August 10 and 11, bringing



TOTAL AREA: 1,127,127 sq km

Slightly less than twice the size of Texas

POPULATION: 61,841,000

INFANT MORTALITY RATE: 99.96 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 44.68 years

ANNUAL AVERAGE INCOME: US\$100



to completion this remarkable achievement. Included in the new complex are a large classroom area for educational programs and a private ward to help provide the operating margin necessary to make GAH financially solvent. It also includes a spacious surgery, labor and delivery, women's and men's wards, and other necessary services. The old hospital buildings will be maintained for future dormitory space for students and support services. In addition to the main building, the construction team has repaired and upgraded half of the 16 rural health centers owned by the Adventist Church in the country as they have become part of AHI-Ethiopia.



New hospital building at Gimbie

Both the national and international staff is transitioning now, with the return to the United States of Ken and Lana Rose and their four daughters, the last born at GAH, following completion of his two-year contract.

Darla Lee has also completed her two years, with transition matron coverage being provided by Heidi Hodson. Nick and Phosfe Walters and their two boys are in London until April, where AHI is sponsoring him through the Diploma in Tropical Medicine and Hygiene at the University of London. Then they will return to GAH. Bill DeWees is now serving as the hospital administrator for a year as the line of voluntary assistance carries on.

2002 strategic priorities AHI-Ethiopia

- Complete construction and open the new Gimbie Adventist Hospital in August.
- Continue upgrading the remaining rural health centers.
- Develop plans for one or more educational programs at GAH.
- Recruit a professional staff with national and international personnel.
- Develop community health services, including maternal and child health.
- Establish an effective supervision system for our rural health center network.
- Implement common accounting software and practices in each facility with monthly reporting.





Davis Memorial Hospital (DMH) in Georgetown, Guyana, was taken on by AHI as one of its initial projects. A 50-bed facility in the capital city, DMH had faced increasing struggles and financial pressures, with its average inpatient count dropping below five patients. The request for assistance from Elie Honore, MD, MPH, MHA, director of health ministries for the Interamerican Division of Seventh-day Adventists, came out of desperation as the Church was ready to close the doors of the hospital forever. After an initial assessment visit in 1998, and a commitment from Faye Whiting, MD, to serve as obstetrician/gynecologist, AHI agreed to take on the difficult task of turning DMH around. Myke Kendall, the administrator, was finishing his master's of health administration from LLU, and could help provide the link into the future.

The organizational and financial woes were nearly overwhelming, as the new AHI-Guyana board quickly discovered. There were many times when paychecks were late, bills were not paid, and frustration was high. An aggressive turn-around-plan was put in place, including reducing the staff to appropriate levels and upgrading equipment. The work ethic improved, the reputation started recovering, patients returned, and DMH has now met payroll and all operating expenses for more than a year from local revenue sources. Bertie Henry is currently providing excellent leadership as administrator and Esterlita Fiel, MD, is serving as obstetrician/gynecologist. A major project to completely rewire the entire building, funded by Hope for Humanity, was completed by a volunteer group from Loma Linda under AHI Project Fix-it in November, 2001.

One of the most significant factors in improving the reputation and morale of DMH came with the arrival of Karen Simpson and the inauguration of the Foundation Healthcare Worker training program in early 2001. Funded by ADRA Canada, this nine-month program for high school graduates gave DMH the enthusiasm of having young people around who were excited by what they were learning and the careers it offered them. The first graduation was in November, 2001.

Building on this success, two new programs have now been funded and are ready to start. The first is a national program for continuing nursing education requested by the government. The second new program is to train a cadre of community health educators from the community and churches who can screen for diabetes,



Davis Memorial Hospital, Georgetown, Guyana



TOTAL AREA: 214,970 sq km

Slightly smaller than Idaho

POPULATION: 891,000

INFANT MORTALITY RATE: 38.72 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 63.31 years

ANNUAL AVERAGE INCOME: US\$700



Pouring slab for storage unit at DMH

hypertension, and other chronic diseases and provide basic nutrition and health education. ADRA Canada and ADRA United Kingdom have agreed to fund these new educational programs, which will solidify the reputation of DMH as a professional training center in the country. In addition, the University of Guyana has recently asked DMH to become a teaching hospital for their medical students, utilizing the learning center resources provided by LLU School of Medicine, Gordon Thompson, MD, of California, and Steve Carryl, MD, of New York.

The success of DMH has been impressive, and though many

challenges still exist, the momentum has clearly shifted. Perhaps most gratifying is to watch the small hospital church grow from less than 100 members into a new church building with more than 1,000 members. The impact of a successful institution on church growth cannot be overestimated. Now the focus of administration and the board has moved beyond survival, which occupied so much energy, to a strategic plan for the future. The potential is impressive and only waits for vision and faith.

