

# Adventist Health

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# INTERNATIONAL



2005 ANNUAL REPORT

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# PRESIDENT'S REPORT

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What a year 2005 has been! Completion of several major building projects...adding two new countries with five major institutions and 24 clinics...being blessed with nearly \$1 million in donations...expanding AHI's network of involvement...important new initiatives...but let me start at the beginning.

In keeping with AHI's commitment to health professional education, three new nurse's dormitories were built this year—at Giffard Memorial Hospital in Nuzvid, India; at Gimbie Adventist Hospital in western Ethiopia; and at Ile-Ife Hospital in Nigeria. This completed a long-term commitment at Giffard and enabled the nursing students to have a modern residence hall of their own. At Gimbie, this is the first step toward a new nursing school, meeting the government and Seventh-day Adventist Church's desire for more training opportunities.

The new countries joining AHI in 2005 were Malawi in central Africa and Venezuela in South America. Malawi has one of the Church's oldest institutions, Malamulo Hospital, which celebrated its centennial anniversary several years ago. Together with Blantyre Adventist Hospital, Lilongwe Adventist Clinic, and 18 rural health centers, Malawi has long been host to some of our best institutions. Venezuela has a major medical and dental clinic in a crowded three-story building in Caracas, and a small hospital in the industrial city of Barquisimeto, located in an old three-story house.

You will see that this annual report for 2005 varies from our usual format. We have condensed the reports on each country and have emphasized more of the special projects that are part of AHI. This includes two new special donor opportunities to help with malaria prevention and caring for the sick children who come to us each day. We also talk more about the most important part of this organization, its people, now nearly 3,000 strong around the world. They are the ones who make AHI happen and live out God's love every day.

And you, our donors, are the ones who have made all of this possible. With increasing interest and support from individuals, churches, and organizations, AHI has been able to strengthen its institutions, expand its influence, and reach millions of people with health and compassion. Thank you. May God continue to bless our collective efforts to bring hope and healing to many.



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

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Adventist Health International (AHI) is a multinational, nonprofit corporation with headquarters in 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 that 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.

# CHILDREN'S CHARITY FUND

**T**here is nothing that tears at the heart more than the pitiful look of a sick child, unable to understand what is happening. This is compounded even more when families are torn with the awful decision of paying for care for one sick child versus feeding the other children at home. Most of our hospitals are operating in countries where these kinds of decisions are faced every day.

Many would say this kind of choice is impossible or unfair. While we agree, it is reality, and most of our staff face it every day. For those who have seen the Ethiopia/Gimbie DVD that was distributed last year, there is a solution that works well. And that is developing a Children's Charity Fund at each institution. Just a few dollars, used wisely, can often keep a family from taking a child home prematurely or from avoiding a procedure that might save his or her life. At Gimbie, even a few thousand dollars annually were able to save many children. This also avoided these gut-wrenching decisions faced by the staff and actually helped the hospital's bottom line with the ability to cover costs when a family is unable to pay.

Managing a fund of this type is very difficult, since many families can legitimately claim difficulty in paying for necessary care. Each country and area has different ways to determine real need, often with the help of local village leaders, who can



*The Children's Charity Fund would benefit children across AHI*

help screen out those who are truly unable to pay.

Our goal is to develop an AHI Children's Charity Fund (CCF) that can serve all of our institutions. Each hospital has been asked to develop criteria for administering the fund to maximize its benefit and leverage. Only when these criteria have been reviewed and accepted will that individual hospital or clinic receive access to the CCF. Central criteria will also be developed to determine each country's relative need.

We are inviting our donors to consider making a large donation to this fund. We believe it is one of the most equitable ways to support our institutions while caring for some of the most needy of God's children. Thank you, and may God's hand of love and mercy rest upon these children.



# MOSQUITO BED NET PROGRAM

**T**hroughout the past decade, the World Health Organization has begun talking about the BIG 3. They are referring to the three major infections that kill millions each year—HIV/AIDS, tuberculosis (TB), and malaria. With the spread of HIV/AIDS and its impact on the immune system, many people become more susceptible to TB and malaria. We are also facing increasing drug resistance for both TB and malaria infections. All of these issues have merged to make these three diseases a modern-day scourge killing millions of children and adults.

That is the bad news. The good news is there is something that can be done to help, and AHI is working on several fronts. We are already involved in HIV/AIDS prevention and treatment. A particular emphasis is on preventing the spread of the virus from a pregnant

mother to her unborn or newborn child. Grant money has enabled us to start programs at a number of our institutions.

Another exciting advance of appropriate technology in recent years has been the innovation of impregnating bed nets with long-acting insecticides. Mosquitoes are able to sense small concentrations of carbon dioxide that we exhale as we sleep. They track this through the house and finally find us to bite, get a blood meal, and unfortunately infect us with malaria.

Traditional bed nets provide some protection for those sleeping under them, but mosquitoes still find exposed limbs, holes in the net, or other family members to do their damage.

