

# Adventist Health

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## INTERNATIONAL



*Hope*

2007 ANNUAL REPORT

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# President's

## Report

This past year marked our 10th anniversary for AHI. What a ride it has been. Despite many challenges and seemingly insurmountable barriers, God has continued to bless our efforts. With the addition of Inisa Hospital in Nigeria, we have grown to 22 hospitals and 70 clinics in 12 countries. Plans are progressing to add another three or four countries soon.

We also have requests from several countries to establish new health facilities in areas where nothing now exists. There are many countries in the 10/40 window that have great needs. This is a new direction for AHI, but one that feels right for this time. The Adventist Church has a unique opportunities within the Muslim world that makes our involvement easier than for many others.

One of the most gratifying impacts of AHI has been its impact here at Loma Linda University. Though AHI is an entirely separate organization from the University, having it based on campus has inspired many students and faculty. Young professionals hear about what is happening and want to be involved. This may include short-term mission trips, raising money for projects, finding equipment, and planning for long-term service. There is nothing like infectious enthusiasm for doing good.

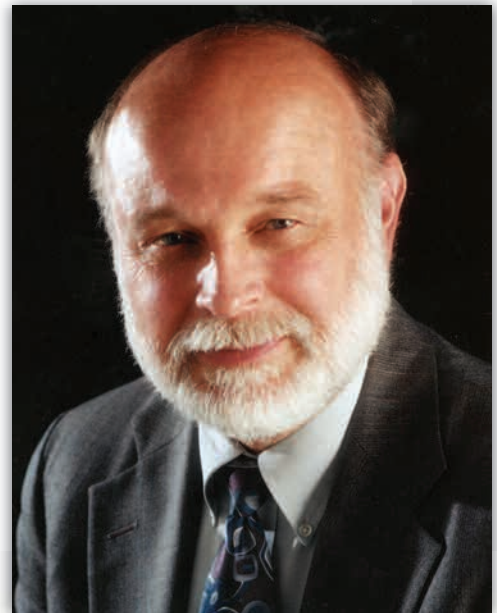
We are recognizing that the most important thing we bring to the world is **HOPE**. There is **HOPE** for those working at our AHI facilities. And certainly for those who come to seek health care. **HOPE** is a major force driving all those who want to engage with the world's needs.

Thank you for being part of this message of **HOPE**. Our supporters are the major force that make the projects and activities of AHI possible. We often question how much bigger and more complex should AHI become? How many more places can we help? When will the people and funds start limiting the requests we can respond to? Only you can answer that. So far, many of you seem to be saying, "Keep growing, keep pushing out the boundaries of our network to reach even more with the message of **HOPE** and compassion."

Thank you for being such incredible partners in bringing **HOPE** to the world.



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





## *Strengthening Adventist systems in the developing world for today's health ministries*

- Management support
- Governance
- Facility improvement
- National integration
- HIV/AIDS care
- Children's charity care

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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.



# Collateral

## Benefits

A euphemism we have become calloused to in the lexicon of war is collateral damage. This term is used to describe “the unintentional death of people or destruction of buildings that occurs as a side effect of bombing or fighting.”

A much more encouraging term is what Adventist Health International refers to as collateral benefits. This is what happens when AHI projects have an effect beyond the actual activity. People are inspired to participate on their own and even improve on AHI initiatives.

Four main projects this year could classify as collateral benefits. These are initiatives taken on by others that assist AHI in its global activities. The first was by the National Auxiliary of the Loma Linda University School of Medicine, which chose to further develop Béré Adventist Hospital in Tchad. They successfully raised \$70,000 among their various national chapters. These funds will help to expand capacity at the hospital and develop additional services in southern Tchad. As you can imagine, James and Sarah Appel, our leaders there, are delighted. While Béré has come a long way from the meager facilities depicted in the video “Unto The Ends,” there are still many needs that will now be met.

The second collateral benefit also occurred because of Béré, by one of the many young people who rotated there for mission experience. Elisabeth Randall, originally from Spangle, Washington, was



working at Béré and keeping her parents, David and Lisa Randall, updated on all the challenges. One of the biggest needs at most hospitals is for functional transportation, and this was certainly the case at Béré. Dave and Lisa decided to use their annual Christmas letter to seek funding for a new vehicle, and set the goal at \$25,000—more than enough to get a good used pickup. They made their appeal, and the checks started coming in to AHI. By this past December, the total had reached \$27,000. James is now searching for the right vehicle to handle their needs. Thank you to the Randalls for making this Christmas memorable for the staff and patients at Béré.

Our students here at Loma Linda have also been active. Many of them have the chance to rotate at AHI facilities, which always stimulates discussion of the needs that are in each place. The sopho-

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# How big is

# Enough?

Adventist Health International started with two hospitals ten years ago—Davis Memorial in Guyana, and Gimbie Adventist in Ethiopia. We are now at 22, counting the newest hospital that just came on board in Nigeria: Inisa. Many more requests to join are coming in. We frequently have the discussion of how big should we get? Is there a limit to the donors who are interested in supporting these institutions and health care efforts around the world? Are there only so many health professionals that are willing to work within Church-based hospitals? And perhaps most pressing, how many countries and institutions can a volunteer-driven organization manage over time?