**2002 strategic priorities
AHI-Guyana**

- Install new x-ray machine in a remodeled department.
- Operationalize the new dental clinic.
- Develop the clinical laboratory into a major profit center.
- Conceptualize plans for Community Health and Ambulatory Care Center.
- Begin a national program for continuing nursing education .
- Begin a community health educator program.
- Complete a second cycle of the Foundation Healthcare Worker training program.
- Finalize a plan for eliminating pension plan obligations.
- Consider establishment of 1-2 clinics in other parts of the country.
- Implement common accounting software and practices in each facility with monthly reporting.



Haiti



Haiti is the most recent country to join AHI. With its troubled economic and political landscape, Haiti has been a challenge for development organizations as they have worked in various sectors of the country. With a population of 8 million and an Adventist Church membership of 225,000, the Church operates several institutions—including the Université Adventiste d’Haiti and Hospital Adventiste d’Haiti, located next to each other in the Diquini suburb of Port-au-Prince. There is also a Child Survival project maintained by ADRA covering an area near the hospital.



Clinical laboratory at Hospital Adventiste d’Haiti

The 70-bed hospital began in 1978 with a new building and a strong reputation.

Unfortunately, due to inadequate funding, a portion of the second floor was never completed. Despite this limitation, the hospital has provided valuable services to the country with a national staff and minimal subsidy. The Haitian Union of the Seventh-day Adventist Church has requested AHI to provide management services for the hospital and consider collaborating with the university in developing a health sciences division offering several professional programs.



Pediatric unit

Completion of the hospital building would provide space for additional support services and increase the bed capacity. The clinical laboratory is in urgent need of upgrading. Perhaps the greatest need is to strengthen the governance and management systems for the hospital. As the administrator, Emilie Clotaire is facing major issues, including stable physician contracts and coverage, deferred maintenance, and financial management. The valuable contract with the United States Embassy for visa physicals has recently been in jeopardy, due to a variety of factors, and needs to be completely secured. There is also considerable



TOTAL AREA: 27,750 sq km
Slightly smaller than Maryland

POPULATION: 8,003,000

INFANT MORTALITY RATE: 95.23 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 49.38 years

ANNUAL AVERAGE INCOME: US\$400



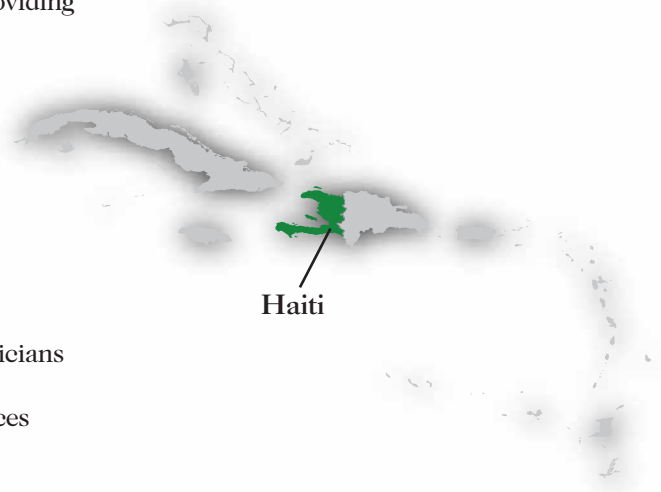
Emergency department

potential to collaborate with the university to develop several new training programs.

Appropriate grant proposals meeting donor objectives could provide significant assistance to the development of AHI-Haiti and its goals. An AHI assessment team traveled to Haiti in January to start developing a strategic plan.

2002 strategic priorities **AHI-Haiti**

- Reestablish the clinical laboratory to commercial lab standards.
- Adequately secure the U.S. Embassy contract for providing health care.
- Develop and implement plans for completing construction of the hospital.
- Start strategic planning for the development of a health sciences division of the university, beginning with laboratory technology.
- Explore options for establishing satellite clinics in rural underserved areas.
- Determine the future of the child survival project and its sustainability.
- Develop a new model of relating to community physicians with appropriate contracts.
- Implement common accounting software and practices in the hospital with monthly reporting.





It is estimated that the 1994 genocide in Rwanda killed more than one million Rwandans or approximately 10 percent of the national population. Probably twice that number lost their housing and were displaced. Now, nearly eight years later, the desire for national reconciliation and development is strong and is the focus of many humanitarian agencies. AHI started operations in Rwanda in 2001.