With impregnated bed nets, the mosquitoes land on the net as they follow the carbon dioxide trail, and the insecticide is absorbed through their foot pads to kill

them. This not only protects those sleeping under the net, but because it kills off mosquitoes, it protects other family members sleeping in the vicinity. These nets remain potent for up to four years, and are usually large enough for a number of adults and children to sleep under.

A Students for International Mission Service (SIMS) group from Loma Linda took this idea to Cameroon during Christmas break 2005. They raised \$27,000 in Loma Linda to buy bed nets at \$6 each in

*Please turn to page 10*



*An insecticide-treated bed net in Cameroon*



One of the smallest countries of Africa, Malawi has long been a favorite of Church workers because of its warmth and potential. Malamulo Hospital was one of the first mission hospitals built by the Adventist Church, way back in 1902. Many fascinating stories have come out of Malamulo through the years, including some of those from Josephine Cunningham Edwards' books.

Later, a medical and dental clinic was established in Blantyre when it was the economic and political center of the country. When Lilongwe was declared the new national capital, a medical and dental clinic was also established there.

In addition to these main centers, the Church in Malawi has been blessed with many rural health centers, where nurses and medical assistants, usually graduates from Malamulo, provide the first line of health care. There are now 18 of these

clinics in various communities around the country, where they often anchor a local church.

The Malawi Union, with concurrence from the Southern Africa–Indian Ocean Division, asked to join AHI in 2005. A preliminary assessment visit in September of that year confirmed that the Church was at risk of losing some of these major institutions without upgrading. New competitors, decaying buildings, broken equipment, and demoralized staff—the usual mix of troubles—were plaguing Malamulo. Even Blantyre Adventist Hospital, which had been thriving over the past few years, was starting to lose its market edge, partly because it was not able to retain the level of specialist physicians this population had come to expect.

With these challenges firmly in mind, the AHI board voted to add Malawi to AHI at its December meeting, joining with the Church in its struggle to not only maintain but grow these historical institutions.

After the initial assessment visit, a strategic plan began to take place, a board was selected, and Don Pursley, DBA, recently retired CFO from Loma Linda University Medical Center, agreed to chair the board. An initial grant was funded from the Ellsworth Foundation for \$10,000 to start upgrading the rural health centers, many of which need building repairs and basic equipment.

*Please turn to page 10*



*Malamulo administrators pose for a picture*

# VENEZUELA



**O**n the northern shores of South America, Venezuela looms large in the course of history. Its discovery of oil some decades ago has given it considerable political and economic influence. Though geographically in South America, the countries bordering the Caribbean, including Colombia on the west and Guyana on the east, are part of the Inter-American Division of the Adventist Church.

Venezuela has two main health care institutions. In the capital of Caracas, there is a bustling medical and dental clinic crowded into a three-story office building on a busy downtown street. This facility maximizes the use of every corner, with offices in broom closets and an employee lounge on the roof. It employs a number of doctors, dentists, and support personnel in a practice setting that includes a CT scan, fully functional laboratory, and a number of different specialists. It is led by Fanny Fleitas, MD, a pediatrician who retired from administration in the government health service.

About an hour's flight to the west is the industrial city of Barquisimeto. There, a small group of Adventist professionals, most with busy practices of their own, decided to begin an Adventist hospital. They obtained an old three-story house and converted it into patient rooms, a small crowded operating theatre, laboratory, x-ray, and all the other services necessary to run a fully functioning hospital.



*Ken Breyer inspects the new construction effort at Barquisimeto*

Led by Daniel Gonzales, MD, as a surgeon and his wife, Crucita Cruz de Gonzalez, DDS, as a dentist, they quickly developed a reputation for excellence. But as the years went by, it was clear that they needed to expand if they were going to maintain their reputation. Other facilities were coming into the city with modern equipment and more spacious facilities. With funds from a 13th Sabbath offering 15 years ago, they purchased land next door and started building a new modern four-story building. Unfortunately, Venezuela's high inflation rate and currency devaluation depleted their funds after only a shell of a building had been constructed. This concrete framework has now sat empty for 12 years, exposed to the weather and being an embarrassment to the Church and those who put their professional careers into this dream.

At the request of the Venezuela Union  
*Please turn to page 10*



# ESSENTIAL EDUCATIONAL PROGRAMS

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A fundamental part of AHI's strategy is to develop educational programs serving each member country. This is not only operationally important, since professional staff are always in demand, but also developmentally important as economies grow and the Church seeks to provide opportunities for its young people. The education of health professionals is becoming a huge growth industry around the world, as more and more countries recognize the need for professional staff in their health care institutions. This is certainly true of the 100 Adventist colleges and universities around the world, many of which want to start programs of their own.

Within this context, AHI has made a strong commitment to strengthen and expand all appropriate educational programs within its own or affiliated institu-

tions. Nursing in particular is facing a world-wide shortage of graduates, creating demand and opportunities in every country.

