

# Adventist Health

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## INTERNATIONAL



2003 ANNUAL REPORT

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# PRESIDENT'S REPORT

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As I reflect on AHI's activities and accomplishments in 2003, I can only say, "May God be praised!" It has truly been a remarkable year with several new countries coming into the family of institutions and new initiatives bearing fruit. The 11 hospitals of India are gradually being absorbed, along with Community Hospital in Trinidad. This brings the total AHI network to 26 hospitals in 10 countries, including 12 hospitals in Africa, and 3 in InterAmerica. By any standards, this is becoming a significant undertaking, improving the health-care services and spiritual witness of many professionals in these countries.

Perhaps even more exciting than this expansion is the increasing involvement of our North American partners. Adventist Health in the western United States has become a major partner in providing both funding and consultants, particularly to India. The mission fund of the Columbia Union has become a significant partner, helping in several different countries. And as reported in this Annual Report, the students at Loma Linda are demonstrating their commitment to service in greater numbers through the deferred mission appointee program.

Where will this all lead? AHI is increasingly needing to grow beyond just volunteer staff. Its financial base needs to continue to expand and stabilize. Ingathering: Hope for Humanity remains a major financial contributor, and is now a member of the AHI board through its director, Maitland di Pinto. Additional countries are requesting to join AHI, which will require even more funding and staff. The best hospital in Papua New Guinea is being offered to the Church if AHI will manage it; the struggling dental clinic in Moscow, Russia, is asking for help; and other countries in Africa and InterAmerica are seeking to join.

Probably the most significant development of 2003 has been the clear demonstration that even in the poorest countries, good management can make a hospital self-sufficient for operating expenses. This has now occurred in both Guyana and Ethiopia, our first AHI countries. In each case, solid governing boards and strong management have led to operational solvency and the ability to control their own destiny. When this state is reached, much less time is required from AHI Global for management assistance, allowing efforts to be concentrated elsewhere.

I want to thank all the AHI supporters and believers who through their prayers and contributions of time and money have made this possible. Only eternity will tell of those you have helped. May God continue to nurture this organization as it makes it possible for His love and compassion to be brought to the people of the world.



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

Front cover: A child in Ethiopia. Photo by Chandra Baier.

# TABLE OF CONTENTS

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<i>PRESIDENT'S REPORT</i>	2
<i>FEATURE—BLESSING BECOMES A CHALLENGE</i>	5
<i>FEATURE—PARTNERS IN DOING GOOD</i>	7
<i>AHI MAP</i>	12
<i>AHI LEADERSHIP</i>	19
<i>FINANCIAL REPORT</i>	20
<i>AHI SUPPORTING PARTNERS</i>	21
<i>AHI SUPPORTING OPPORTUNITIES</i>	23

## COUNTRY REPORTS

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<i>CAMEROON</i>	4
<i>ETHIOPIA</i>	6
<i>GUYANA</i>	8
<i>HAITI</i>	9
<i>INDIA*</i>	10
<i>NIGERIA</i>	14
<i>RWANDA</i>	15
<i>TCHAD</i>	16
<i>TRINIDAD</i>	17
<i>ZAMBIA</i>	18

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.

\*Country statistical information provided by The World Factbook, 2003.

# CAMEROON



**W**ith two and a half Adventist hospitals, a city dental practice, and six rural health centres, AHI-Cameroon has energetic leadership and is gradually undergoing a major transformation. Perry Burtch, DDS, and his wife, Monita, have been key to these changes. Perry provides dental leadership to the four dental practices in Yaounde and Monita Burtch, MA, is our AHI executive director for the Central African Union, including Cameroon and Tchad.

Koza and Batouri are well-established hospitals, while the “half” is Buea, currently undergoing a major building project converting it from a clinic to a full maternity hospital. This English-speaking portion of west Cameroon includes a thriving agricultural area on the slopes of Mt. Cameroon. Our clinic at Buea is led

by Rosemary Mburu, MD, an obstetrician/gynecologist from Kenya. This facility sits on a beautiful piece of property on the main road. An ingathering offering from some years ago was dedicated to upgrading this facility, but was never utilized until a plan could be prepared. This original US\$70,000 has been added to a \$15,000 grant from the Ellsworth Foundation, and the new maternity hospital is nearing completion. Its services will be greatly appreciated by the local population.

The new Universite Adventiste Cosendai in Cameroon plans to establish a nursing school on their campus, with the enthusiastic support of the central government, and have asked to work with AHI to accomplish this objective.

Their needs include buildings and faculty at the university, as well as housing and rotations for students at our AHI hospitals. This should eventually include Koza, Batouri, and Buea. It will become the fourth nursing school in AHI countries in Africa.

The dental practice in the capital city of Yaounde, is the administrative and financial engine for AHI-Cameroon. It is important for it to remain strong and adapt to the growing competition that it faces. Currently located in the lower floor of the Union offices, a new location will be necessary soon to enable expansion and more attractive facilities.



