

Adventist Health

INTERNATIONAL



Disasters in the

Caribbean

2010 ANNUAL REPORT



P R E S I D E N T ' S | R E P O R T

Service. A simple word filled with so many meanings and overtones. It is certainly the watchword for AHI. It guides, empowers, motivates, and defines. It is Christ's method, demonstrated so many times in Scripture.

The model of service that AHI follows utilizes volunteers heavily, both here in the United States, and also in the field. We view this as very valuable, both for the institutions that are helped, and for the many who volunteer. Yet even volunteers need support, including basic health insurance, assistance with travel costs, lodging while in the field, and other unforeseen costs. This is usually our greatest financial need as we seek to provide an opportunity for the growing number of both young people and others who desire to serve.

A large amount of time and many volunteers have been involved this past year with the earthquake in Haiti. While our hospital was not significantly damaged, the earthquake flooded us with patients and provided an opportunity to upgrade the physical plant and expand our services. We are grateful for the hundreds of health professionals who spent time in Haiti providing incredible service under very difficult circumstances.

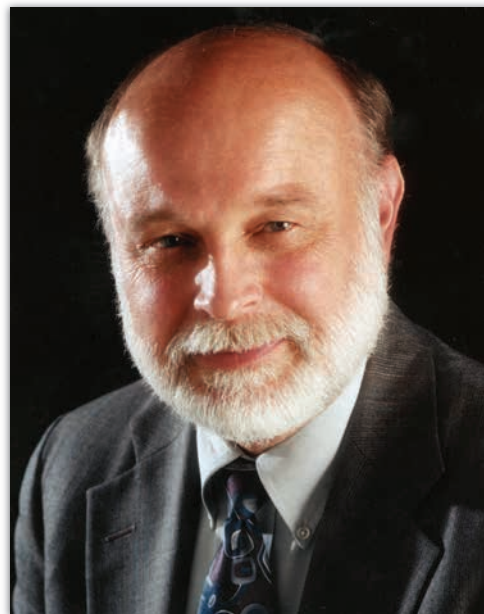
At the end of 2010, another natural disaster hit our little hospital in Curaçao, in the south Caribbean Sea, just an hour's flight north of Venezuela. At the end of Hurricane Tomas, which soaked the island, an earthen dam broke near our hospital and suddenly flooded the entire facility with three to four feet of water. Both patients and staff were evacuated safely, but the electrical equipment, which is so critical in a modern hospital, was essentially all destroyed. Our board and hospital leadership quickly put together a rescue plan for obtaining new equipment, and within two months, more than \$1 million had been raised from numerous sources to replace most of what had been lost.

While these major disasters are expected and dealt with as best we can, the biggest challenges are the day-to-day crises in each of our institutions—meager resources, late arrivals of critically ill patients, and limited equipment. This is our continual battle, as we seek to upgrade and maintain our current network of 26 hospitals. Certainly major progress has been made for which we are deeply grateful to our donors and staff. But so much more needs to be done in those hospitals that are already part of AHI, and also to help us prepare for the others who are asking to join.

I must end with a huge thank you to the growing number of donors around the world who support the work of AHI. This includes those who donate their time as well as those who contribute financially. You are part of an incredible team, holding hands across many continents to serve and provide healing and hope to so many. It is a privilege for us to partner with you. May God rest His hand on all those tackling some of the world's toughest problems every day. We count on your continued support and commitment to AHI and those we support on the front lines.



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
- ✦ Adventist health systems
- ✦ Educational development
- ✦ Children's 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.

Saving ANTILLEAN

ADVENTIST HOSPITAL

Hurricane Tomas devastates small hospital on island of Curaçao

BY HAROLD LEE

Fierce weather winds and large amounts of rain water seldom if ever visit the small, Netherlands Antilles island of Curaçao. However, the evening of November 1, 2010, found this South Caribbean Sea island under a torrent of both. Hurricane Tomas had found its way to Curaçao, bringing with it widespread destruction.