Within AHI countries there are now four schools of nursing in Africa and four in India. Many governments are now requiring these schools to upgrade to the bachelor's level, with additional requirements for qualified teachers, laboratories, clinical affiliations, and other amenities that have been difficult for some of our institutions to meet. Because of this, for instance, the nursing school at Mugonero Hospital in Rwanda has had to temporarily reclassify itself as a "science" secondary school while it upgrades its staff and facilities. Our hope is to return it to a full A1 level school, following the local designation, in two years.

A new school was started this year at the Adventist university in Cameroon, and plans are underway to open a new school

at Gimbie Adventist Hospital in Ethiopia in October. New dormitories for nursing students were dedicated in November at Giffard Memorial Hospital in India, and are nearly ready at Ile-Ife Hospital in Nigeria and at Gimbie.

In addition to nursing, AHI is also pleased to be involved with several other training programs. Malamulo Hospital in Malawi has strong training programs for medical



*The new nursing student dormitory at Ile-Ife, Nigeria*



assistants, who become the backbone of rural health centers as well as various clinical services in hospitals. It also has one of the best laboratory technology training programs in Africa, sending graduates to many other countries. These programs are why Malamulo Hospital is so important to maintain, since well-functioning hospitals are essential for good training experiences.

Another phenomenon is happening around the world. Many Adventist students are finishing secondary school and their university degrees and are going into medical school. There are an estimated 500 Adventist students taking medicine in the government medical schools in Africa alone. But most of these students have never been inside an Adventist hospital and have little concept of spiritual care and compassion.

AHI has started clinical rotations in some of our hospitals so these students can at least see the Church-owned hospitals in their own country. But once young doctors step out of government service and come to work for the Church, they rarely have an opportunity for advanced training in any specialty. The family medicine program at Ile-Ife Hospital in Nigeria is the only residency program in any of our 12 AHI countries. One of AHI's desires is to develop several other hospitals in Africa, along with several in India and Inter-America, that can provide specialty training for our young physicians.



*The family medicine program staff at Ile-Ife, Nigeria*

Another change taking place here at Loma Linda will facilitate this strategy. Many of our students wanting to serve abroad go into specialties that are difficult to utilize in most of our traditional hospitals—areas like psychiatry, radiology, ophthalmology, anesthesiology, and cardiology. While there are certainly needs for these skills, most of our institutions do not have the infrastructure to adequately support specialists with these qualifications.

But if we developed a few larger teaching hospitals, the specialists could then serve abroad and in turn, offer residency training to our young national doctors, allowing them to stay in Church employment. It is our hope to mature these dreams over the next several years and add this component to the preparation of health professionals for the world Church.

## *M*ALAWI, CONTINUED

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*From page 6...*

The Lilongwe Adventist Clinic is the economic powerhouse of these institutions, and it will serve as a model for providing cost-effective services. Kirby Kasinja, the successful administrator from Lilongwe, has agreed to transfer to Blantyre to revitalize that institution. Common purchasing of drugs, repairing and replacing equip-

ment through Project Fixit, and other proven AHI strategies are expected to gradually bring all of Malawi's Adventist health institutions back to their former days of service excellence.

Malamulo's strong reputation for graduating some of the best nurses, medical assistants, and laboratory technologists in the entire continent.

## *V*ENEZUELA, CONTINUED

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*From page 7...*

and the Inter-American Division, an AHI assessment team, including engineers, visited Barquisimeto in November. The local staff, now led by Marybellys Garcia Mirilis and Ismael Nuñez as the hospital administrators, has already completed a small portion of the new building for a modern imaging center. The rest of the structure was deemed sturdy, and with some modification to allow for income-generating activities to be completed first, architectural plans are ready.

This initial phase will cost nearly \$1 mil-

lion, and it will then provide the group in Barquisimeto with the earning capacity to complete the rest of the building. With its completion, Venezuela Adventist Hospital will truly be worthy of its name.

Venezuela joins Guyana, Haiti, and Trinidad as AHI countries in this vibrant division of the world. This hospital building is one of the biggest financial challenges AHI has undertaken and only God will see it through. But His leading has given us courage and we invite your participation in this wonderful opportunity.

## *B*ED NET, CONTINUED

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*From page 5...*

Cameroon. They held a health fair at Batouri Adventist Hospital, and after screening and educating thousands who came on different health issues, they gave each family a bed net. This simple gift will save many lives in this area during the next few years.

Based on this experience, AHI would like to offer our donors the opportunity to support a bed net project for each of our

22 hospitals in malaria-risk areas. Our goal is to be able to give an insecticide-impregnated bed net to every mother who delivers a baby at an AHI facility, thus protecting her and her children for several years. Join with us in this exciting opportunity. We are identifying sources for these special bed nets in each country and will stock our hospitals with this valuable weapon against malaria.

# TURNING AROUND IN TRINIDAD

**W**hen AHI agreed to take on Trinidad with its Community Hospital in Port of Spain and three clinics in Trinidad and Tobago, many had serious questions whether this was too much and too far gone. The hospital was embroiled in a difficult struggle within the Church for control of its assets, and many had concluded that the best strategy was to sell the facility to pay off back debts. It was with much prayer that Adventist Health International agreed to assemble a board and develop a turn-around plan.