*An AHI health professionals conference in Cameroon*

# BLESSING BECOMES A CHALLENGE

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**F**or many years, around 10 percent of every School of Medicine class has spent time in mission service.

Unfortunately, the number of budgets that support these programs has gradually decreased.

During this time, the deferred mission appointee (DMA) program at Loma Linda University continued, but with only a few students applying.

In late 1995, a group of faculty at LLU became increasingly concerned about this decrease in support for missions. The loss of these mission hospitals would not only deprive the local populations of health care, but would also forever change the nature of LLU itself.

With the emergence of Adventist Health International (AHI) and other changes that have occurred, the interest in missions at LLU has burgeoned. From just a handful of DMA program participants in the past, we expect to have nearly 50 students and residents in the program this year.

This is where the blessing has turned into a challenge. The DMA program provides basic living expenses each month, with a total annual cost of more than \$500,000. We have carefully built up an endowment of around \$4 million, but that endowment needs to quickly grow to almost \$7 million to provide sufficient interest income.

Each student's tuition debt upon graduation now averages around \$150,000. The General Conference is currently amortizing half of this, though consideration is being given to amortize a flat rate of \$10,000 per year,



*Deferred mission appointees, January, 2004*

allowing those with larger debts to still participate, but with longer service obligations.

Policy calls for the local host hospital to amortize the other half of the debt. Few mission hospitals can carry this cost. Their own struggles to cover expenses and survive has kept them from recruiting LLU graduates. New funds must be raised to help with this debt amortization.

So where to from here? Our alumni are committed to LLU's collective service obligations and will want to participate in developing this system of support. Perhaps some will want to contribute to the \$10,000 per year needed to help amortize the hospital portion of each student's debt. Others may want to contribute to our DMA endowment. Still others may be willing to help AHI with hospital and clinic rehabilitation.

You are invited to consider becoming part of this support base to help maintain Loma Linda University students' options of service abroad.



**A**s one of the two original AHI countries, Ethiopia, and particularly Gimbie Adventist Hospital, has had a special place in AHI's history. Ground was originally broken for the new hospital building in 1998 with a group of SIMS students from Loma Linda and ADRA volunteers from Holland. A special dedication was held in August, 2002, and in December, 2003, the new facility was completed.

To the delight of the local community, the pride of the Adventist Church, and the satisfaction of government authorities, patients were transferred to the new wards. The attractive building, comfortable beds, and functional toilets all added to the delight of both patients and staff. The new facility has two operating theatres, a modern labor and delivery suite, both male and female wards with more privacy and amenities, and a 20-bed private wing for a higher level of care and service. The third floor is dedicated to education, with a large auditorium, smaller classrooms and offices, and six dormitory rooms.

Even more amazing is that the hospital and associated clinic have nearly paid off all old debts and finished 2003 with a small operating profit. For a rural location in one of the poorest African countries, this is truly impressive. The five clinics supervised by Gimbie have all been upgraded and are doing well. Two new clinics, at Inango and Nekemte, are nearly ready for opening. After five years, AHI's non-governmental organizational status with the Ethiopian gov-



*Chandra Baier assists a gentleman at the entrance to Gimbie*

ernment has been obtained finally, and will ease the purchase of medicines, importation of vehicles and equipment, and amortization of governmental education obligations.

Many people are to be thanked for this transformation. Chandra and Charles Baier, volunteer administrators at Gimbie; Milt and Shirley Peterman, who supervised the last of the building construction; Jesse Tabaranza, MD, and his wife, Amalia, medical director and finance officer respectively; Lejanne den Ouden, MD, tropical medicine physician from Holland; Mesfin Shimelis, MD, and Fufa Lemessa, MD, local physicians on the staff; Yohannes Mulatu; and many others, including 11 staff members studying for professional degrees, are all part of this great transformation.

Truly God is to be thanked for seeing this project through to completion, and now AHI-Ethiopia is ready for more clinic upgrades and expansion throughout the country.

# *P*ARTNERS IN DOING GOOD

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**H**earing a language one doesn't expect in an unusual place always catches your attention. In rural Ethiopia this happens nearly everyday when Chandra Baier, Gimbie Adventist Hospital administrator, and Suzy or Maty discuss the needs of some local patient in Spanish, the easiest language for them to use in communication.

It began in an inauspicious way. Two nuns from Ecuador applied for mission service and were assigned to a rural town in western Ethiopia. With minimal English skills, they learned the local dialect of Oromiya and began serving the rural poor around Gimbie. When their parishioners or others identified those needing health care, they sought assistance at the only hospital available—Gimbie Adventist Hospital. Some of these patients could not afford even the minimal fees at the hospital, requiring special arrangements between the nuns and the hospital administrator. A visiting doctor to Gimbie noted this problem and generously provided US\$2,000 to establish an assistance fund for the destitute patients referred by Maty and Suzy.

This initial fund lasted more than a year and covered many surgeries, outpatient visits, and a variety of medicines. Even more importantly the friendship between the nuns and the hospital staff grew stronger with frequent social time spent together, as well as visits to homes needing health care and comfort.