At the present time, there are about 70 Adventist “mission” hospitals in the Majority World. Some have closed. Others are barely worthy of being called hospitals. But many struggle on, trying to maintain their services amidst difficult political, financial, and employment conditions. The question that is so hard to answer is which ones we should

tell, “Sorry, we cannot help you. Our plate is full.” Even some of our existing hospitals wish we would concentrate on supporting them more rather than spread to additional places. Their message is simple: “Help us now and worry about the others later.”

In addition to the remaining hospitals in the church, we are getting an increasing number of other requests, of two basic types. One is from individuals, other organizations, and governments asking AHI to take on their struggling institutions. We usually avoid those places, though in certain circumstances they offer incredible opportunities for the local church. This has recently been the case in Papua New Guinea, Niger, Nigeria, and other countries.

The second intriguing group of opportunities is to begin new health services in countries where the Church has nothing—the 10/40 window of largely Muslim countries across central Africa, and the great countries of Asia. It seems that the world’s health care needs just keep escalating due to epidemics, political turmoil, and the usual

lack of resources in developing countries. The Adventist Church has used health care very effectively to enter some of these countries with a message of compassion and caring. Particularly in Muslim countries, our unique blend of conservatism and spirituality gives acceptance in many local cultures. The global mission arm of the Church has recently asked us to develop new health activities in Mauritania where there are incredible needs and little foreign pres-

*Continued on page 6*



*Story from page 4...*

more medical class decided they wanted a major project for their class to work on until their graduation in 2010. They wanted an institution that they could visit occasionally, as well as upgrade. After consideration, the hospital in Port-au-Prince, Haiti, was chosen. They have requested 100 of their classmates to raise \$1,000 each—a total of \$100,000—by their graduation to help this hospital. They are also planning a clinical and construction trip to Haiti in 2008, and expect to make this an annual event, even after graduation.

Finally, the entire student association here at Loma Linda University has taken on the challenge of upgrading Malamulo Hospital in Malawi. They are working on raising \$200,000 over the next several years to repair or purchase equipment, fix decaying buildings, expand student capacity at the College of Health Sciences, and many other smaller projects. We hope to have Malamulo regain

some of its earlier status by the time it celebrates its 100th anniversary this September. Aimie Apigian, the social vice president of the LLU student association, has led out in this project, which has included programs and fundraisers on campus, many church presentations by students and appeals over the Internet. By the end of 2007, they had raised \$80,000. The project has led a growing number of students to go to Malamulo to assist.

The real positive aspect of these collateral benefit activities is not the funds raised, of course. It is the connection with missions. The sense that “we can make a difference” in the world. The measure of **HOPE** given to others. We are grateful for this kind of “unintentional” activity.

*Story from page 5...*

ence. Those requests can be repeated many times over in other countries.

These are questions that can only be answered over time and with much discussion and time on our knees. We don't want to be foolish or become ineffective with our efforts spread too thin around the world. But so far God seems to expand His support in the form of donors and professionals who are asking us to be brave and move forward. Over the next several months, we will be making important decisions about some of these additional requests. Join with us in prayer as we struggle with what the future should hold. And stay tuned for evidence of God's continued leading into this brave new world.





# Financial

# Report

## Statements of financial position

	(unaudited) 12/31/07	(restated) 12/31/06
<b>Assets:</b>		
Cash and cash equivalents	\$723,847	\$937,733
Other receivables	2,588	10,133
Property and equipment, net	2,433	5,578
Total assets	\$728,868	\$953,444
<b>Liabilities and net assets:</b>		
Accounts payable	\$2,422	\$34,208
Total liabilities	2,422	34,208
Net assets:		
Unrestricted	198,917	16,179
Temporarily restricted	527,529	903,057
Total liabilities and net assets	\$728,868	\$953,444

## Statements of activities

Year ended December 31, 2007 (unaudited)	Unrestricted	Designated Projects	Total
<b>Support and revenue:</b>			
Contributions	\$231,075	\$396,687	\$627,762
Interest income	34,280	2,262	36,542
Total support and revenue	265,355	398,949	664,304
<b>Expenses:</b>			
International programs	—	774,477	774,477
General and administrative	80,233	—	80,233
Fundraising	2,384	—	2,384
Total expenses	82,617	774,477	857,094
<b>Change in net assets</b>	182,738	(375,528)	(192,790)
<b>Net assets at January 1, 2007</b>	16,179	903,057	919,236
<b>Net assets at December 31, 2007</b>	\$198,917	\$527,529	\$726,446
<b>Year ended December 31, 2006 (restated)</b>			
<b>Support and revenue:</b>			
Contributions	\$302,698	\$1,148,300	\$1,450,998
Interest income	39,845	1,822	41,667
Total support and revenue	342,543	1,150,122	1,492,665
<b>Expenses:</b>			
International programs	194,834	848,938	1,043,772
General and administrative	90,462	—	90,462
Fundraising	7,712	—	7,712
Total expenses	293,008	848,938	1,141,946
<b>Change in net assets</b>	49,535	301,184	350,719
<b>Net assets at January 1, 2006</b>	(33,356)	601,873	568,517
<b>Net assets at December 31, 2006</b>	\$16,179	\$903,057	\$919,236