Now, less than three years later, we are thanking God for His guidance and blessings. The hospital has stabilized and new service lines have been successfully launched—a five-bed dialysis unit, a four-bed intensive care unit, and an MRI. All of these technologies have helped to propel this hospital back into the forefront of health care institutions in Trinidad, an island of considerable medical sophistication.

Much of the vision and drive to accomplish this turn around has come from the president of Community Hospital, Richard Spann, MD. As a neurosurgeon, he has worked tirelessly to make Community Hospital the referral center for neurosurgical procedures for the island. He has effectively developed relationships with the Trinidad Ministry of Health and secured a variety of contracts that have brought patients to the



*Richard Hart, Richard Spann, and Robert Soderblom*

hospital. Most importantly, he has provided remarkable servant leadership during this time of reassessment and going forward.

It appears that Community Hospital will be able to pay off all of its outstanding debts of nearly \$2 million by the end of 2006. The hospital is full, with a developing reputation of quality and compassion. The board is starting to explore major new expansion for the future as we seek to determine the health care needs on the island. New initiatives in education and clinical services will be evaluated and implemented.

Surely God is good when the progress of the last few years is reviewed. Congratulations to Dr. Spann and all those who have stood by him during this trying time.



# AHI INSTITUTIONS



**Contributions to AHI\***  
*January 1 to December 31, 2005*

AHI-“Global” Fund	§240,028
AHI-Ethiopia	62,644
AHI-Guyana	336,650
AHI-Zambia	51,550
AHI-Rwanda	36,500
AHI-Cameroon	16,327
AHI-Haiti	550
AHI-Tehad	68,352
AHI-Nigeria	67,394
AHI-Trinidad	2,200
AHI-India	84,670
<b>Total</b>	<b>§966,865</b>

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

# ACROSS THE GLOBE

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## *AHI PROJECTS*

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AHI–Global projects	\$240,028
AHI–African continent projects	302,767
AHI–Caribbean and West Indies area projects	339,400
AHI–India projects	84,670
<b>Total contributions to AHI projects</b>	<b>\$966,865</b>

# COUNTRY UPDATES

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**T**he 10 countries and 26 hospitals that began 2005 with AHI showed remarkable progress. In Ethiopia, Gimbie has seen a major transition in leadership, with Chandra and Charlie Baier coming home, along with their adopted daughter Aregane, for the birth of their new son, Karl Felix. They are next heading to Honduras in May for a new assignment for AHI. Ruth Lawson, MD, has assumed the role of administrator at Gimbie with enthusiasm and skill. The new dormitories are completed, with plans for the nursing school to begin in October. Discussions continue with the city government of Addis Ababa about AHI taking responsibility for Zewditu Memorial Hospital.

Mark Ranzinger, MD, and his wife, Ruth, have announced their plans to return to the United States in 2006, so a new medical director is being sought for Mugonero Hospital in Rwanda. Marvin Gottschall, DDS, and his wife, Beth, are also returning home from the dental clinic in Kigali. Both of these couples have blessed their institutions and provided a strong base for further development. Changes in government regulations have temporarily caused the closing of the nursing school at Mugonero until advanced qualifications can be obtained for the faculty and the facility can be upgraded. In the meantime, this school continues as a “science” secondary school. The Polyclinique in Kigali is growing and is now largely self-supporting. Upgrades are underway for the rural clinics that are the front line of health care in the country.



*A search for a new medical director at Mugonero is underway*

Zambia continues to see promises fulfilled and challenges to meet. After serving 20 years in Zambia, Bo Wiafe, MD, and his wife, Ruth, are returning to Ghana to develop an eye service there. Patience Matandiko, MBA, and Eustace Penniecook, MD, have been named the administrator and medical director, respectively, of the Lusaka Eye Hospital (LEH). Ms. Matandiko's husband, Cornelius, is the new president of the Zambia Union Mission and is providing national leadership to this growing country. Cesiah Penniecook, MBA, Dr. Penniecook's wife, is our business manager at LEH, and along with Ms. Matandiko is also providing administrative leadership for the new Lusaka Dental Clinic. Mike Stafford, DDS, has the new dental clinic fully operational, with expanding clientele. Both Mwami and Yuka Hospitals continue upgrading their services, with Herald and Yani Mangold now leading Yuka through a major transformation. Mwami continues to be led by Enock Chitakwa and Ron Ang, and is one of our



largest institutions in Africa with 200 beds and a large nursing school.

Bere Hospital in Tchad continues to amaze and inspire. The reputation and influence of James Appel, MD, and his wife, Sarah, RN, along with their small but committed staff, are spreading throughout southern Tchad. Patients are coming from farther and farther for the quality of care they expect to receive. Buildings have been repaired and two containers of equipment have arrived, greatly improving the level of services. With a new church building completed, the old church has become a patient's ward for TB and other chronic diseases. This has alleviated some of the crowding that was pressing the general wards. The entire campus has been rewired, with more stable generator power. The water is safe right out of the tap, and plans for a solar electric system are being finalized. As Dr. Appel is now saying, it is time

for an additional doctor, and funds for a salary and housing are being sought.