Antillean Adventist Hospital, the small, 40-bed facility, experienced sudden heavy rainfall. Seven nurses on duty at the hospital that eventful and unforgettable night say that around 8:00 p.m., rainfall became heavier and water began building up on the streets and flooding into the hospital.

According to news reports, the dam system which retains water from the rainy season, broke, releasing streams of water throughout the town and directly into the hospital. This water was highly infected with heavy brown sewage and debris of all kinds. Among the major areas hit by the storm were Zuikertuintje (Sugar Garden) and Groot, Davelaarweg (Great Davla Street).

One nurse, sensing the weather, wanted to arrive early for the night shift. As she drove into the area, she noticed water building up on the streets. Upon arriving at the hospital, she parked her car

on the sidewalk next to the hospital. Before she could exit her vehicle, she found water was rapidly entering her car and blocking her ability to get out. Using her cell phone, she called another nurse in the hospital. She was advised not to attempt to come into the hospital. The water was rising too fast. It was filling up the hospital corridors and patient rooms. However, this did not discourage the nurse; she joined a group working its way into the hospital and assisting other nurses with evacuation of the patients.

At around 9:00 p.m. the nurses contacted Cenaida Panneflekk, chief executive officer of the hospital, and alerted her that water was flowing down the streets and into the hos-



Heroic nurses from Antillean Adventist Hospital saved many patients during Hurricane Tomas ▲

pital, creating an unmanageable situation. Ms. Panneflekk advised to keep calm, assist the patients, and call the fire department. She further advised the nurse to take charge of the situation by calling the island disaster team, the ambulance service, radio stations, and the head of the hospital maintenance department. Other institutions were also contacted to provide help.

When the director of maintenance arrived, the staff gathered flashlights, sand bags, and boots. By this time, driven by the power of nature, the heavy currents of water had erupted with garbage and defecation overflowing in many areas of the community and the hospital. The rushing water washed away everything in its path, including large trees and automobiles, and threatened the lives of patients, nurses, staff, and the neighborhood.

Huge amounts of water coming from the broken dam flooded a school, a Jewish temple, a hotel, and the Antillean Adventist Hospital—a 40-bed, one-level facility, which has served the community since 1970—causing indescribable damage to the entire hospital. In its wake, the fury of nature raised water levels up to three feet and more, destroying walls in patient rooms and offices, medical equipment (CT scan, X-ray, and anesthesia machines), beds, central IT unit, computers, important files, documents, furniture, and other materials too extensive

to list. In addition, two auxiliary buildings near the hospital were destroyed and left uninhabitable.

As the night drew on, water rose to a level of three to four feet throughout the hospital, destroying the infrastructure. Electricity and telephone service were rendered useless.

Darkness set upon the operations of the hospital and the care and safety of patients. One nurse received an electric shock while disconnecting a computer in waist-high water.

Nurses and other personnel tried to attend to patients with dirty, infested, putrid water wrapped around their waists. Often this included body waste filling their boots and clothing, with an overwhelming odor that made it difficult to breathe.

“We struggled to move around the bedsides of patients providing care, encouraging calm, comforting, and praying for hope and soon rescue,” says one nurse.

Another nurse, hesitating to relive the experience, wrestled emotionally as she shared the traumatic events of the night, by telling how she worked with patients in the midst of darkness and dirty water, praying and singing amidst flashes of lightning and claps of thunder with falling rain.

Patients were filled with fear, calling, crying, and screaming for help.

“Only God can save us now!” the patient screamed. “Take what you can, break windows, get out!”

"I was tired," she says. "I was exhausted, wanting to just sit down, but with nowhere to sit. There was muddy water waist high at times. We would stand on chairs, looking here and there with only a shared flashlight, side by side with other nurses. We gave each other blessed assurances, believing, with faith and hope, for help to come."

Another staff nurse who was a patient had surgery that very day. She remembers that it was around 11:30 p.m., and that the level of water had reached just under her bed. She had taken as many pictures as she could. She then placed her camera on her chest and waited in faith and hope, praying for help to come soon. A patient in the bed next to her began calling the names of her relatives. She called for her husband to get the car and take her home.