*Adventist Health International (AHI) is committed to utilize philanthropic gifts in the manner donors desire. Occasionally, conditions in the field may alter program goals or activities. If this occurs, AHI will redirect funds to similar projects.*

# AHI supporting Partners

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

## LOCAL CHURCH PARTNERS

Atlanta North Church of Seventh-day Adventists  
Columbia Union Conference  
General Conference Trust Services  
Hope for Humanity  
Loma Linda Seventh-day Adventist Romanian Church  
Loma Linda University Church of Seventh-day Adventists  
Markham Woods Adventist Church  
San Francisco Adventist School  
Sandstone Chapel Seventh-day Adventist Church  
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The Place  
Walla Walla College Church of Seventh-day Adventists

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Cars 4 Causes  
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Georgia Heart Physicians, LLC  
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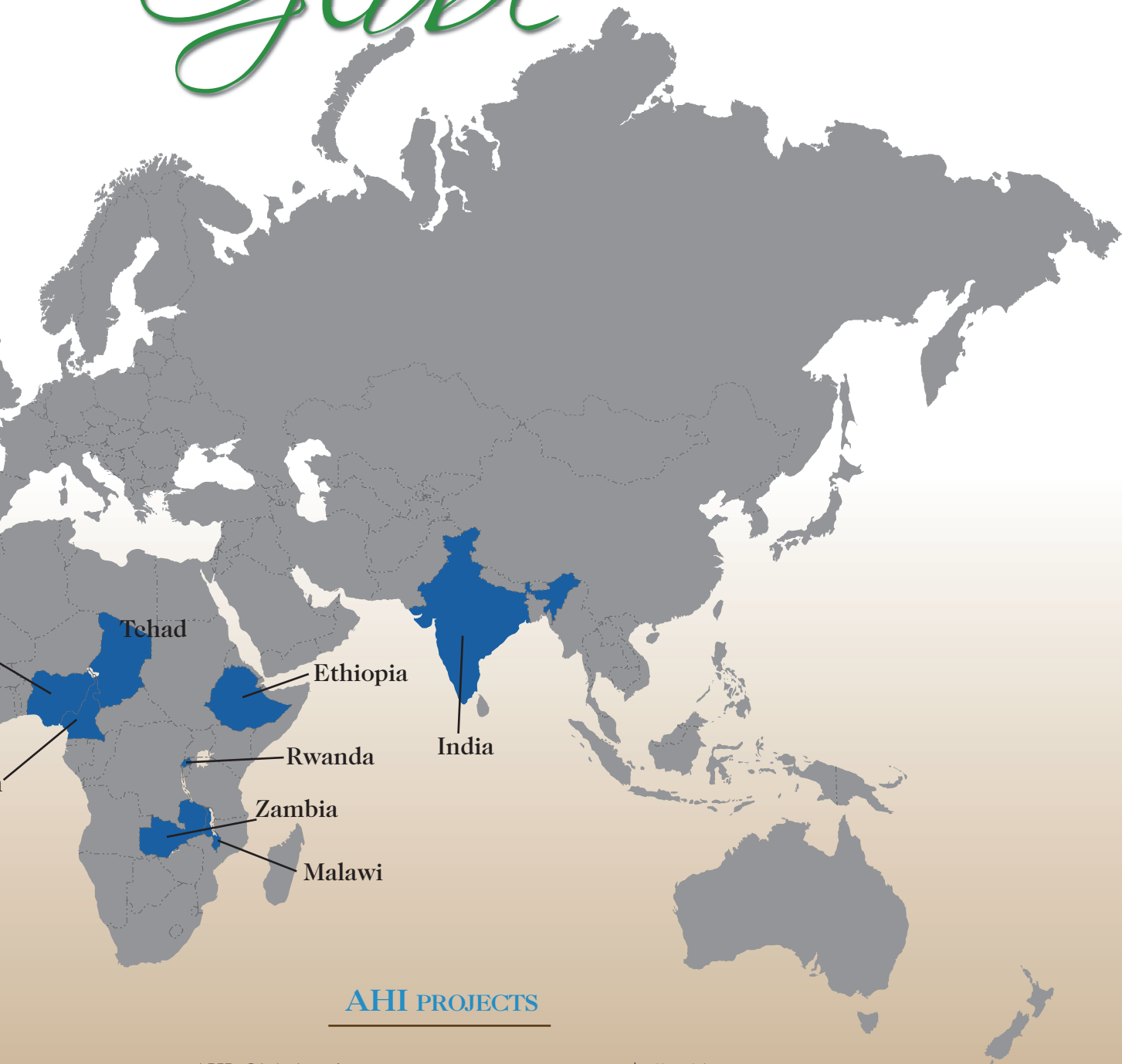


# AHI INSTITUTIONS ACROSS THE





# Globe



## AHI PROJECTS

AHI–Global projects	\$247,045
AHI–African continent projects	365,376
AHI–Caribbean and West Indies area projects	107,150
AHI–India projects	1,960
<b>Total contributions to AHI projects</b>	<b>\$721,531</b>

# Country

## Reports

Where does a circle start? That is the question as we talk about our member countries within AHI. Now scattered across three continents, our 12 countries contain 22 Adventist hospitals and approximately 70 clinics. We always consider the clinic number “soft” as it depends totally on what you define as a clinic. Is it a building with an exam table and basic meds? Or do you include the mango tree where the vehicle stops each month to immunize 100 children?