Cameroon has also turned a major corner during 2005. After several years of difficult employee relations and struggling finances, Koza Hospital has new leadership in Greg, MD, and Audrey Shank, MD. Both graduates from Loma Linda, Greg is a general surgeon and Audrey is a family practitioner. They have started to revitalize this institution, combating generations of superstitions and lack of patient appreciation for modern medical care. Andre Nda'a, MD, completed his diploma in tropical medicine and hygiene in London and has returned to Batouri Adventist Hospital in the east, next to the Central African Republic border. This small institution was host to a group of students from Loma Linda at Christmas who held a well-attended health fair and passed out bed nets for malaria protection. A major goal for 2006 will be the completion of the maternity hospital in Buea

and developing plans for an expanded dental clinic in Yaounde. Monita, MA, and Perry Burtch, DDS, have provided administrative and dental leadership in Cameroon for many years and are greatly appreciated as they consider returning home in 2006.

Nigeria continues to be both a challenge and inspiration. Our flagship hospital at Ile-Ife has done very well this year, maintaining a balanced budget and meeting payroll regularly for the first time in many years. The new nurses hostel is nearly completed, and improvements have been made in the operating room, clinical lab, and patient wards. The family medicine



*Cesiah and Eustace Penniecook work at Lusaka Eye Hospital*

residency program is growing in both numbers and stability. Jason, MD, and Belen Lohr, MD, joined Akin, MD, and Marianne Obisanya, MD, and Herb Giebel, MD, on the expatriate staff there and serve alongside Danjuma Daniel, MBA, and a growing number of national staff, residents, and interns. Emphasis is now being placed by AHI-Nigeria on Jengre Hospital in the north. Donations have upgraded several major parts of the hospital, and volunteer staff are scheduled to improve services. Despite many limitations, Jengre also balanced its budget for the year through the leadership of Chikwe Amaike, MD.

Finally, Aba Hospital in the east is also ready to expand, with considerable interest and energy to begin several new clinics, upgrade the hospital services with an ICU, and consider starting some educational programs. Emmanuel Enyinna, MD, has joined Aba from Babcock University and is providing a major stimulus, along with the new Union leadership, to strengthen this institution.

Community Hospital in Trinidad has been a major inspiration this past year. Through the strong work of Richard Spann, MD, and his colleagues, this hospital is expected to retire its entire long-term debt of nearly \$2 million in 2006. This wonderful accomplishment has been the result of long working hours, a growing reputation, a committed staff, and the blessings of God. The five-bed dialysis unit is full and pushing for more space. The four-bed modern ICU is full and needs to expand. Through the operating skill of Dr. Spann, this hospital has become the



*AHI-Africa workers at a conference in Nigeria*

neurosurgical center for the island. Now plans are being laid for a major new diagnostic and treatment center that will take Community Hospital up to the next level and truly establish its preeminence in the country.

As one of AHI's first institutions, Davis Memorial Hospital (DMH) in Georgetown, Guyana, continues to provide quality service in this small country. Bertie Henry is guiding this effort and is now assisted by John Wilson, MD, a family practitioner from Loma Linda who joined the staff in 2005 as medical director. Along with Lorna Mandalupa, MD, in OB/Gyn and Karla Guerra, DDS, in dentistry, and a cadre of community doctors, DMH is ready for the next stage of its development. Plans are already underway for a major new outpatient diagnostic center, with modern technologies, that can help DMH provide a high level of care to the country. The Foundation Healthcare Worker training program continues to set a standard for Guyana, and has expanded to nearly 20 students per year. These young people are

grateful for an education and provide service and enthusiasm throughout the hospital.

Haiti continues to have a number of national challenges amid political unrest. Despite this, our Hopital Adventiste du Haiti provides steady service in the western suburbs of Port au Prince. One of the major accomplishments of 2005 was to install two new large electrical generators, providing steady power for the hospital. It is hard to operate a modern hospital without consistent electricity, and now this has been assured. With this foundation in place, it is time to upgrade the operating rooms, clinical laboratory, and outpatient services, and to start a new dental clinic and physical therapy service. Security remains a concern at both the hospital and adjacent university, where many also seek the security of knowing God during this civil strife, the ultimate goal of our service in Haiti.