When Chandra and Charlie Baier were

back in Loma Linda during Christmas, 2003, they were invited to share this unique story with the parishioners at St. Joseph the Worker Catholic Church in Loma Linda. Showing pictures and telling the story of this remarkable partnership to each of four masses brought such an outpouring of sympathy and support from the congregation that they wanted to add to the assistance fund. A generous patron offered to match whatever donations they raised. Several Sundays later an offering was collected that totaled US\$8,000, which was then doubled to US\$16,000. These funds are now expanding the outreach of this remarkable partnership



*Suzy and Maty in Gimbie*

in Gimbie—providing critical health care to the poorest of the poor in rural Ethiopia.

Truly God must smile when he sees an American Adventist and an Ecuadorian Catholic walk hand in hand to the hut of a sick Ethiopian woman or child, bringing hope and healing.



Watching a hospital board transition from confronting insurmountable problems to managing success is extremely satisfying to observe. That transition has occurred in Guyana during the past six years. From a failing institution with unmet obligations and debt, to a thriving institution putting away funds for the future, Davis Memorial Hospital (DMH) has truly made a comeback and can be proud of the path it is now on.

Inpatients now average between 15 and 25 and outpatient services have grown considerably, with the pharmacy and clinical laboratory becoming the financial engine that is driving development. Plans are being finalized for the new Health and Diagnostic Center that will provide a model of health care for the country. Ingathering: Hope for Humanity has committed the first US\$100,000 for this new building.

Thanks must be given to the leadership of DMH for this remarkable turnaround. Bertie Henry continues to serve ably as hospital administrator. Mandy LeFleur is the matron while also completing her advanced degree in nursing. Carol Coffey provides leadership in the business office. Together with the various departmental directors, this leadership team at DMH has achieved stability and harmony with aggressive plans for the future.

Lorna Mandalupa, MD, joined DMH in 2003 as an obstetrician/gynecologist from the Philippines. Her husband, Abednigo, is directing the development activities. Karla Guerra, DDS, who recently com-

pleted the International Dentistry Program at LLU, joined in early 2004 to activate the new dental clinic. John Wilson, MD, and his wife, Heidi, are also scheduled to join the staff in 2004. John took his medical training at LLU and recently completed his family medicine residency. Heidi is a diabetes educator and will be of great assistance in the community health education programs that are being planned.

The Foundation Health Care training program is now in its fourth year, with 19 students, the largest class ever. The Continuing Education program for nurses is also establishing itself, with regular classes and growing attendance. The new Community Health Educator program is just beginning, with plans for community screening and education in diabetes, hypertension, nutrition, exercise, and heart disease. This service is critically needed in the country, where epidemic levels of these diseases are of increasing concern.



*Drs. Hart and Honore congratulate a graduate at DMH*





**F**ew countries have suffered more national conflict and unrest through the years than Haiti. Trying to provide reliable health care within this setting is a real challenge.

AHI-Haiti currently consists of Hopital Adventiste d'Haiti, located contiguous to the Universite Adventiste d'Haiti, in the capital of Port-au-Prince. These institutions receive electrical power from the national grid for only a few hours each day, maintain their own limited water system, and face unending problems with traffic, bureaucracies, supplies, and equipment repairs. Developing a commitment to quality patient care with the time and compassion necessary to truly connect with others is difficult in this setting.

Implementing the strategic plan for the hospital began in early 2003 with a team headed by Larry Goodhew working on the unfinished second floor wing of the hospital building. This wing was only roughed in when the hospital was built 25 years ago, and its completion will enable a number of changes to take place to provide more efficiency in patient services. As 2003 closes, the wing is nearly completed, waiting primarily for windows. Then the inpatients occupying the ground floor outpatient wing can be moved upstairs to this new area. With new outpatient space, a number of new services can be offered including a dental clinic and a physical therapy clinic. Pediatrics will move into the current administrative wing, closer to the other inpatient services for greater nursing efficiency. In



*The new second floor wing nearing completion*

addition to these changes, the two operating theatres are being completely refurbished, with new tile, air conditioners, surgical tables, and anesthesia machines. This will greatly assist in infection control and attract surgeons and patients back to this institution again.

The hospital's proximity to the university has led to discussions about developing a health science academic division, with programs in nursing, medical technology, dental assisting, and other disciplines. This will require more space at the hospital, both for classes and guest rooms for visiting faculty. The hospital also needs to maintain its community services, which are being limited with the completion of a child survival grant from USAID. New support for this important initiative is being sought.

Finally, there are many rural areas in Haiti without any health care. The goal of AHI-Haiti is to gradually establish a network of rural clinics that can provide an extension of its reputation for quality Christian care.