"Only God can save us now!" the patient screamed. "Take what you can, break windows, get out!"

With only two flashlights to share among them, the persevering nurses labored during the night. Finally, at the midnight hour they began removing the 18 patients and 1 newborn baby,

who had been born just that day. The nurses loaded the patients onto beds and wheeled them to the hospital entrance area where they were carefully and safely evacuated into the rescuing arms of marine soldiers who then placed them into ambulances. The patients were then rushed to St. Elizabeth Hospital. Six of the nurses accompanied the patients to the hospital and continued to care for them.

At the heart of Adventist health care is patient care, treating the whole person—physically, mentally, and spiritually. This is a story of seven valiant, self-sacrificing nurses committed to saving the lives of their patients in the midst of a dangerous, devastating tropical storm.

Who can measure the exemplary service and sacrifice of these faithful, committed nurses, who were thinking only of their patients and their safety? By God's grace and their commitment to service, a bond has been created between them that will be unbreakable. The Antillean Adventist Hospital's mission to provide quality health care to those it serves by relieving suffering and sickness of body, mind, and spirit was exemplified by these individuals.

As the hurricane continued to pound the hospital, brown water filled patient's rooms ▼



Dr. Richard Hart
President, Adventist Health International
11060 Anderson Street
Loma Linda, California 92350

January 30, 2011

Dear Dr. Hart,

I have just returned from a meeting of the Board of Directors for Antillean Adventist Hospital (AAH) in Curaçao. At this meeting, the Board voted to express great appreciation to you and Adventist Health International (AHI) for the prayers and financial support for the hospital. Thanks to God's blessings and your support, the hospital is on the road to recovery. The first surgery and the first birth since the flood have occurred in the hospital. We have been successful in acquiring funding for the recovery, and the hospital is expected to be totally operational by March 1, 2011.

As you know, AAH was devastated on November 1, 2010, by a flood. The financial loss for the hospital was US\$3.8 million. Since there was no insurance coverage for this flood, we established a recovery funding plan using donations, hospital reserves, vendor discounts, and loans. The goal for donations was US\$1.2 million. Thanks to the efforts of AHI, we have achieved this goal. Additionally, it appears now that we will be able to keep the borrowing to a minimum.

Please pass on to the AHI administrative committee the appreciation of the AAH Board. Also, please thank them from me for their support and efforts. The promotion on the HOPE channel, the grant request, the guidance on equipment purchases, and many other kinds of assistance have been instrumental in the recovery of AAH, and have demonstrated to Board members, church leaders, church members, local business leaders, and hospital staff the great benefits of being associated with AHI.

DONALD G. PURSLEY
Chair, Board of Directors
Antillean Adventist Hospital
Curaçao

S U P P O R T I N G | P A R T N E R S

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.

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Boulder Adventist Church
College View Adventist Church
Columbia Union Conference
Fresno Central Adventist Church
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A record of commitment to mission

BY ALBIN GROHAR

Walt Whitman said, “when I give, I give myself.” The year 2010 was a year when the world’s economy was still struggling. And a year of significant tragedy—the January earthquake in Haiti killed more than 200,000 and devastated the already fragile country, sparing no societal stratum.

The year 2011 seems no less tragic. As we write this report, we have just heard of the devastating 8.9 earthquake and tsunami in Japan.

Despite the condition of the United States and global economies, donors to AHI “gave themselves,” making for a record year in philanthropic contributions to the organization.

One half of all contributions to Adventist Health International were dedicated for post-earthquake relief efforts in Haiti. These gifts enabled AHI, and its many volunteers, to do what it is supposed to do—to send people, equipment, and other resources to intervene when and where they are needed the most. Medical and support personnel, infrastructure, and other assistance were provided quickly within two to three days of

January 12 to Hopital Adventiste d’Haiti, helping to make it the country’s best hospital to this day.