The Mugonero Seventh-day Adventist Complex is located at a 6,000-foot elevation overlooking beautiful Lake Kivu in western Rwanda. An estimated 3,000 people were murdered in the hospital chapel during the genocide, with the memorial at the hospital entrance containing more than 5,000 bodies of people who sought safety during the fighting. Most of the physical damage to Hôpital de Mugonero and surrounding buildings has now been repaired. With a capacity of 104 beds, together with an active outpatient department and a maternal and child health center providing immunizations, prenatal care, and nutrition instruction, the hospital is well-equipped to care for the 110,000 people in the district.

In addition to the hospital and clinic, the nursing school (Ecole des Sciences Infirmieres de Mugonero [ESIM]) is a very active part of the complex. It has 500 students in a six-year program, combining three years of secondary school and three years of nursing, following the French system. These students have a tremendous desire for education and service to the country. Though the physical plant is generally adequate, there are essentially no teaching aids in the entire school. With a grant of US\$24,000 funded by Hope for Humanity, and the timely assistance of Karen Simpson, a major infusion of educational materials and the

establishment of a skills laboratory is underway. Karen's alma mater, Pacific Union College School of Nursing, has helped provide books and other materials. The 10 faculty at ESIM are eager to improve their teaching skills and reestablish their school as the premier program in the country. The principal, Osee Ndahiro, is providing strong leadership and has a vision for the school's potential.

The capital city of Kigali has doubled in population over the past few years as many people sought safety from the fighting and repercussions in the countryside. Church health services in Kigali include a dental clinic



AHI-Rwanda board members and invitees



TOTAL AREA: 26,338 sq km
Slightly smaller than Maryland

POPULATION: 7,312,756

INFANT MORTALITY RATE: 118.92 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 38.99 years

ANNUAL AVERAGE INCOME: US\$230



Patient cooking area nearing completion at Mugonero

in the Kyaciru suburb which AHI-Rwanda is expanding.

Ludy Pineda, DDS, has already been joined by Evelyn Lucas, DDS, with orthodontia skills. This clinic is financially self-sufficient and will have the capacity to provide dental services to other clinics within the country.

With the large population influx into Kigali, a request has come to establish an urban health center that can provide primary health care to the general population. Land has been provided in the Remera suburb by the Church, and an initial clinic has started in a refurb-

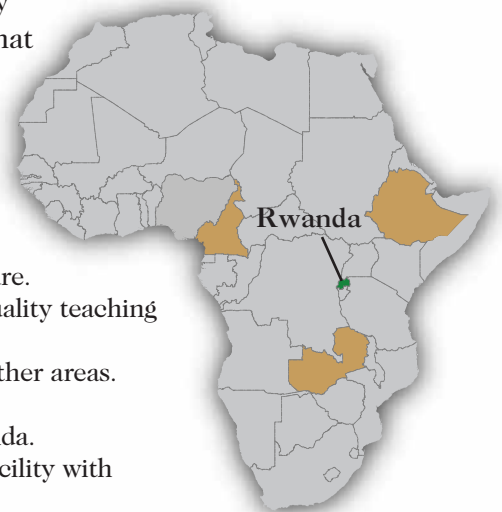
ished conference center on the property. Major external funding will be necessary to build adequate facilities, and discussions are underway with donors at this time. Venancio Ang, MD, a physician from the Philippines, has accepted the call to work in this clinic and will be arriving soon with his wife, Janet, a dentist who will join the staff at the dental clinic.

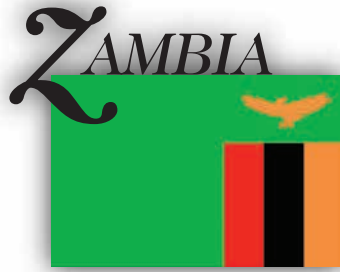
The AHI-Rwanda board has elected Esdras Mpyisi as the executive director of AHI-Rwanda. He will be assisted by Joseph Nzabamwita, MD, an ophthalmologist who has been elected medical director. The challenge of pulling these projects together in a shared management system, developing accurate and timely accounting systems for each, and solving the many challenges that arise every day is a truly monumental task, and AHI is pleased to have qualified leadership to carry this out.

2002 strategic priorities

AHI-Rwanda

- Complete the refurbishing of Mugonero Hospital.
- Obtain a DANIDA grant for upgrading Mugonero district health care.
- Establish the Ecole des Sciences Infirmieres de Mugonero with quality teaching methodologies.
- Expand the Kyaciru dental clinic and provide dental services to other areas.
- Obtain grant funding for building Remera Polyclinique.
- Consider adding Gitwe Hospital and Nursing School to AHI-Rwanda.
- Implement common accounting software and practices in each facility with monthly reporting.