Only the United States has more Adventist hospitals than India. With 11 institutions and a variety of clinics, AHI-India is just beginning to get its arms around all the needs and potential within the country. To begin, AHI-India absorbed the Council of Seventh-day Adventist Hospitals (COSDAH) that had been functioning at the division level for some years. Ashley Isaiah and Don Bankhead gave leadership to this enterprise spanning the entire country. With the addition of Rodney Applegate, recently retired hospital administrator from Washington, AHI-India has a team of committed professionals that are developing strategic plans and management systems for each institution.

AHI-India has been particularly blessed with the support of Adventist Health, the network of Adventist hospitals in the western United States and a corporate member of AHI. Beginning with a mission offering from the corporate leadership of more than US\$16,000, another US\$25,000 was donated by Charles Denham, MD, a consultant to Adventist Health. Including additional donations, this entire amount was matched by Ingathering: Hope for Humanity to provide a total of US\$110,000 for beginning the upgrades and repairs so necessary at many of the institutions.

The Columbia Union (USA) president, Harold Lee, who is a board member of AHI, is also committed to helping India and has already provided considerable assistance to start upgrading sev-

eral of the hospitals from his Union's Mission Fund.

These institutions have names that are rich in Adventist history. Almost entirely staffed by national professionals at this time, they tell the story of sacrifice and service of so many that have gone before.

From Ranchi and Aizwal in the east to Nuzvid in the south and Simla in the north, with Ottapalam, Surat, Jalandhar, Mattison Memorial, Bangalore, Pune, and Thanjavur in between, they all represent an opportunity for service in this primarily Hindu country. Some of these places are doing well, though always with a desire for additional development. Others are in danger of closing with multiplied debts and obligations that are long past due. Many qualified Adventist professionals have "given up" on the system and sought employment elsewhere. AHI-India would like to recapture



*Nursing School Hostel in Ranchi*



**TOTAL AREA: 3,287,590 sq km**  
*Slightly more than one-third the size of the United States*  
**POPULATION: 1,049,700,118**  
**INFANT MORTALITY RATE: 59.59 deaths/1,000 live births**  
**LIFE EXPECTANCY AT BIRTH: 63.62 years**  
**ANNUAL AVERAGE INCOME: US\$350**



the confidence of those committed to Church service and provide a place where they can work and be proud of their Church once again.

On first review, the challenges are overwhelming, but AHI has adjusted to this first intimidating emotion, and has confidence that AHI-India can stabilize and realize its full potential.

Prayers and commitment will be critical. Funds will be necessary. New staff and management systems will be essential. A governance system that provides local authority and a feeling of responsibility will be important.

Leadership at each institution will need



*The dormitory at Nuzvid*

to be empowered to confront their own challenges, initiate new programs and services, develop new funding streams, and learn from experience. Scaling dreams down to realistic plans will be essential at each place.

The Southern Asia Division has committed to maintaining their current level of financial support nationally, which is around US\$100,000 annually. One by one, each hospital will be asked to set priorities and start down the long road to success. Ranchi needs to expand their nurses dormitory and build a new outpatient building, Nuzvid needs a new nurses' dormitory and numerous building repairs, Pune is ready to build a new hospital building, Thanjavur needs a new cafeteria, Jalandhar a new eye clinic, and the list goes on and on. The most critical need, however, is for committed individuals who have the vision to see the future and create success.



*A mother with her child in Nuzvid*

# AHI INSTITUTIONS



<b>Contributions to AHI*</b>	
<i>January 1 to December 31, 2003</i>	
AHI-“Global” Fund	174,707
AHI-Ethiopia	165,725
AHI-Guyana	20,000
AHI-Zambia	36,979
AHI-Rwanda	1,110
AHI-Cameroon	14,508
AHI-Haiti	100
AHI-Tehad	33,600
AHI-Nigeria	15,690
AHI-Trinidad	25
AHI-India	87,195
<b>Total</b>	<b>549,639</b>

*\*only includes funds transferred through AHI-Global*

# ACROSS THE GLOBE

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## *AHI PROJECTS*

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AHI–Global projects	174,707
AHI–African continent projects	267,612
AHI–Caribbean and West Indies areas	20,125
AHI–India projects	87,195
<b>Total contributions to AHI projects:</b>	<b>\$549,639</b>

# NIGERIA

As the most populated country in Africa, Nigeria is also a stronghold of the Adventist church and AHI. With 4 hospitals, 10 rural clinics, a nursing school, and residency program, it has many developmental challenges. Anchored by Ile-Ife Hospital, which also hosts the nursing school and postgraduate medical education program, AHI-Nigeria also includes Jengre Hospital in the Muslim dominated north, Aba Hospital in the east, and Inisha Hospital.

The Nursing School at Ile-Ife is undergoing a government mandated transition from a hospital-based diploma program to a bachelor's degree. This will increase entry requirements and add a year to the curriculum. They are now planning for this development, with many applicants waiting to enter. AHI donors, including the Ortner Trust, World Medics, and School of Nursing alumni at LLU, recently donated a 20 passenger bus to the school to transport students to their various clinical rotations.