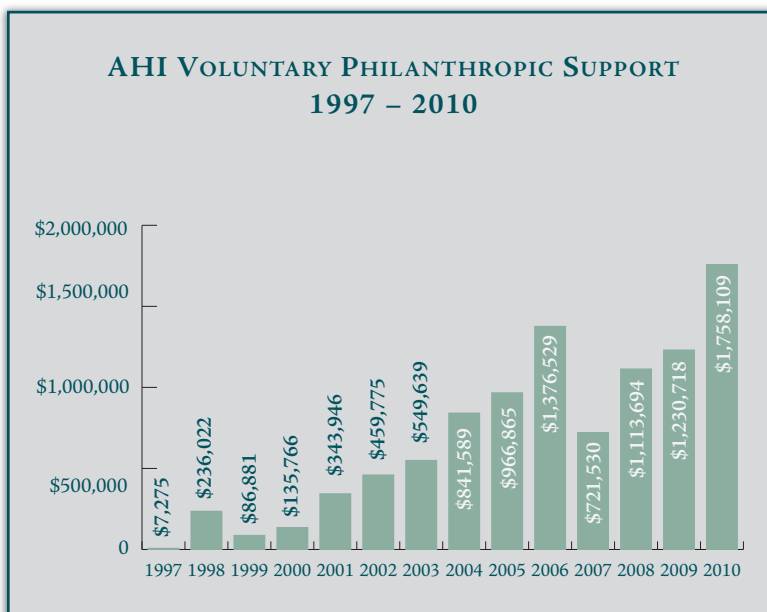
Donors’ generosity accomplished much in other areas too:

- The Monsanto Fund’s \$193,000 grant rebuilt Malamulo Hospital’s water supply system in Malawi. We recognize Monsanto for this magnificent philanthropic achievement.
- Grants from Versacare enabled the first major conference of Inter–American Division hospitals held at Hospital Adventista Valle de Angeles in Honduras and provided medical equipment for the Adventist Clinic in Caracas, Venezuela.
- Patient services at the flooded hospital in Curaçao were resumed following Hurricane Tomas.
- The Stewardship Foundation stimulated establishing health care work and Christian influence in Niger and Mauritania, both predominantly Muslim countries. The foundation fostered this unprecedented effort for AHI and Loma Linda University.
- Engaging in proactive fundraising, LLU medical student classes (2010, 2011, 2012, and 2013) “adopted” hospitals in Haiti, Guyana, Belize, and