Landlocked in the center of Africa, Zambia is often referred to as the warm heart of Africa. With a population of 12 million, its economy used to be built on its copper industry, but synthetics have largely destroyed that market. In addition to a struggling economy, HIV/AIDS has had a significant impact on the country. Health care is a major concern, with life expectancy at birth now plummeting to below 40 years.

Mwami Adventist Hospital was founded in 1927 in the easternmost part of the country. Its physical plant was largely rebuilt in the 1980s with U.S. government funding. The nursing school has had a strong reputation, but with both the hospital and the school heavily

dependent on local government “bed grants” that are not consistently funded, financial stability has been difficult to maintain.

There is a great need for expansion and upgrade of staff housing at Mwami. Located in a rural area, it is difficult to recruit employees unless housing is provided. Enock Chitokwa is doing an excellent job as hospital administrator, and is currently enrolled in the MPH program from LLU offered twice each year in Kenya. Ronald Ang, MD, provides valuable leadership as the medical director and surgeon.



Dr. Wiafe using operating microscope at LAEH

part of the country, and has nearly 100 beds providing invaluable service to the region. Though it has had a long history of struggles, it is currently doing well with stable leadership. It receives some local government support, as well as a Church subsidy.

The latest addition to Adventist health care in Zambia is the Lusaka Adventist Eye Hospital. This beautiful new facility on the outskirts of Lusaka has been built with funds from Christoffel Blinden Mission and International Eye Care. Bo Wiafe, MD, an ophthalmologist originally from Ghana, who previously worked at Mwami for 15 years, is head of this new facility designed to provide eyecare to an ever-widening group of individuals and institutions throughout Africa. Located on 10 acres of land, this complex includes a surgical suite with two operating microscopes, a large outpatient department, both general and private inpatient wards with a total of 40 beds, and the ability to produce eye solutions and provide glasses. The statuary at the entrance showing Christ healing the blind man is a fitting sym-

Yuka Adventist Hospital is located in Kalabo, the western



TOTAL AREA: 752,614 sq km

Slightly larger than Texas

POPULATION: 12,267,000

INFANT MORTALITY RATE: 90.89 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 37.29 years

ANNUAL AVERAGE INCOME: US\$330



bol of this new facility. Opening ceremonies took place in November, 2001, and a second ophthalmologist is currently being recruited to assist Dr. Wiafe, who is also serving as executive director of AHI-Zambia.

The final major clinic in Zambia is the Lusaka Adventist Clinic (LAC) located in downtown Lusaka. It began as a medical clinic some years ago, but has had difficulty maintaining professional staff and is currently operating on a part-time basis. Per Houmann, DDS, a dentist with years of experience in Malawi, has agreed to develop a dental practice at LAC and is expected to move to Lusaka with his family within a few months. Kelvin Sawyer will be involved in the installation of the dental equipment.



New Lusaka Adventist Eye Hospital is now open

The goal of AHI-Zambia is to develop a medical and dental practice in these temporary quarters and then eventually move to a new facility with room for expansion. In meetings with Adventist leaders, it seems likely that a growing number of professionals would practice in a multi-specialty clinic in Lusaka. This would provide a new model for Adventist health care on the continent, with community professionals committed to the Church's goals coming together to practice in an Adventist health center. The National Association of Seventh-day Adventist Dentists have already committed US\$30,000 toward the purchase of land for this planned complex.

2002 strategic priorities

AHI-Zambia

- Establish Students for International Missions Service (SIMS) program in Zambia to provide rotations at Seventh-day Adventist facilities for Zambian students.
- Reestablish the Lusaka Adventist Clinic with full medical and dental services.
- Obtain funding for additional staff housing at Mwami and Yuka Hospitals.
- Fully operationalize the new Lusaka Adventist Eye Hospital (LAEH).
- Obtain property for development of medical/dental complex near LAEH.
- Implement common accounting software and practices in each facility with monthly reporting.



*F*OCUS—KAREN SIMPSON

Karen Simpson combined a successful career as a nurse and education consultant in Scotland with raising her two children. As her children began lives of their own, she thought it would be fun to explore other cultures and offer her services to an international organization. Not sure how to start, she looked on the Internet for organizations that utilized volunteers, selected 20 with e-mail addresses, and composed a letter stating her two conditions—she could volunteer for three to five months during the Scottish winter and it had to be someplace warm.