The postgraduate medical education program at Ile-Ife is one of the boldest initiatives within the church in Africa. Greg Saunders, MD, and others recognized some years ago the need for a residency program for Adventist physicians and others that had been trained in government medical schools and wanted to transition into a Christian health-care setting. They needed advanced clinical skills, as well as grounding in the compassionate and ethical approach of Christian service. During the past eight years this program has gradually come together at Ile-Ife, and now includes an internship (housemanship) year, and a full residency in family medicine. A nice hostel on campus provides housing for residents and their families, with developing library and computing facilities and a rich diversity of clinical experiences.

Good education however, requires good facilities. This means the infrastructure at Ile and elsewhere needs to continue its development to provide the best practices. Ingathering: Hope for Humanity provided US\$55,000 to begin the long process of facility upgrades throughout AHI-Nigeria institutions. This has provided a ramp access to the private ward at Ile-Ife and upgraded their water system, expanded clinical support services at Jengre, and purchased equipment at Aba. There is still much to do, but the beginning is underway. This giant of a country is destined to provide leadership to the great African continent, and AHI expects our institutions in Nigeria to anchor this transformation.



*Ile-Ife School of Nursing's new bus*



**T**he genocide of 1994 left Rwanda with few health professionals. It is estimated that as many as 800,000 people were killed in the spring of 1994 and many more fled the country. It is against this backdrop that the country and AHI must build a cadre of professionals that can provide health services at our various institutions.

Several significant milestones were accomplished this year. The Kayciru Dental Clinic in the capital of Kigali completed paying off major debt. The Mugonero Nursing School also cleared out nearly all of its previous debt to the church and government. One of the goals of AHI is to get each institution debt free so any operational profits can be invested in upgrading the infrastructure, including buildings, equipment, and staffing. Rwanda is now poised for this next step, with Joseph Nzabamwita, MD, providing national leadership for our developing health-care system.

Mugonero Hospital with its associated Nursing School remains the premier Adventist institution in the country. Its infrastructure is largely repaired and functioning well. Additional housing is needed as the staff starts to expand. Mark Ranzinger, MD, MPH, continues as medical director of the hospital. Both Kamali Kamisa, the administrator, and Mark Habineza, MD, our national physician, are pursuing master's degrees on a part time basis and will bring added leadership skills to the institution.



*Janet Ang, DDS, and her husband, Ven Ang, MD, at their home*

Ose'e M. Ndahiro is principal of the Secondary and Nursing School. This six-year educational program follows the French model, with three years of secondary school and three years of nursing. It now has more than 400 students, with many others seeking advanced education. Providing quality clinical rotations for each student is the biggest challenge.

Marvin Gottschall, DDS, and his wife, Beth, will be arriving in 2004 to be the third dentist at the Kayciru clinic. This upscale practice remains one of the best in the country and is the financial engine for AHI activities.

The Polyclinique Adventiste Kigali is headed by Ven Ang, MD, working alongside Uzziel Kubwimana, MD, and is gradually improving its facilities and adding services. This urban health center is in a suburb of Kigali, providing primary care to many in the capital.



**T**chad was officially voted into the family of AHI countries in April, 2003, at the request of the Central African Union, whose primary country—Cameroon—had already joined AHI. Bere Hospital in southern Tchad was ready to begin the long process of development. It is truly an “end-of-the-road” facility, located in a rural African village, yet serving the entire district of 140,000 people. The World Bank had awarded the Tchadian government funds to develop selected facilities in the country, and Bere Hospital was added to this list. It will eventually receive more than US\$1 million in funds for building improvements, equipment, staff support, medicines, etc. But this requires a 25 percent match from AHI to fulfill our obligations.

Knowing unflappable leadership was key for this initiative, the search began for a medical director. James Appel, MD, a 2000 LLU graduate and deferred mission appointee, was invited to Tchad to assess the situation.

Additional leadership came in the form of Sarah Anderson, a Danish nurse who contacted AHI looking for a challenge. She had been on short-term mission trips to Ethiopia and Peru where she learned of AHI. She arrived at Bere in November, 2003. James arrived in early January, 2004, and the development process began. It is truly expected to be a glorious story of God’s leading in a very challenging situation.

The following is a portion of Dr. Appel’s letter to friends as he prepared to leave:

“This is it, my last night in the United States. I have mixed feelings. First of all, I’m scared. Moving permanently to a new country is a new experience, but ready or not, here I come.

Second of all, I’m excited. My whole life God has been preparing me for this. From hearing stories of my dad and grandpa growing up in India and China to living in Ecuador and Brazil to getting into medical school at the last possible minute to being sent to a res-

idency in family practice. It has all given me the best training possible for working in a country like Tchad. This is the beginning....

What will the future hold? There are so many unknowns. All I know is I’ll be challenged like never before in my life: professionally, culturally, linguistically, mentally, socially, surfllessly....

I know that no matter what happens to me, my life will have been lived the way it was supposed to be lived and that I have a future beyond this life waiting for me at the end...I’m ready for my mission...Pray for me....” James.