Finally, what can be said about the great country of India. With more than 1 billion people, including 300 million in the middle class and above, India is a giant in every sense. Most of our 10 AHI hospitals are located in rural areas, and continue to serve the poor. When these hospitals joined AHI as a group three years ago, we made a strategic decision to concentrate first on those most at risk of survival. This included Giffard Memorial Hospital (GMH) in southeast India and Ranchi Hospital in the east. Don and Gail Schatzschneider have provided administrative leadership at GMH for a year now, and along with a new nurses dormitory, upgraded

equipment, and expanded staff, the results are starting to show. It will take several more years to truly re-establish the prominence of GMH in Nuzvid, but the crisis of survival is largely over. Ranchi Hospital is led by Elwin, MD, and Jaya Vedamony, MD, and has also made significant progress. A new ICU and operating theatre has given it the ability to capture more patient contracts, which has stabilized their financial base. A major need for the future is a larger nurses hostel, which is now housing 60 students in a building meant for 20. Other needs that have been addressed this past year include a new doctor's house at Mattison Memorial Hospital, and strengthening of national AHI services such as accounting and budgeting. Ashley Isaiah, Don Bankhead, and Kundar Sudarshan provide leadership to AHI-India, traveling long distances to maintain contact with the 10 hospitals and their many activities.



*A patient meditates on his bed in India*



# 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)>.

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## AHI HEADQUARTERS

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## MANAGEMENT TEAM

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# *F*INANCIAL REPORT

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## Statements of financial position (unaudited)

	12/31/04	12/31/05
<b>Assets:</b>		
Cash and cash equivalents	\$ 510,019	\$ 585,395
Other receivables	—	1,000
Property and equipment, net	10,157	7,101
Total assets	\$ 520,176	\$ 593,496
<b>Liabilities and net assets:</b>		
Accounts payable	\$ 350	\$ 16,357
Due to affiliate	171,986	1,237
Total liabilities	172,336	17,594
<b>Net assets:</b>		
Unrestricted	139,536	150,860
Temporarily restricted	208,304	425,042
Total net assets	347,840	575,902
Total liabilities and net assets	\$ 520,176	\$ 593,496

## Statements of activities (unaudited)

	Unrestricted	Temporarily Restricted	Total
	Year ended December 31, 2005		
<b>Support and revenue:</b>			
Contributions	\$ 75,105	\$ 865,691	\$ 940,796
Net assets released from restrictions for program services	650,337	(650,337)	—
Interest income	24,685	1,384	26,069
Total support and revenue	750,127	216,738	966,865
<b>Expenses:</b>			
International programs	685,337	—	685,337
General and administrative	46,464	—	46,464
Fundraising	7,002	—	7,002
Total expenses	738,803	—	738,803
<b>Change in net assets</b>	11,324	216,738	228,062
Net assets at January 1, 2005	139,536	208,304	347,840
Net assets at December 31, 2005	\$150,860	\$ 425,042	\$ 575,902
<b>Year ended December 31, 2004</b>			
<b>Support and revenue:</b>			
Contributions	\$116,250	\$ 725,339	\$ 841,589
Net assets released from restrictions for program services	708,760	(708,760)	—
Interest income	19,663	1,793	21,456
Total support and revenue	844,673	18,372	863,045
<b>Expenses:</b>			
International programs	714,083	—	714,083
General and administrative	11,148	—	11,148
Fundraising	6,782	—	6,782
Total expenses	732,013	—	732,013
<b>Change in net assets</b>	112,660	18,372	131,032
Net assets at January 1, 2004	26,876	189,932	216,808
Net assets at December 31, 2004	\$139,536	\$ 208,304	\$ 347,840

*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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Campus Hill Church of Seventh-day Adventists  
Casper Adventist Church  
Fletcher Adventist Church  
Florida Living Seventh-day Adventist Church  
Forest Lake Seventh-day Adventist Church  
Loma Linda Seventh-day Adventist Romanian Church  
Madison Campus Adventist Church  
Markham Woods Adventist Church  
Pacific Union College Seventh-day Adventist Church  
Peakland Baptist Church  
San Francisco Adventist School  
St. Joseph the Worker Church  
The Place  
Wood River Valley Seventh-day Adventist Church



*Workers at the entrance to the Lusaka Dental Clinic*

## ORGANIZATIONAL PARTNERS

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Adventist Health System  
The Charlson Foundation  
Columbia Union Conference  
DP Group  
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Guidant Corporation  
Hope for Humanity  
Keller Crown and Bridge  
Loma Linda University  
Loma Linda University Medical Center  
School of Medicine Alumni Association  
School of Medicine Alumni Association, Women's Auxiliary  
School of Public Health, department of nutrition  
The Smile Train  
Stiles Foundation  
Versacare, Inc.