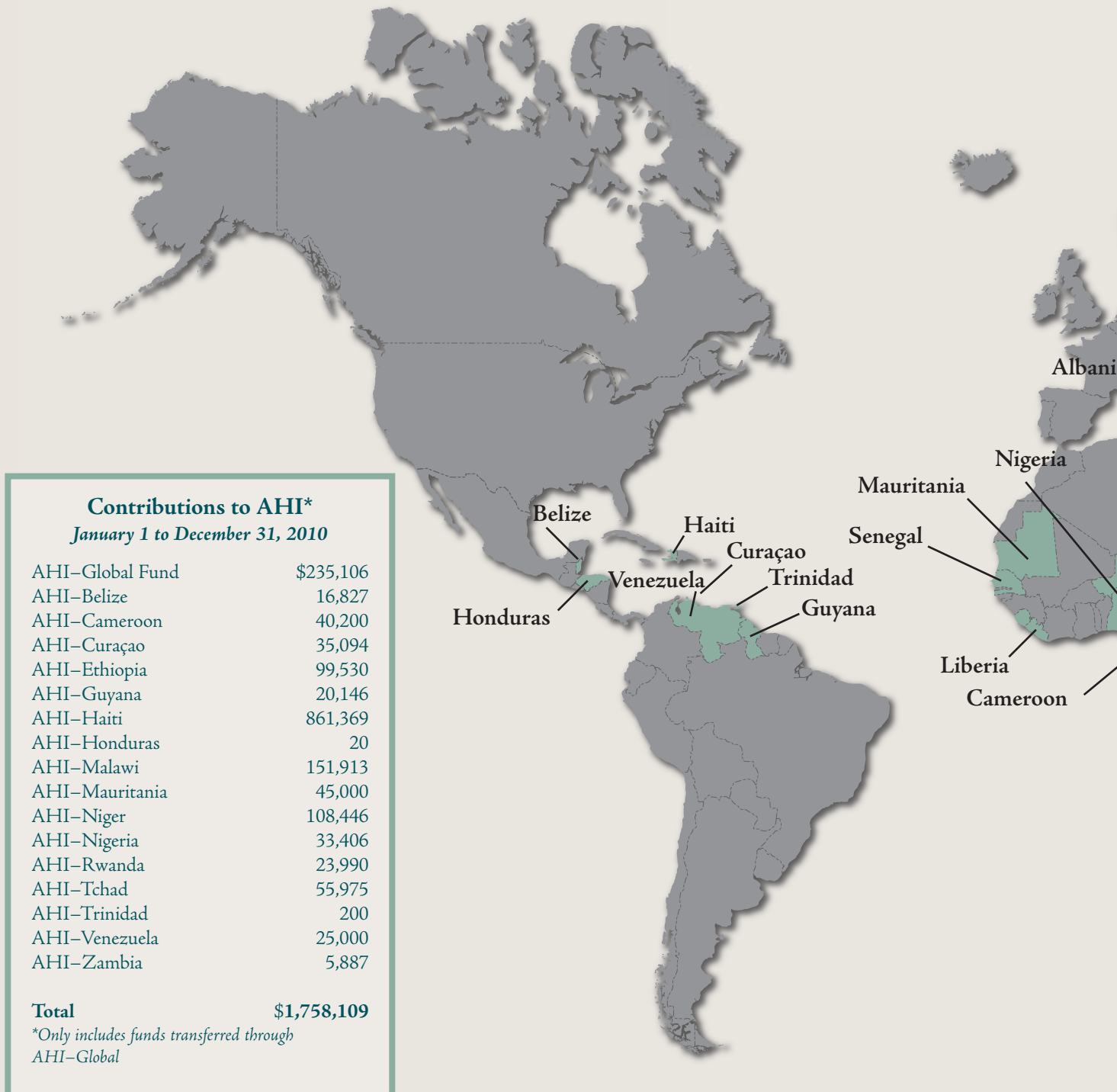
Honduras to assist them in capacity-building. These students’ dedication portends well for the church’s future health care work.

• During the year, one of our generous donors arranged for AHI to be the beneficiary of two gift annuities. This is the first time AHI has received this type of gift—a wonderful expression of confidence in AHI’s work around the world.

The people of AHI, here and around the globe, are inspired and immensely grateful to the 686 donors who gave in 2010. Thank you!



AHI INSTITUTIONS ACROSS THE



Globe



AHI PROJECTS

AHI–Global projects	\$235,106
AHI–African continent projects	564,367
AHI–Caribbean and West Indies area projects	958,636
Total contributions to AHI projects	\$1,758,109

C O U N T R Y | R E P O R T S

With 26 hospitals in 21 countries, we cannot tell as many stories about each institution as we could in the past. Yet it seems important to provide a brief mention of each place God has called us to. AHI now operates in four divisions of the Adventist world church, three in Africa and one in Inter-America. While there are always challenges, progress continues on all fronts, bringing healing, church growth, and spiritual blessings in many countries.

INTER-AMERICAN DIVISION

The majority of hospitals in the Inter-America Division are now members of AHI. These include institutions in the countries of Haiti, Trinidad, Guyana, Venezuela, Honduras, Belize, and Curaçao. Elie Honore, MD, MPH, has been named the president of the IAD Health System and serves as the main liaison with AHI through his role as an AHI regional vice president. Discussions are underway on how to best support the entire division with common strategies and infrastructure.