*James Appel, MD; Sarah Anderson, RN; and Paul Kim*





**C**ommunity Hospital in Port-of-Spain, Trinidad, has a glorious history reflecting the contributions of many through the years. Located on prime property overlooking the beach on this tropical island, it has also been a refuge of hope for many patients and their families. Because of this history, its financial decline and cloudy future have been of particular concern to many throughout the past few years.

When AHI was asked to become involved with Community Hospital in 2003, the hospital had already been sold to cover its mounting debt. Local church members refused to accept that decision, however, and with the help of the South Caribbean Conference, the sale was canceled and the hospital was reopened. The debt and challenges remained, however, and it was clear that considerable effort was needed to bring solvency and respect back to the institution.

Two individuals humbly stepped up to this challenge—Richard Spann, MD, and Cuthbert Arthur, MD. Dr. Spann grew up in Trinidad, but took his medical education and specialty training in neurosurgery in England. He voluntarily returned to his homeland, without salary, to dedicate his considerable surgical and administrative skills to stabilizing the institution. Dr. Arthur had served for many years at Community Hospital after graduating from LLU. He returned out of retirement and is providing the benefit of his considerable reputation to help resurrect the hospital.

The year 2003 will be seen as the watershed year for Community Hospital. With



*An introductory dialysis class for hospital staff*

mounting debt, the hospital committed to developing new services that would reposition itself as a leader on the island. These new programs gradually came on-line during late 2003 and early 2004, including a four-bed intensive care unit, a five-station dialysis unit, and an MRI unit.

Together with Dr. Spann's growing reputation and negotiating skills, these new services have attracted many patients and service contracts with the national government. A debt management plan is being developed to bring the hospital back into full solvency and the ability to plan its future with security.

Though there are still many challenges ahead for AHI-Trinidad, their new board is confident of victory and deeply appreciative of the staff that have dedicated themselves to this institution. With its network of three clinics on the island and a small sister hospital in Tobago, AHI-Trinidad is making bold plans for the future.



**A**HI-Zambia is one of the larger health-care networks within Africa. Anchored by the new Lusaka Eye Hospital in the capital city, it includes Mwami Hospital in the northeast, and Yuka Hospital in the far west. With a growing number of Adventist health professionals clustered in Lusaka, the desire to

room for three more. At the end of 2003, Mike and Andrea Stafford arrived with their new baby to open the clinic and offer quality dental care to the city. Mike finished his DDS degree from LLU in June, 2003, and has been on the DMA program.

Establishing this dental clinic in Lusaka completes the first phase of AHI's goals for the country. City dental practices usually become profitable and are able to provide funds for sister institutions in the country. This clinic is expected to become the financial engine for upgrading other health-care institutions within AHI-Zambia. It will also establish dental care within our growing Lusaka compound and help AHI determine if this is an appropriate location for a multi-specialty clinic. The dream is to create a shared practice setting where local Adventist professionals can participate in a specialty practice that can support themselves while being part of a self-supporting Adventist health-care complex.



*The new Lusaka Dental Clinic*

have a multispecialty clinic there has been voiced by many. It was decided to begin with a dental clinic and grow from there.

With support from Ingathering: Hope for Humanity and the National Association of Seventh-day Adventist Dentists (NASDAD), a large home and five acres of land was purchased next to the hospital.

With local contractors and the help of Jim Redfield from Loma Linda, the house was converted into an attractive dental clinic, with three complete operatories and

2004 is expected to see major advances within AHI-Zambia. Eustace Penniecook, MD, a graduate of Montemorelos University, and his wife, are arriving as the third ophthalmologist at the Eye Hospital. Bo Wiafe, MD, has indicated his desire to return to Ghana at the end of 2005, after 20 years of service. He will leave an important legacy behind with the new Eye Hospital, and AHI is pleased to begin the transition with the arrival of Dr. Penniecook.

# AHI LEADERSHIP

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**T**hose interested in keeping up to date on AHI activities throughout the year are encouraged to visit our webpage at <[www.adventisthealthinternational.org](http://www.adventisthealthinternational.org)>. Those who would like to receive monthly reports directly should provide their e-mail address to AHI through the website or to <[rhart@llu.edu](mailto:rhart@llu.edu)>. *Thank you for your interest.*

## BOARD MEMBERS

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Lowell C. Cooper, MDIV, MPH, *board chair*  
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B. Lyn Behrens, MBBS  
Mardian Blair, MA, MSHA  
Larry Dodds, MBA  
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Harold L. Lee, DMin  
Juan R. Prestol, MBA  
Donald G. Pursley, DBA  
Charles C. Sandefur Jr., MDIV

## REGIONAL VICE PRESIDENTS

---

Rodney Applegate, MA  
*Southern Asia Division*

Alexio Llaguno, MD  
*Southern-Indian Ocean Division*

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

George Sanz, MD  
*Central Africa Division*

Fesaha Tsegaye, MD, MPH  
*Central Africa Division*

## AHI HEADQUARTERS

---

Loma Linda University  
Magan Hall, Room 111  
Loma Linda, California 92350  
(909) 558-4540  
E-mail: [ahi@llu.edu](mailto:ahi@llu.edu)  
[www.adventisthealthinternational.org](http://www.adventisthealthinternational.org)