With that disclaimer, let’s start in the great continent of Africa. Though more politically stable than in the past, it is now laboring under the “Big 3,” as defined by the World Health Organization—malaria, tuberculosis, and HIV/AIDS. It is clear that these three diseases are synergistic, as the weakened immune system from HIV/AIDS opens the door once again to malaria and TB, diseases we had previously made considerable progress in decreasing. Life expectancy at birth, a common measurement of health status in a country, has continued to drop across Africa. From highs of around 55 years of life expected at birth several decades ago, it has now dropped well into the 40s in most countries and even into the upper 30s in some areas. The social and economic impact of this morbidity and mortality cannot be overestimated. Current infection rates for HIV/AIDS are now hovering around 20 percent in many countries.

If there is a silver lining to all this, it is the incredible opportunities that we have to provide compassion and clinical care for the many families who are suffering from these diseases. We can contribute to a feel-

ing of **HOPE** that cannot be denied.

We are pleased that a number of our AHI hospitals are becoming partners with externally funded efforts to provide prevention education, clinical care with specialized medicines for active patients, and palliative care for those who are dying. It is only possible to receive these grants when a hospital is well organized, with stable accounting systems and motivated staff. Though we may not significantly change the outcome for everyone, the process of giving **HOPE** makes all the difference in their lives and those who care for them.

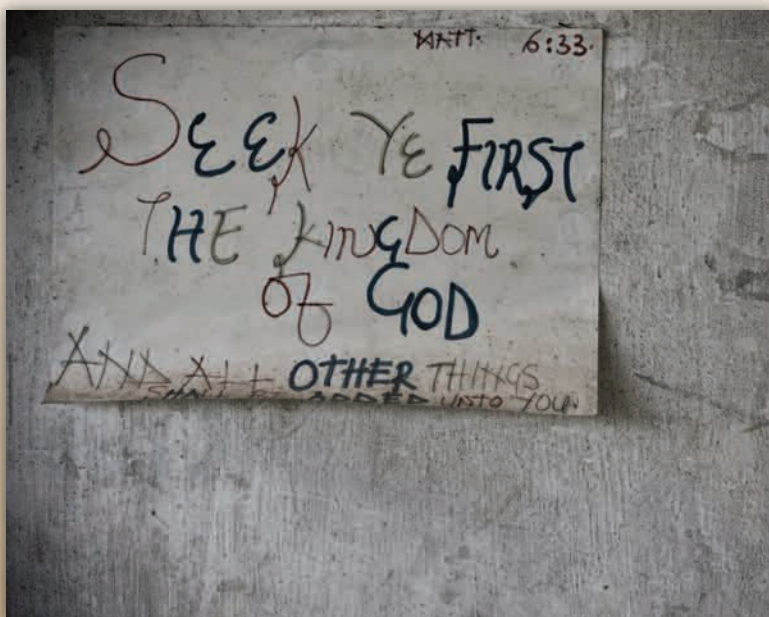
### WEST-CENTRAL AFRICA DIVISION

**Nigeria**—The “sleeping giant” of Africa is awakening. Through the hard work of many staff, all three of our established hospitals in Nigeria—Jengre in the north, Ile-Ife in the middle, and Aba in the east—have continued to make strong progress toward improved facilities and services. Jengre in particular has been the emphasis of a number of donors this year, particularly those with Romanian backgrounds. Drs. Akin and Mary Obisanya were both trained in Romania and have maintained effective ties with this culture, both in Europe and the United States. New roofs are being installed, homes repaired, and equipment purchased. A major HIV/AIDS grant has provided equipment, a new vehicle, and improved funding for the hospital staff. Akin and Mary are staffing the facility now and enjoy the more rural atmosphere among the Muslim northern areas of Nigeria.

Aba Hospital, far to the east, is where the oil riches of Nigeria are concentrated. This has led to more civil unrest and terror-

ism than in other parts of the country. Dr. Enyinna has served this facility well for a number of years. Improvements to the building are gradually being made, with financial support from the Igbo people scattered across Europe and America. Their donations are greatly appreciated as they demonstrate their continued love for their homeland. Aba Hospital is located near several urban areas and has great potential for growth and the development of educational programs.

Ile-Ife continues to be the headquarters for so much of AHIS in Nigeria. With the Postgraduate Medical Education program for family medicine residents, the School of Nursing, and the largest staff and services, it is truly a resource for much of the church in the country. We have also officially added another small hospital to its circle of care, called Inisa Hospital. Located about one hour from Ile-Ife, this small 25-bed facility has been given to the church by the local chief and community. We have committed to upgrading and staffing it adequately.