Belize—La Loma Luz Hospital in Belize has finally become part of AHI. Led by Grant McPherson, La Loma Luz has been providing quality clinical care to southeastern Belize for many years. Managed for years by Mission Projects, Inc., the 25-bed hospital has now transitioned to AHI, with Kevin Lang, MBA, from Loma Linda as board chair. Growth is planned in several areas. La Loma Luz was recently selected by the national government to be one of two hemodialysis centers in the country. Financed by the federal government, this service will be a valuable contribution to the country and will establish La Loma Luz as a major health care institution. It is expected to dialyze its first patients in early 2011. La Loma Luz also hosted the Loma Linda University School of Medicine class of 2012 over Christmas break its class project. The students expect to return there for many years as part of their lifelong commitment to global service.

Curaçao—At the end of 2010, a national calamity hit another of our hospitals on the little island of Curaçao, just north of Venezuela, in the southern Caribbean. Tropical storm Tomas caught the island with full strength, deluging it with rain. As the storm was ending, an earthen dam near the hospital was overwhelmed, causing the facility to suddenly flood with three to four feet of water. Our heroic staff stayed with the patients and managed to evacuate everyone safely. But the electronic equipment exposed to the floods was ruined, forcing closure of the facility for several months. Unfortunately, the insurance plan did not cover flood damage, so a major concern was how to make the institution functional again. Under the leadership of Don Pursley, DBA, board chair, and Cenaida Panneflekk, administrator, a fundraising plan was put together that succeeded in raising more than \$1 million in just two months to essentially replace all necessary equipment. By March 2011, the hospital was providing services again, moving quickly toward full capacity. Its reputation was so strong that many patients preferred to come there even when its capacity was still limited. Our expectations are that with new equipment and continued strong leadership, this 2010 tragedy will give us the opportunity to have an even stronger institution into the future.

Ardis and Grant McPherson lead the efforts at La Loma Luz Hospital in Belize. ▼



Guyana—Davis Memorial Hospital continues to serve the capital city of Georgetown. With the departure of John Wilson, MD, in May, DMH has had insufficient medical manpower for the balance of the year. This has been partially compensated by the arrival of Warren Creed, DDS, and his family. Dr. Creed is an orthodontist who has reactivated the dental clinic and is now working on establishing satellite dental clinics elsewhere in the country. Alexander Isaacs continues to provide strong leadership in administration, and at year end it looked like DMH would be funded by USAID to provide HIV/AIDS services to the country. This contract would establish our hospital as a major health care provider in the country.

Haiti—The massive earthquake of January 12, 2010, is still the dominant issue in this struggling island nation. Minimal progress has been made on cleaning up the quake debris, and the health care infrastructure is inadequate to care for routine needs, let alone the additional disabilities from the earthquake. The Hopital Adventiste d’Haiti continues to play a major health care role, particularly in orthopedics. There are an estimated 7,000 new amputees in the country now, so AHI has collaborated with Prosthetika, CBM, and Project Hope to acquire and install two containers equipped to make prostheses. Many orthopedists have been providing care at our hospital, anchored initially by Scott Nelson, MD, and now Terry Dietrich, MD. Solid progress has been made in developing an administrative system capable of growth and development to meet the expected needs of the country. Emilie Clotaire, administrator, and Frantz René Jean-Baptiste, business manager, have partnered with our current AHI volunteers, Nathan and Amy Lindsey, to establish an effective team dealing with a myriad of issues and a continuing stream of volunteers. Recently joining this management team, Yolande Simeon, MD, a pediatrician, replaced Lesly Archer, MD, as medical director. Marc Julmisse serves as nurse educator. The chal-



▲ Jamieson Dickie works on a prosthetic leg at Hopital Adventiste d’Haiti.

lenges ahead are immense, including building on-campus housing for long-term volunteers, improving the water and sewage systems, finishing a new patient wing, and coping with the continued high volume of patients, particularly children. The team is working on major departmental relocation to accommodate pediatric and maternal in-patient care more efficiently in the existing building. Sometime soon we need to build a major new expansion wing, with more operating theatres, a larger labor and delivery area, and expanded orthopedic services.