## MANAGEMENT TEAM

---

*President*  
Richard H. Hart, MD, DRPH

*Chief financial officer*  
Llewellyn L. Mowery Jr., CPA

*Secretary*  
Donn P. Gaede, MPH

*Dental services*  
James M. Crawford, DDS, MPH  
Quint P. Nicola, DDS

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

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

*Facility/construction and maintenance*  
Kenneth J. Breyer, ME

*Financial management*  
Daniel E. Fontoura, MPPM

*Legal services*  
Kent A. Hansen, JD

*Nursing services*  
Jan Zumwalt, RN, MS, MBA  
Dolores J. Wright, DNSc, RN

*Philanthropic services*  
Albin H. Grohar, PhD  
Eric Rajah

*Tropical medicine electives*  
Larry Thomas, MD, DTM&H

# *F*INANCIAL REPORT

*The reporting period was changed from a year ending June 30 to a year ending December 31.*

Statements of financial position (unaudited)		
	12/31/03	6/30/03
<b>Assets</b>		
Cash and cash equivalents	\$ 305,010	\$ 55,118
Grants receivable	-	162,000
Property and equipment, net	14,512	16,690
<b>Total assets</b>	<b>\$ 319,522</b>	<b>\$233,808</b>
<b>Liabilities and net assets</b>		
Accounts payable & accrued liabilities	\$ 1,739	\$ 1,828
Due to affiliate	100,975	110,381
<b>Total liabilities</b>	<b>102,714</b>	<b>112,209</b>
<b>Net assets:</b>		
Unrestricted	26,876	(61,589)
Temporarily restricted	189,932	183,188
<b>Total net assets</b>	<b>216,808</b>	<b>121,599</b>
<b>Total liabilities and net assets</b>	<b>\$ 319,522</b>	<b>\$233,808</b>

Statements of activities (unaudited)			
	Unrestricted	Temporarily Restricted	Total
	Year ended December 31, 2003		
<b>Support and revenue:</b>			
Contributions (including restricted grants of \$321,386):	\$ 88,241	\$ 461,398	\$ 549,639
Net assets released from restrictions for program services	362,133	(362,133)	-
Interest	12,746	1,840	14,586
<b>Total support and revenue</b>	<b>463,120</b>	<b>101,105</b>	<b>564,225</b>
<b>Expenses:</b>			
International programs	476,977	-	476,977
General and administrative	31,027	-	31,027
Fundraising	175	-	175
<b>Total expenses</b>	<b>508,179</b>	<b>-</b>	<b>508,179</b>
<b>Change in net assets</b>	<b>(45,059)</b>	<b>101,105</b>	<b>56,046</b>
<b>Net assets at January 1, 2003</b>	<b>71,935</b>	<b>88,827</b>	<b>160,762</b>
<b>Net assets at December 31, 2003</b>	<b>\$ 26,876</b>	<b>\$ 189,932</b>	<b>\$ 216,808</b>

Year ended June 30, 2003			
	Unrestricted	Temporarily Restricted	Total
<b>Support and revenue:</b>			
Contributions (including restricted grants of \$470,000):	\$ 74,067	\$ 559,644	\$ 633,711
Net assets released from restrictions for program services	395,614	(395,614)	-
Interest	14,978	2,297	17,275
<b>Total support and revenue</b>	<b>484,659</b>	<b>166,327</b>	<b>650,986</b>
<b>Expenses:</b>			
International programs	531,343	-	531,343
General and administrative	27,751	-	27,751
Fundraising	-	-	-
<b>Total expenses</b>	<b>559,579</b>	<b>-</b>	<b>559,579</b>
<b>Change in net assets</b>	<b>(74,920)</b>	<b>166,327</b>	<b>91,407</b>
<b>Net assets at July 1, 2002</b>	<b>13,331</b>	<b>16,861</b>	<b>30,192</b>
<b>Net assets at June 30, 2003</b>	<b>\$(61,589)</b>	<b>\$ 183,188</b>	<b>\$ 121,599</b>

*Adventist Health International is a nonprofit corporation as described in Section 501(c) 3 of the Internal Revenue Code. Donations are tax-deductible for income tax purposes.*

# AHI SUPPORTING PARTNERS

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

## LOCAL CHURCH PARTNERS

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Cedar Lake Seventh-day  
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Adventist Church  
Peakland Baptist Church  
Richmond Hill Seventh-day  
Adventist Church  
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Adventist Church

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Adventist Health Corporate  
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Angels Camp Community  
Services  
Cars 4 Causes  
Fourth Angel  
General Conference Trust  
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Ingathering: Hope for  
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*A child in Ethiopia*