**Tchad**—Our little Béré Hospital continues to shine brightly in southern Tchad. During this past year there have been concerns about the rebel fighting coming in from Sudan to the east. While the fighting reached the capital of N'djamena, it never reached Béré. We did have a tragedy, due to an accident on bad roads, of our only vehicle, which resulted in the death of a young girl. Despite these concerns, the team led by Dr. James Appel and his wife, Sarah, continues to serve effectively, with a growing church and school presence adjacent to the hospital.

James's surgical reputation continues to grow across southern Tchad, with many patients coming from miles away. His weekly stories, posted on our AHI website, fascinate and intrigue our many readers. The National Auxiliary of the School of Medicine at Loma Linda chose this hospital as their fundraising project for this year, providing \$70,000 to upgrade the facility. Plans are already being laid to start expanding beyond Béré, with a clinic and outpatient surgery in Mondou. The other big addition has been the plans of Gospel Ministries International to base an airplane at Béré. This has now been on-site for some months and has greatly expanded the ability to move both doctors and patients with more efficiency.

**Cameroon**—It has been a transition year in Cameroon. Our main hospital at Koza, in the north of the country, has stabilized financially and administratively under the leadership of Drs. Greg and Audrey Shank. Perhaps you have enjoyed the stories from the Shanks on our website. They encounter some very unusual diseases and cultural prac-

tices in this fascinating area of Cameroon. While the hospital is doing relatively well, our next major goal is to completely rewire the campus. The current wiring is 50 years old and has many problems. They are unable to protect electrical instruments and equipment such as computers, monitors, ECG's, lab equipment, etc. This project is expected to cost around US\$30,000. We are hoping to find several electricians to carry out this project in the fall of 2008.

AHIS-Cameroon is also committed to upgrading the small maternity clinic in Buea. This is in the English speaking portion of Cameroon, a fertile agricultural area with cooler climates. A new two-story building has been constructed to provide both inpatient and outpatient services. There is still work to be finished inside the building as well as obtaining the appropriate equipment to make a fully functional small hospital. We are recruiting national doctors to work at this facility. Josué Epane has been sponsored at Loma Linda University by AHI and is completing his MBA degree. He will be returning to provide leadership at this facility.

The final hospital in Cameroon is our little hospital in Batouri, out in the east near the Central African Republic border. Dr. Andre Nda'a has been anchoring this facility for many years but has recently been called to Cosendai University to supervise the new School of Nursing. Batouri is now without a physician. We are currently recruiting to fill this important position.

In addition to these three main facilities, there is a growing network of clinics



across the country. These often provide invaluable primary care in underserved areas. With low overhead and a minimal staff, they are usually self supporting and are able to provide a significant witness for the local church.

#### SOUTHERN AFRICA— INDIAN OCEAN DIVISION

**Zambia**—The progress in our AHIS-Zambia institutions is impressive. With the continued growth of activities at all three hospitals—Mwami in the northeast, Yuka in the far west, and Lusaka Eye Hospital (LEH) in the capital—the health services provided by these institutions continue to expand. Dr. Michael Seward, an ophthalmologist from the United States, has now joined LEH, supported by the Christian Blind Mission from Germany. This brings us to three ophthalmologists at the hospital. The Lusaka Dental Clinic is undergoing a transition, with a new dentist coming. Our thanks go to Dr. Mike Stafford and his wife, Andrea, for their years of service. Edward Martin continues to coordi-



nate all these facilities along with the rural health centers that are coming up across Zambia.

The Lusaka Adventist Clinic has grown rapidly under Dr. Philip Mubanga and is now a regular part of the network. Plans are moving forward for developing a larger multispecialty clinic in Lusaka that can establish a strong Adventist presence and provide employment opportunities for the growing number of Adventist doctors in the capital. Philip will be leaving us in 2008 to pursue a residency program in South Africa. We look forward to his return after completion.

Our hospitals in Zambia have traditionally been supported in part by “bed grants” provided by the national government. This is in recognition of the key role each institution plays in its particular geographic area in providing basic health services for the general population. Unfortunately, there are times when the government’s income is down and they are unable to provide the established monthly subsidy.

Obviously the patients continue to come, and the hospitals are somehow expected to serve them even when there is no ability to recover costs. Because of this situation, we are now developing adjunct revenue streams at both Mwami and Yuka, which have agricultural land available. The Mwami Garden has expanded its maize crop each year, along with a banana plantation, fish pond, and other farm produce. A similar program is planned for Yuka. This produces food for the patients and staff and also provides an income stream that supports the hospitals.

**Malawi**—The “warm heart of Africa” continues to thrive on possibilities. Though ranked as one of the poorest countries in

the world, Malawi has a wonderful human spirit that impacts all who live or travel there. Because of the economy, supporting our institutions through patient fees is always a challenge. But the carefully worked out turn-around plan for Malawi is well underway, and the future is bright.