## INDIVIDUAL PARTNERS

---

Alexander, Wilber and Mary  
Alexenko, Kitty  
Andersen, Ferron  
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Baker, Robert and Laura  
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Banken, John  
Barrow, Trevor  
Bedney, Donna  
Behrens, B. Lyn  
Bendezu, Liz  
Benfield, Joyce  
Bergmann, Vera  
Breyer, Joseph  
Briggs, Bernard  
Bryson, Julie  
Burgess, Robert  
Burtch, Dean  
Caan, Walter  
Callis, Richard  
Carneiro, Margarete  
Cekada Jr., Joseph

Chan, Elsie  
Chrispens, Jere  
Christenson, Rick  
Chung, May  
Connors, Rosalie  
Crawford, James  
Crouse, James  
Currie, John  
Cwiakala, Loretta  
Cwiakala, Robert  
Darby, Bob and Joanne  
Davis, Claudia  
Dittes, Elinor  
Driver, Cissy  
Dunbar, Richard  
Dunlop, Robert  
Dyer, Don  
Dyke, Robert  
Eichner, Bonavee  
Ferguson, Audree  
Figueroa, Heidi  
Fitzgerald, Marianne  
Flaiz, Richard  
Flaiz, Theodore  
Foster, Frances  
Gemechu, Fekede  
Gorton, Christopher and Andrea

## *AHI SUPPORTING PARTNERS, CONTINUED*

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Grace, Lorraine  
Haas, Pamela  
Hagen, Helen  
Hagen, James  
Haglund, Andrew  
Hall Sr., David  
Hall, Donald  
Hannah, Steven  
Hansen, Kent  
Hansen, Velma  
Harman, David  
Harmon, Thomas  
Hart, Lewis  
Hart, Richard  
Hay, J. Michael  
Heidenreich, Cherric  
Heidinger, Harvey  
Hetke, Eleanor  
Higby, Rich  
Higgins Hampton, Janet  
Hinck, Walter  
Hoe, Adele  
Horsman, Pat  
Houmann, Lars  
Huff, Wynelle  
Hwang, Janine  
Im, Lillian  
Jalleta, Desalegne  
James, Jan  
Job, Jayakaran and Leela  
Judd, Wayne  
Katsma, Robert  
Kennedy, Loella  
Kollist, Hillar  
Kuhn, Leroy  
LaChapelle, Doreen  
Lackey, David and Holly  
Lamberton, Dale  
Lanfear, Carol  
Lecourt, Nancy  
Leggitt, Varner Johns  
Leister, Sue  
Lepore, Mark  
Lindquist, Harold and Aina  
Lohr Jr., John  
Longo, J. Kevin  
Loredo, Lilia  
Loredo, Samuel  
Luthas, Vernon  
Luyster, Carrie  
Mackett, Norma  
Manwell, Alisa  
Mason, Bobby and Diana  
McGhee, Julie  
McLean, Orlin  
McMillan, Paul  
Merkel, Nathan  
Miller, Thomas

Mitchell, Janet and Alec  
Mittleider, Kenneth  
Moon, Edward  
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Moss, David  
Mowery, Karen  
Mowery, Marian  
Murray, Milton  
Narvaez, Rosie  
Nicholas, H. Ray  
Nixon, Kathy  
Nutt, William and Dana  
Olson, Leland  
Ordelheide, Franklin  
Owen, Kathryn  
Palm, Kenneth  
Peckham, Norman and Bonnie  
Piper, Edward  
Pursley, Donald  
Ramirez, Louis  
Ramirez, Martina  
Ramsey, Fern  
Ratto, Jennifer  
Rebok, Douglas  
Redfield, James  
Rigsby, Robert  
Robertson, William and Della  
Rogers, John  
Rose, Grover and Betty  
Rose, Kenneth  
Rue, Michael and Carol  
Runge, Joyce  
Salagubang, Jason

Saxby, Doyle  
Shah, Jagesh  
Smith, Charles  
Soule, Pia  
Stafford, John  
Steen Jr., Claude  
Steen, Philip  
Stiles, Helen  
Sundin, Peter  
Sutter, Michael  
Thompson, Gordon  
Thompson, Ralph  
Tichy, Alexander  
Vargas, Janett  
Viel, Matthew and Jen  
Walters, Christina  
Walters, Clifford  
Warner, Dinah and Scott  
Wasiczko, Wayne  
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Weidemann, Gordon  
Weidemann, Russ  
Weismeyer, Richard  
Wical, Charles  
Wiles, Herbert  
Williams, Thomas  
Winn, Lawrence  
Wong, Annie  
Wright, Dolores  
Wylder-Henriksen, Heather  
Zambrano, Eusebio  
Zittrich, William  
Zumwalt, Janice



*A young girl in India*



# *AHI SUPPORTING OPPORTUNITIES*

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## 2006 FUNDING NEEDS (US DOLLARS)

First figure for each project is total estimated budget, followed by amount still needed through March 2006