One of those letters eventually reached Richard Hart, MD, DrPH, at LLU. Not sure what to make of a middle-aged, unsolicited volunteer wanting to work in the tropics for a few months, he decided to ask Karen for a resume. To his surprise, he discovered she had grown up in California and graduated from Pacific Union College School of Nursing. Several e-mails followed, resulting in a brief meeting with Dr. Hart and Donn Gaede in August, 2000. Karen's energy, insight, and experience were evident, and she was offered a position within AHI as consultant for the Foundation Healthcare Worker program being developed at Davis Memorial Hospital (DMH) in Guyana. She quickly put together the curriculum, teachers, and political support for the program, and began with 11 students in January, 2001. As part of the program, a learning center was established at the hospital, including a small library and computer lab. By March, the program was flourishing, with local leadership at DMH taking charge.

With her primary goal accomplished, Karen returned to Scotland. Several months later, an opportunity to assist in nursing education opened within AHI–Rwanda. Karen agreed to develop the teaching skills and upgrade the educational activities at Ecole des Sciences Infirmieres de Mugonero. Arriving in August, 2001, she began upgrading the nursing school.

Karen returned to Guyana in October, to attend the first graduation of the FHW program and lay plans for the new continuing nursing education and community health educator programs.

In February, 2002, Karen returned to Rwanda to fully implement the new teaching methodologies. Accompanying Karen was her daughter, Stephanie, who will teach English to the nursing faculty at the school's request.

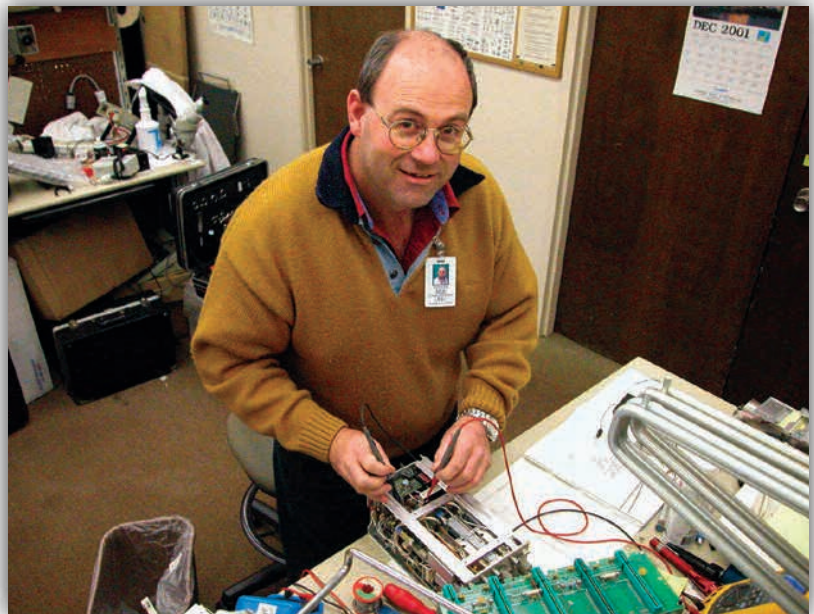
AHI salutes Karen Simpson as a truly gifted educator and manager who has now made a lasting difference in untold lives.



Karen Simpson, guide David Sibomana, and Jimmy Gillespie

FOCUS—KELVIN SAWYER

Kelvin Sawyer, an Australian with training in professional medical equipment repairs, left Loma Linda, California, on December 30, 2001, for Africa where he will be serving as a one-man director of Project Fix-it, providing major assistance to Adventist Health International institutions. He is initiating his work in Zambia. Kelvin will be filling a desperate need by providing major time and attention to repairing strategic pieces of medical equipment in hospitals and clinics under the management of AHI.



Kelvin Sawyer at work

Kelvin, a national of Australia, spent most of his life “down under.” While in Australia, he took a two-year course in mechanical engineering that was essential in preparing him for his future responsibilities. Kelvin initially served as a volunteer in Zaire, Africa. During a visit to Malamulo Hospital in Malawi, he learned of an opportunity for an individual with his qualifications at a Seventh-day Adventist health food factory in England. Kelvin worked at the factory for three and a half years, gaining valuable experience learning the multitude of tasks necessary in running a technical operation.

In 2000, after attending a meeting with Dr. Richard Hart in Toronto, Canada, Kelvin explored the possibility of working with AHI as a traveling repairman. Upon further consultations with AHI, in late 2001 arrangements were made for Kelvin to come to LLU to receive additional specialty training in the repair of biomedical equipment.

The importance of having qualified medical personnel in health facilities is great, but if these trained professionals have to work with equipment that does not operate properly, their efforts can be severely curtailed. With the assistance of a qualified person to upgrade and repair equipment, it will be possible for many additional lives to be saved in all parts of Africa.