There are really four parts to AHIS–Malawi. The Adventist Health Centre Lilongwe, located in the capital city, has always been the financial powerhouse with its active dental and medical clinics. In fact there are now plans for expanding this operation into a small hospital that can provide even greater services to the influential leaders of the country. Drs. Jesse and Sheila Agra have anchored the dental clinic for many years developing a solid reputation in the country. Jesse recently went through the International Dentistry Program at Loma Linda University to update his skills. Dr. Rodney Kalanda, our medical director, also has a strong reputation for his caring and clinical skills. These three professionals have built up a sizable financial reserve, which they have made available to the other institutions in AHIS–Malawi for their turn-around plans.

Blantyre Adventist Hospital (BAH) is in the economic center of the country, located in the south. With 55 beds, it has done well for many years but started declining over the past decade. This resulted in deteriorating staff morale, broken equipment, and loss of clientele. Kirby Kasinja moved from Lilongwe to start the turn-around plan two years ago, and BAH is now back on its feet and digging its way out of debt. This hospital has great financial potential. With improved equipment and better staffing, BAH is expected, once again to be stable and profitable.

The biggest concern in the country is the granddaddy institution in Africa—

Malamulo Hospital. Located about 45 minutes outside of Blantyre, this hospital was established in 1908, 100 years ago. Unfortunately, the physical plants of both the 275-bed hospital and the 450-student College of Health Sciences have deteriorated badly. Many of the paying patients who had previously made use of the private ward have gone elsewhere. It will take some time to bring the institution back. AHI has invited the student association at Loma Linda University to assist in this process, and they are raising funds and sending volunteers to help in the refurbishing.

Don Schatzschneider is serving as our hospital administrator at Malamulo. Dr. Cristy Shank has come to strengthen the physician manpower. Drs. Yvonne Beteta and Oswaldo Lara have anchored the place for many years and are happy to have assistance. Our hope is to celebrate the centennial anniversary at Malamulo in September 2008 with clear evidence of its improving finances and reputation.

Finally, there is a viable network of 18 clinics scattered all across the small country of Malawi, called Adventist Health

Services. This system provides the only primary care for many rural communities. Our goal is to upgrade each of these clinics to be a center of both clinical and preventive care, as well as serving as an anchor for each local church.

#### EAST-CENTRAL AFRICA DIVISION

**Ethiopia**—Gimbie Adventist Hospital (GAH) was one of our first AHI institutions and continues to serve as a foundation for the work in Ethiopia. The new hospital building, opened in 2004, is now a center for health care for the entire West Wollega Province. In partnership with Maternity Worldwide, a safe birth fund has been established that provides free delivery to any pregnant mother who comes to the hospital. Through the education and outreach efforts of the staff, we are starting to make significant progress on the high maternal mortality rates that have plagued this part of Africa.

A goal of GAH for years has been to start a nursing school. This was accomplished this past November with an initial class of 31 students. Adam and Nellie

Woelk, a young couple from the United States, were instrumental in this. We are deeply appreciative of their efforts. Together with Ruth Lawson, our administrator, they have found the necessary materials and resources to get started in the two new buildings that were constructed a year ago. Now we need to build a second classroom building and library to meet the government expectations. A team of builders is scheduled to arrive at Gimbie in May to work on this new project. We have about half of the estimated \$100,000 needed for





this group to construct the new building. They will also repair other buildings and maintain our network of clinics across western Ethiopia.

The other big plans for Ethiopia include a new health care facility planned for Addis Ababa. We have always wanted a facility there to maximize our impact on the national government and the growing number of people in this thriving capital city. The family of Bekele Heye, a former church leader, has offered 20 acres of the family ancestral lands on the outskirts of Addis. This ideal building spot has been evaluated and a building request submitted to the city. Though there are many hurdles yet to cross, this proposed health care facility could ultimately anchor other work in Addis. Zewditu Hospital has now deteriorated to the point where it is best left with the government, which has operated it for the last 30 years.

**Rwanda**—It has been a challenging year in Rwanda. We have not found a replacement for Dr. Mark Ranzinger, who was our surgeon at Mugonero. Dr. Ven Ang, our country director who was based at the Polyclinic in Kigali, has moved on to other duties. Fortunately, others are carry-

ing on, including Dr. Mark Habineza as medical director at Mugonero, along with a staff of five other national doctors. They have also been blessed with considerable external funding to strengthen their HIV/AIDS programming. Dr. Mariane Ottoni is doing a great job at the Kyaciru Dental Clinic, though more help is needed. There are so many opportunities in this country with surging growth, and many

aid dollars flowing in for different projects.

One of the major goals for the short term is to reopen the nursing school at Mugonero. The new Adventist University in Kigali would like to start a program in nursing, but needs assistance with buildings and clinical rotations, which Mugonero could provide. The previous nursing school facility at Mugonero has been converted into a science secondary school, following government regulations. This means we need to raise funds for a new nursing school on land available next to the hospital. AHIS-Rwanda has already sponsored several promising young nurses for advanced degrees who can help anchor the new program. Our hope is to have all the pieces in place within two years to start the nursing program.