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Bouland, Heber D.  
Boyatt, C. Edward  
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Butler, Daniel A.  
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Caan-Campos, Wilma  
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Condon, Stanley Charles  
Crane, Marilyn C. Turner  
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Crawford, James M.  
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Flaiz, Richard Allan  
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Hannah, Steven Michael  
Hansen, Kent Allen  
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Haus, David  
Herrmann, Marilyn Jane  
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Johnson, Walter  
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Kneller, Mervin  
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Mamora, Alfritz  
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McRae, Nancy Jane Young  
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Merkel, Nathan M.  
Miller, Frances P.  
Moon, Edward Toby

Moon, Jeanene L.  
Moore Jr., P. J.  
Morrison, Amzel  
Murray, Milton  
Neall, Kerry Lennard  
Odermatt, Aina G.  
Otis, Carolyn  
Perkins, Curtis  
Pierson, Kenneth W.  
Piper, Eleanor Rittenbach  
Piper, Edward L.  
Prell, Mark  
Price, Robert  
Redfield, James W.  
Ridgy-Finkbiner, Arline  
Rigutto, Lois Ritchie  
Rose, Grover A.  
Rose, Kenneth D.  
Roth, Daniel A.  
Saunders, N. Aileen  
Saunders, Victoria Anne  
Saxby, Doyle B.  
Schneider, Connie Best  
Schwer, Norbert  
Seeger, Melinda Ann  
Singer, James A.  
Sommer, Kirk  
Steen Jr., Claude E.  
Stevenson, Linda  
Sundin, Peter W.  
Thomas, Larry Lee  
Thompson Jr., Ralph James  
Tolmie, Johan  
Tomano, Vivian  
Van Cleve, Lois  
Von Maack, Wolfgang  
Watley, Thelma  
Watson, Charles  
Weismeyer, Helen I.  
Werner, Llewellyn  
White, Ken  
Wical, Joy  
Wicklund, Joyce Ann  
Williams, Joseph Henry  
Wong, Lily  
Wright, Dolores  
Xia, Elaine  
Zambrano, Eusebio A.  
Zumwalt, Janice R.



*The refurbished operating room in Haiti*

# AHI SUPPORTING OPPORTUNITIES

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## 2004 FUNDING NEEDS (US DOLLARS)

[*Italics* indicate funds already raised, **bold** indicates funds needed]

### *AHI-General*

- Project Fixit (provides support for traveling technician to repair equipment)—**\$50,000**.
- Accounting (travel support for experts to establish accounting systems)—**\$20,000**.
- Travel support for board meeting attendance—**\$15,000**.

### *AHI-Cameroon*

- *Completed:* Hospital at Buea.
- *Needed:* Maternity hospital at Buea (\$25,000), Upgrade Koza Hospital, (\$30,000)—**\$55,000**.

### *AHI-Guyana*

- *Completed:* Davis Memorial Hospital (DMH) operationally solvent with expanded pharmacy and new dental clinic.
- *Needed:* New Health and Diagnostic Center at DMH, *\$100,000*—**\$400,000**.

### *AHI-Haiti*

- *Completed:* New wing of hospital, refurbished surgical center.
- *Needed:* Upgrading of dental and physical therapy clinics, patient wards, surgical equipment, and larger generator, *\$38,000*—**\$100,000**.

### *AHI-India*

- *Needed:* Ranchi Hospital—Expand dorm space from 20 to 60 nursing students—**\$193,000**.
- *Needed:* Pune Hospital—Finalize plans and begin fundraising for new hospital. Est—**\$2 million**.
- *Needed:* Nuzvid (Giffard Memorial) Hospital—Rebuild nurses dormitory, *\$40,000*—**\$80,000**.

### *AHI-Ethiopia*

- *Completed:* New hospital and seven satellite clinics fully operational.
- *Needed:* Upgrade three more satellite clinics and complete nutrition unit—**\$15,000**.

### *AHI-Nigeria*

- *Completed:* Private wards established at Ile-Ife and Jengre; new ultrasound for Aba.
- *Needed:* Continue upgrades of Ile-Ife, Jengre, and Aba Hospitals—**\$55,000**.

### *AHI-Rwanda*

- *Completed:* Long-term debts resolved. Mugonero Hospital fully operational.
- *Needed:* Upgrade Polyclinique Adventiste Kigali (\$60,000) and six rural health centres (\$10,000 each)—**\$120,000**.

### *AHI-Tchad*

- *Needed:* Construct perimeter fence (\$18,000) and two staff houses (\$50,000), *\$30,000*—**\$38,000**.

### *AHI-Trinidad*

- *Needed:* Complete development of new hospital services, including ICU, MRI, dialysis unit—**\$120,000**.

### *AHI-Zambia*

- *Completed:* New dental clinic.
- *Needed:* Purchase land for staff housing complex in Lusaka—**\$50,000**.

*Back cover: An Ethiopian woman. Photo by Kim Osborne*



## **Adventist Health**

INTERNATIONAL

*LOMA LINDA UNIVERSITY*

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