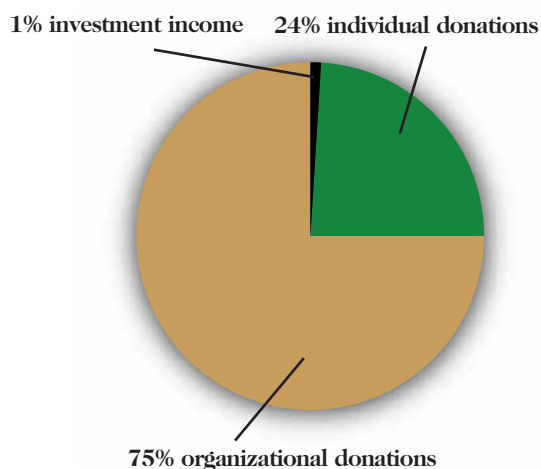
The addition of Kelvin, with his remarkable skills and commitment, has given AHI an invaluable tool to assist its institutions in regaining their effectiveness. A grant funded by Hope for Humanity will provide support to this endeavor for a period of one year, at which time additional funding will be needed to continue this valuable role within AHI, benefiting both patients and institutions.

FINANCIAL REPORT

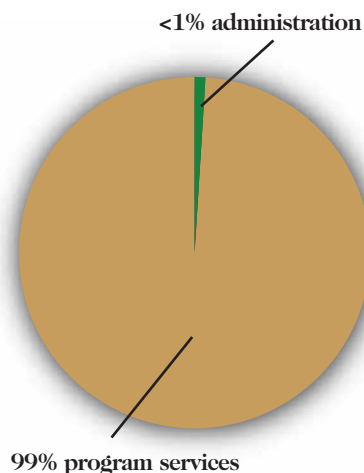
AHI puts forth tremendous effort to manage its financial resources effectively. More than 99 percent of all expenditures have been for program services, since AHI is administered entirely by volunteers. Contributions make up the majority of AHI's revenue. These come from individuals, volunteers, organizations, and foundations. Including the first six months of fiscal year 2002 (not shown), contributions to AHI have now exceeded \$1,000,000.

REVENUE AND SUPPORT

The following information is for the six months ended December 31, 2001:



EXPENSES



STATEMENTS OF ACTIVITIES (UNAUDITED)

Changes in unrestricted net assets	Year ended June 30			
	2001	2000	1999	1998
Support and revenue:				
Contributions:				
Individuals	16,600	13,322	9,000	5,000
Organizations	1,000	1,000	—	—
Total support	17,600	14,322	9,000	5,000
Interest	4,553	4,189	7,066	781
Total support and revenue	22,153	18,511	16,066	5,781
Expenses:				
International program services	98	—	531	—
Supporting services:				
General program	1,291	1,386	400	3,130
Administrative	114	466	309	—
Fundraising	—	—	—	—
Total expenses	1,503	1,852	1,240	3,130
Increase in unrestricted net assets	20,650	16,659	14,826	2,651
Changes in temporarily restricted net assets (project designated)				
Contributions:				
Individuals	138,333	130,445	76,730	69,447
Organizations	30,820	69,376	75,000	26,923
Total Support	169,153	199,821	151,730	96,370
Net assets released from restrictions and included in changes in unrestricted net assets	(200,316)	(187,006)	(94,330)	(80,266)
(Decrease) increase in temporarily restricted net assets	(31,163)	12,815	57,400	16,104
(Decrease) increase in net assets	(10,513)	29,474	72,226	18,755
Net assets, beginning of year	120,455	90,981	18,755	—
Net assets, end of year	109,942	120,455	90,981	18,755

Our work is only made possible through the generous support of individuals, organizations, and companies. We deeply appreciate and thank our partners for their continued support.

LOCAL CHURCH PARTNERS

Beltsville
Bentonville
Calimesa
Campus Hill, Loma Linda
Cedar Lake
Cedaredge
Creston
Frederick
Loma Linda Spanish
Newport
Peoria Sun Cities
Stevensville
Upper County

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Liberty Management, Inc.
LLU School of Medicine
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Benner, Clois
Bergmann, Vera M.
Bickley, Eloise M.
Bietz, Duane S.
Binder, Alma
Blanco, Jack
Bleuer, Orville Leroy
Boyles, Alton
Brust, Collette
Buchholtz, Alvin F.
Bulo, Fekadu Wakjira
Bunag Jr., Benjamin
Button, Bob
Byard, Donald R.
Calumpiano, Mila P.
Calvert, Fred L.
Camarillo, Oralia
Castro, Daniel
Chand-de Alwis, Shirani
Chapman, Ray
Chavez, Patricia
Christensen, David
Clannahan, Edward
Clarke, Stuart J.
Cook, Alvin
Cotta, Jr., Joe F.
Crawford, Denelda E.
Crow, Karen
Currie, H. C.
Cutting, Jane E.
Danner, Charles L.
Davis, M. Jerry