#### INTER-AMERICAN DIVISION

**Guyana**—As one of our first two AHI hospitals, Davis Memorial Hospital (DMH) has always held a special place in our hearts. Bertie Henry continues to serve as our administrator, with Dr. John Wilson carrying the role of medical director. The early quality reputation of this place has returned, and DMH is ready for the next





big leap forward. The infrastructure is strong, with additional staff housing being completed. Specialized programs in diabetes and hypertension have been started, reflecting the health impacts of rapid westernization of the diet and decreasing exercise.

Our next major goal for Guyana is to build a new Health and Diagnostic Center at DMH. This would provide expanded outpatient services, including a new clinical laboratory, pharmacy, and dental clinic. This building would be located to eventually connect with the hospital, allowing the sharing of basic support services. Approximately \$160,000 has been raised to date toward the goal, with more than \$300,000 still needed. Guyana's economy is ready to embrace modern medicine with expectations for advanced diagnostics and techniques. DMH has the potential for providing a model for the country with their new facility, and our goal is to move forward as soon as the funds are available.

**Haiti**—This nation on the western half of the island of Hispaniola continues to be one of the world's greatest development chal-

lenges. With unstable national politics, considerable inefficiency and graft in the multiple bureaucracies, and a burden of oppressing poverty, it is often difficult to believe in the future. Our little hospital in the Diquini suburb of Port-au-Prince continues to do its part in this difficult environment. The two new generators provided by AHI have been a blessing in this deteriorating capital city, where electrical

power is only available a few hours per day. Security is also a concern, with guards required day and night to protect both personnel and resources.

Despite this challenging environment, this hospital has been chosen by the Loma Linda University School of Medicine class of 2010 as their special project. They are raising funds, planning trips to Port-au-Prince, and getting excited by the challenges they see. During the next two years before they graduate, they hope to enlist 100 classmates to raise \$1,000 each, for a total of \$100,000, to upgrade the facility. What a powerful testament to the optimism of these young people, who are not put off by the problems they see, but rather are excited by the potential they feel.

**Honduras**—Hospital Adventista de Valle de Angeles (HAVA) continues to provide a beacon of light in this beautiful country. Led by Veronica Alvarado as administrator and Dr. Raul Schneider as medical director, HAVA and its associated clinic in the capital of Tegucigalpa are gradually reestablishing an Adventist health presence in Honduras. Financial support from Adventist Health and



others has provided the opportunity for refurbishing many of the patient rooms as well as clinical services. Plans are also being laid for expanding the Tegucigalpa clinic to reach the many there who are seeking quality health care.

Arthroscopic surgery has been introduced at HAVA, and efforts at expanding physical therapy are underway. Physical therapy students from Universidad del Plata in Argentina are using this as a site for clinical experience. Both sports injuries and trauma are being rehabilitated in the facility. The small dental clinic is fully functional, with plans to expand the procedures offered. A growing number of students from LLU are using HAVA as a base for development experience due to all the projects underway throughout the country.

**Trinidad**—Amazing turnaround. May God be praised. That is all that can be said about Community Hospital in Port of Spain. It has gone from heavy debt and being nearly sold just six years ago, to now being debt free with a major building program underway. This has certainly required the hard work of many, but Dr. Richard Spann, functioning as both neurosurgeon and president of the hospital, deserves much of the credit. The initial remodel several years ago established a four-bed ICU and five-bed dialysis unit. Now a major service support building is nearing completion, and a seven-phase remodel of the entire building is underway. Patient occupancy is high and clearly Community Hospital has regained its preeminent role on this island nation.

With this success come new questions. How far and fast should we build on this momentum? It is clear that the health care needs of Trinidad are tremendous, with a struggling governmental health care system

and no other faith-based hospitals on the island. The biggest challenge is finding qualified personnel that can provide the skill and compassion that is necessary for expanded services. The transition of Caribbean Union College to the University of the Southern Caribbean provides a logical partner for new academic programs that can help supply the manpower needed. Loma Linda University is ready to assist in this academic expansion, but time will be required to develop programs and prepare a new cadre of health professionals.

Discussions with top government leaders suggest they would like Community Hospital to continue its expansion and diversification into additional service lines. Several new graduates from Loma Linda are scheduled to join the staff soon. Additional management staff is being recruited. But with this growth comes risk. How fast can we prepare qualified staff? How large of an expansion is appropriate? How do we maintain our Adventist distinctiveness in this arena of growth and expectations? These are issues the board is struggling with as we face this new challenge of success. We earnestly seek God's guidance as we confront this world of opportunities.

**Venezuela**—Despite local politics and international news to the contrary, our AHIS clinic in Caracas and hospital in Barquisimeto continue to provide quality services in Venezuela. Our major emphasis for the last two years has been to complete the ground floor of the large hospital building that was started nearly 15 years ago.