	<i>Total budget</i>	<i>Amount needed</i>
<i>AHI-General</i>		
• <i>Needed:</i> Project Fixit (support for traveling technician to repair equipment)	<b>\$50,000</b>	<b>\$30,000</b>
• <i>Needed:</i> Travel support for accountants to establish accounting systems	<b>\$20,000</b>	<b>\$10,000</b>
• <i>Needed:</i> Travel support for board meeting attendance	<b>\$25,000</b>	<b>\$10,000</b>
• <i>Needed:</i> Children's Charity Fund	<b>\$310,000</b>	<b>\$285,000</b>
• <i>Needed:</i> Bed net project	<b>\$150,000</b>	<b>\$150,000</b>
<i>AHI-Cameroon</i>		
• <i>In progress:</i> Construction of Maternity Hospital at Buea	<b>\$120,000</b>	<b>\$10,000</b>
• <i>Needed:</i> Construction of medical/dental clinic to replace old dental clinic	<b>\$500,000</b>	<b>\$500,000</b>
• <i>Needed:</i> Repair wiring and upgrade Koza Adventist Hospital	<b>\$45,000</b>	<b>\$35,000</b>
• <i>Needed:</i> New patient wards at Batouri Adventist Hospital	<b>\$50,000</b>	<b>\$50,000</b>
<i>AHI-Ethiopia</i>		
• <i>In progress:</i> Upgrade four satellite clinics	<b>\$20,000</b>	<b>funded</b>
• <i>In progress:</i> Construction of new nurses dormitory plus furnishings	<b>\$75,000</b>	<b>funded</b>
• <i>In progress:</i> Construction of Nutrition Rehabilitation Village	<b>\$30,000</b>	<b>\$6,000</b>
• <i>Needed:</i> Upgrade final five satellite clinics	<b>\$25,000</b>	<b>\$25,000</b>
• <i>Needed:</i> Complete staff duplex	<b>\$30,000</b>	<b>\$30,000</b>
<i>AHI-Guyana</i>		
• <i>Needed:</i> New Health and Diagnostic Center at Davis Memorial Hospital	<b>\$400,000</b>	<b>\$270,000</b>
<i>AHI-Haiti</i>		
• <i>Completed:</i> Two new generators with connections	<b>\$75,000</b>	<b>funded</b>
• <i>Needed:</i> Upgrading of dental and physical therapy clinics, patient wards, and surgical theatres	<b>\$60,000</b>	<b>\$30,000</b>
<i>AHI-India</i>		
• <i>In progress:</i> Giffard Memorial Hospital (Nuzvid)—Build new nurses dormitory	<b>\$150,000</b>	<b>\$50,000</b>
• <i>In progress:</i> Ranchi Hospital—Major remodel of ICU/OR suites	<b>\$83,000</b>	<b>\$17,000</b>
• <i>In progress:</i> Mattison Memorial Hospital (Hapur)—Build new senior staff house	<b>\$25,000</b>	<b>funded</b>
• <i>Needed:</i> Ranchi Hospital—Expand dormitory space from 20 to 60 nursing students	<b>\$193,000</b>	<b>\$193,000</b>
• <i>Needed:</i> Pune Hospital—Finalize plans and launch fundraising for new hospital	<b>\$2 million</b>	<b>\$2 million</b>
• <i>Needed:</i> Giffard Memorial Hospital (Nuzvid)—Remodel senior staff housing	<b>\$25,000</b>	<b>\$25,000</b>
<i>AHI-Malawi</i>		
• <i>Needed:</i> Upgrade rural health centers	<b>\$25,000</b>	<b>\$15,000</b>
• <i>Needed:</i> Two containers of medical equipment	<b>\$20,000</b>	<b>\$20,000</b>
• <i>Needed:</i> Malamulo classroom expansion	<b>\$25,000</b>	<b>\$25,000</b>
<i>AHI-Nigeria</i>		
• <i>In progress:</i> Building upgrades of Ile-Ife, Jengre, and Aba hospitals	<b>\$120,000</b>	<b>\$90,000</b>
• <i>In progress:</i> Complete new nurses dormitory	<b>\$35,000</b>	<b>funded</b>
• <i>Needed:</i> Repair and remodel old nurses dormitory	<b>\$20,000</b>	<b>\$20,000</b>
<i>AHI-Rwanda</i>		
• <i>In progress:</i> Upgrade six rural health centers	<b>\$24,000</b>	<b>\$14,000</b>
• <i>Needed:</i> Upgrade Polyclinique Adventiste Kigali	<b>\$120,000</b>	<b>\$105,000</b>

# *AHI SUPPORTING OPPORTUNITIES, CONTINUED*

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## *AHI-Tchad*

- *Completed:* Two containers of medical equipment **\$35,000**    **funded**
- *Completed:* New church building **\$30,000**    **funded**
- *Needed:* Build new outpatient building **\$28,000**    **\$13,000**

## *AHI-Trinidad*

- *In progress:* Development of new services, including ICU, MRI, dialysis unit **\$200,000**    **\$80,000**

## *AHI-Venezuela*

- *Needed:* Complete construction of first floor of hospital **\$1 million**    **\$900,000**

## *AHI-Zambia*

- *Completed:* Establish new dental clinic in remodeled house in Lusaka **\$65,000**    **funded**
- *In progress:* Purchase land for staff housing complex in Lusaka **\$30,000**    **\$6,000**
- *Needed:* Construct two new senior staff houses in Lusaka **\$120,000**    **\$120,000**

*Back cover: a young Ethiopian girl. Photo by Patricia K. Thio*



*A shy young girl in Ethiopia*



**Adventist Health**  

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**INTERNATIONAL**

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