Delaney, Faye F.
Demissie, Amsale Berhanu
Diamond, Lloyd G.
Dick, Bonnie
Dill, Marie E.
Djernes, Michael R.
Duerksen, Rosemary
Dyjack, David Thomas
Dyke, Robert
Dysinger, Edwin Paul
Eichner, Donald O.
Eldridge, Katherine
Emert, Raine Jeanne
España, Carlos
Etchell, Georgette
Fisher, Deo Flaiz
Flaiz, Richard Allan
Flaiz, Theodore S.
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Foster, Ray Lyon
Fuller, Forrest LaVerne
Gaede, Donn Phillip
Gammada, Ephraim B.
Garcia, Gerardo
Garcia, Javier
Geleta, Samuel
Giebel, Art
Giebel, Herbert Norman
Gill, Margaret B.
Gimbel, Twyla D.
Gingrich, Richard Allen
Gleason, Jenny
Gleason, Michael J.
Gordon, Oswald
Grace, Loranne
Graham, David
Grekowicz, Amy M.
Guttschuss, Heather Ann
Hafford, Nancy J.
Hagen, Helen G.
Hagen, James R.
Hall, Donald Ray
Hamilton, Eddie B.
Haney, Arthur F.
Hannah, Steven Michael
Hansen, Kent Allen
Harris, Herbert J.
Hart, Lewis Henry
Hart, Richard Henry
Haupt, Ronald Anthony

Haus, David
Hay, J. Michael
Heath, Alice M.
Heidenreich, Cherrie Carolyn
Heidinger, Harvey E.
Henningson, Terri J.
Hermann, Walter
Hewes, Warren C.
Holt, Earline Ada
Hoover, Arlene J.
Horne, Stephen
Horning, John Hal
Houck, Duane Francis
Houmann, Carl Jorgen
Hover, Joe
Hsu, Michael F.
Huerta Jr., Antonio M.
Hunt, Genella M.
Ing, Jeffrey John
Irwin, Bernadine L.
Issa, Nadia Nicole
Jensen, Ed
Jerome, Florence A.
Jewell, Everett
Jimenez, Isabel
Johnson, Dean Russell
Johnson, Eleanor J.
Johnson, Harold S.
Justice, Polly
Kang, Joseph Inchung
Kennedy, Loella May
Ketting, Samuel
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Kincheloe, Jennifer Robin
Kincheloe, Sandra
King, Arthur N.
King, Frank D.
Knauft, Holly
Knauft, Rudolph
Kopitzke, Loretta
Kroll, Larry LeRoy
Kuhn, Leroy
Kuhn, Lloyd
Kurth, Lynne
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Lee, Robert Dale
Leftrook, Nicholas
Lewis, John E.
Lindner, Roger William
Littrell, Dorothy
Loredo, Lilia Nieto
Loredo, Samuel
Lorenz, Alisa S.
Luthas, Vernon Chin
Lytle, Eleanor
MacAlpine, Orville Duncan
Mackett, M. C. Theodore
Martella, Lawrence
Martinson, Elmer James
Mason, Jenifer Jo

Maxon, Kathy
Mayor, Raymond L.
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McCaslin, Mary M.
McLean, Orlin R.
McRae, Nancy Jane Young
Medrano, Miguel
Mejia, Ursula
Mellish, Herman Edward
Merchan, Walter
Merkel, Nathan Melvin
Miller, Nicholas Patrick
Miller, Thomas Patrick
Miracle, Max Vernon
Mittleider, Kenneth
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Moore, Thomas J.
Moreno, George
Morris, Ruth
Mowrey, Grace S.
Mullen, Thomas Noble
Neill, Kerry Lennard
Nedley, Neil Allen
Newton, Hal
Nieto, Felix S.
Nieto, Veronica
Odermatt, Aina G.
Ordelheide, Franklin Conrad
Ormsby, Gail Melva
Otten, Robert D.
Pai, Angela Misookhan
Palm, Kenneth H.
Parish, Alberta Mae
Perrin, Suzanne Elizabeth
Petersen, Floyd Fred
Petsch, Lonna K. and Daniel R.
Petty, Jeanette A.
Phillips, Dail K.
Phillips, David
Pierson, Kenneth W.
Plata, Douglas Scott
Privat, Richard
Puy, Margaret D.
Quave, Brett Tyler
Ramirez, Johnny
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Reid, Derek Bernard
Richmond, Jennifer L.
Ridgy-Finkbiner, Arline
Rigby, Katherine
Rigsby, Doty
Rigsby, Robert K.
Riva, Julia J.
Rose, Grover A.
Rose, Kenneth D.
Runge, Joyce Beatrice
Saunders, Aileen
Saxby, Doyle B.
Schafer, Donald Wilfred E.
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Schwer, Norbert
Sharley II, Harry J.
Sharley, L.C.