Funds were raised from several sources and this first phase is nearly done. This will enable the physicians to establish a major new outpatient department, along with an emergency department and vari-

*Continued on page 22*

# Philanthropic Support

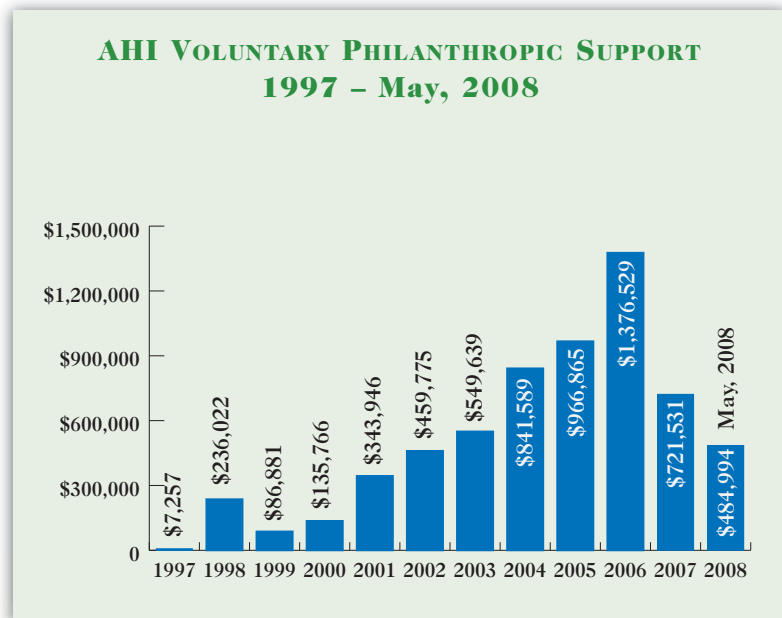
As you will note from the accompanying statistics, the philanthropic expression from contributors toward AHI programs in various countries has been generous and wonderful. Since 1997, through May of 2008, contributors, individuals, and organizations, including Church entities, have given \$6,208,811 in support of hospital re-establishment projects in 12 countries.

As you well know, these funds are critically important to move various re-establishment projects forward. The funding from you, contributors to AHI, is also symbolic—symbolic of the tremendous faith that contributors have in the work implemented by this organization’s volunteers. And faith and commitment that the re-establishment work for hospitals and clinics around the world is worth doing. Church hospitals were originally established by pioneers who had a passion for these entities’ service roles for their respective populations, passion that

### Story from page 21...

ous support services. With the availability of this new facility, the existing outpatient department will convert to a dental clinic. From the financial strength of these expanded clinics, finances can gradually enable the completion of the remaining three floors of the new hospital building.

The enthusiasm of our dedicated staff at these places is always infectious. Despite



they played a critical role in extending the ministry of Jesus Christ. Through our contributors’ philanthropy, that ministry is revitalized and can continue.

To you, our many hundreds of contributors each year, thank you for re-living our pioneers’ passion, for breathing re-invigorated life into our hospitals and their committed staffs, and for giving **HOPE** to those in need.

challenges in the country, they are optimistic that God is with them and that He is guiding their efforts to expand their services. Dr. Daniel Gonzales, our medical director, and Marbellys Garcia, our administrator, are pushing for both service excellence and a strong Christian witness. Our hopes and prayers are for the completion of this first phase in 2008 so the future plans can be realized.

Those 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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# On the Trail to Gimbie!

*(Excerpts)*

Adlai Albert Esteb

November 4, 1963

*Gimbie, via Lekempte, Ethiopia*

This part of the world has two seasons, they said,  
The first one is rainy with a vast watershed.  
It seemed the dry season had just begun,  
And we could see now where the water had run.

What once had been roads were now ruts so deep,  
To see those big holes would make one weep.  
Mere words cannot paint the picture we faced;  
All semblance of road was completely erased.

How often we stopped to build our own road,  
While crossing one river took off all our load.  
For over two hours our car was stalled there,  
But angels helped us in answer to prayer.

For we had done all that humans can do,  
And yet it seemed that we'd never get through.  
And when at last we were safe on dry banks,  
We shouted for joy and gave hearty thanks.

We started again at the fabulous rate  
Of six miles an hour, and sometimes made eight.  
We struggled on foot paths through elephant grass.  
On much of the road there was no room to pass.

The channels the rain had cut on the hills  
Provided real problems and plenty of thrills.  
We heard the hyenas, but they did us no harm;  
Baboons and the monkeys gave no cause for alarm.

At last we reached Gimbie by ten that night,  
Received a welcome that made all things right.  
The Road to Gimbie had become a Trail.  
The Trail a Trial to make strong hearts quail.

We weathered the trip and had stood the test,  
And we welcomed with joy a chance to rest.  
Though Gimbie is called a "jumping-off" place,  
'Twas a spot I found comfort, charm, and grace.

Though twenty odd thousand people live there,  
It has no banks and folks don't seem to care.  
It boasts no railroads or latest bus styles,  
The post office nearest is eighty miles,

But when you arrive, and you've reached your goal,  
The welcome you get is good for your soul.  
The road to Heaven is somewhat the same,  
We'll weather the trip through Christ's power and name.

*We'll soon forget all the trials that are past,  
When safely at home in heaven at last.*



**Adventist Health**

INTERNATIONAL

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