Shultz, Terry Dale
Sines Sr., John Allen
Smith, Dunbar Wallace
Smith Jr., Charles M.
Smith, Jacqueline Jacobs
Soule, Duane
Soule, Pia A.
Sprague, J. Howard
Srour, Margaret Leila
Standish, James
Steen Jr., Claude E.
Steen, David A.
Stevens, H. Glenn
Sukau, Petra Helga
Sundin, Peter
Swiney, Dennis L.
Taylor, Ernestine
Thomas, D. H.
Thomas, Larry Lee
Thompson, Gordon Wallace
Thompson, Lester D. R.
Thompson Jr., Ralph James
Thoreson, Heather Melissa
Tichy, Alexander
Todía, William C.
Torres, Bertha E.
Towne, Malcom W.
Trujeque, Antoinette
Urbina, Edward W.
Vaughan, Anna May
Veliz, Hilda
Verdugo, David
Von Maack, Wolfgang
Wagner, Drue O.
Waldrip, L. M.
Walton, Brad and Linda
Ward, Barbara F.
Ward, R. Ellsworth
Wat, Karen Elaine
Watson, Charles
Webb, Wanda
Wecker, Barry Herbert
Weir, Lila M.
Welker, Ruth B.
White, Arthur L.
Wical, Charles Leonard
Wilkins, Carl
Wilson, Fern
Winkler, Marilyn J.
Winters, Scott K.
Woodruff, George W.
Woods, Paul Andrew
Wresch, Robert Richard
Wright, Dolores
Wright, Lester Nils
York, Mervin B.
Zambrano, Eusebio A.
Ziebart, Karolina

AHI SUPPORTING OPPORTUNITIES

PERSONNEL NEEDS

- Internist, obstetrician/gynecologist, and dentist at Davis Memorial Hospital, Georgetown, Guyana.
- Surgeon/medical director at Gimbie Adventist Hospital, Ethiopia.
- Volunteer nursing instructors at Mugonero, Rwanda, and Mwami, Zambia.
- Ophthalmologist at Lusaka Adventist Eye Hospital, Zambia.

FUNDING NEEDS (US DOLLARS)

AHI-Cameroon

- Construct and equip a maternity and child health center in Buea. Still needed: \$40,000.
- Establish a nursing school at Cameroon Adventist University. Funds needed: \$200,000 (estimate).
- Refurbish and repair six rural health centers in Cameroon. Needed: \$60,000.

AHI-Guyana

- Purchase, ship, and install new x-ray machine. Needed: \$20,000.
- Develop new Community Health Center and diagnostic services. Needed: \$200,000.
- Construct new staff duplex at Davis Memorial Hospital. Needed: \$100,000.

AHI-Haiti

- Complete second floor of hospital building. Needed: \$100,000.
- Upgrade clinical laboratory. Needed: \$50,000.
- Develop laboratory technician training program. Needed: \$25,000.

AHI-Ethiopia

- Complete and equip new hospital building for Gimbie Adventist Hospital (GAH). Needed: \$90,000.
- Refurbish and repair rural health centers. Needed: \$40,000.
- Construct a secure perimeter surrounding the GAH land and medical facilities. Needed: \$10,000.
- Purchase 4WD extended cab pickup truck for clinic supervision. Needed: \$25,000.

AHI-Rwanda

- Refurbish and repair four rural health centers. Needed: \$40,000.
- Refurbish and expand the Kyaciru dental clinic. Needed: \$75,000.
- Develop an urban health center in Kigali. Needed: \$300,000.

AHI-Zambia

- Remodel and equip current medical/dental clinic in Lusaka. Needed: \$30,000.
- Establish mission elective program for professional students. Needed annually: \$5,000.
- Purchase land for a new medical/dental complex. Still needed: \$59,000.
- Construct a medical/dental complex in Lusaka. Needed: \$200,000 to \$300,000.
- Construct staff housing at Mwami Adventist Hospital. Needed: \$105,000.

AHI non-country specific projects

- Clinical engineering repair and testing equipment. Needed: \$22,000.



Adventist Health

INTERNATIONAL

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