Honduras—The beautiful setting of Hospital Adventista de Valle de Angeles only partially compensates for the many struggles this little hospital has had through the years. Gradually the problems of the past are being resolved and a solid foundation is being laid for the future. Veronica Alvarado continues to provide administrative leadership, which has now been strengthened by the addition of Garry Gregory as business manager. A major step forward was accomplished in October, when Jason Lohr, MD, and Belen Lohr, MD, family medicine specialists from Loma Linda who had worked in

Nigeria for five years, joined the hospital staff. Together with Raul Schneider, MD, an orthopedist from Argentina, they expect to expand clinical services, both at the hospital and the Tegucigalpa clinic. Two Global Service Scholarship awardees from Loma Linda are also at HAVA—Tina Pruna is helping in community health education programs, and Jonathan Jackson is developing the physical therapy department.

Trinidad—Community Hospital in Port of Spain has seen many ups and downs during 2010. Political changes in the country have resulted in contracts being reconsidered and a delay in government payments for patient services. Richard Spann, MD, and Marlene Spann, MD, have continued to provide valuable medical leadership during these transitions. The addition of Carol Cuffy from Guyana as business manager has also been a major boost to the hospital. A major building expansion has had to be put on hold until the world economic crisis improves and Trinidad's economy starts moving once again. The addition of Mark Sandoval, MD, in emergency medicine and Norman McNulty, MD, in neurology has added new specialists to Community Hospital. Both are LLU graduates and bring added potential to Community Hospital.

Venezuela—Despite high inflation and a difficult political environment, the busy city practice in Caracas and the small hospital in Barquisimeto continue to provide quality health care. With limited funding for construction, the new hospital building in Barquisimeto is not yet completed, though the ground floor is nearing occupancy. The clinic in Caracas is exploring a strategy to expand into inpatient services as a means of protecting its market share. Efforts are also being made to develop the six church clinics scattered around the country and make them an integral part of a national system. AHI is anxious to raise sufficient funds to complete the hospital in Barquisimeto to enable the Adventist physicians in the city to come together in a meaningful practice setting.

EAST-CENTRAL AFRICA DIVISION

Ethiopia—Gimbiye Adventist Hospital remains our “volunteer capital” for another year. They have been greatly blessed with the many young people who have contributed to the various services offered by the hospital, both in the town and surrounding countryside. Paul and Petra Howe continue in leadership positions at Gimbiye, assisted by Mark Squires and a host of others. A highlight of this year was the first graduation from our School of Nursing, with students scoring well on the national exams. Our hallmark of providing practical clinical education in all our schools always prepares students well for the real world and the responsibilities they will face. The physical infrastructure at Gimbiye continues to improve, with the addition of a new laundry. Together with Davis Memorial Hospital in Guyana, Gimbiye was the first member of AHI, more than 12 years ago, and has truly been a pioneer in expanding our mission. The seven rural health clinics in West Wollega continue to be an important part of that mission.

Rwanda—Mugonero Hospital in western Rwanda anchors AHI in this rapidly developing country. With strong national leadership by President Paul Kagame, Rwanda is fast becoming one of the most progressive countries in Africa, with the dream of connecting each of its villages to the world via Internet. Our services continue to include the Remera Polyclinique in Kigali, now expanding under the leadership of Tommy Wuysang, MD, a cardiologist from Indonesia. We are also pleased to have Jesse Agra, DDS, and Sheila Agra join us mid-year to staff the dental clinic in Kyaciru. This once again gets that facility back to full operations. Silas Gomes, MD, is a surgeon from Argentina who is anchoring Mugonero and the rural clinics depending on it for guidance. Additional national staff has been assigned to Mugonero, providing adequate physician coverage. We still hope to reestablish the nursing school at Mugonero when we can meet the advanced educational requirements for the teachers.



▲ **Cristy Shank, MD (right), serves as medical director at Malamulo Adventist Hospital in Malawi. The hospital has made steady progress and shows much promise in the coming years.**

SOUTHERN-AFRICA INDIAN OCEAN DIVISION

Malawi—A small country with a mighty heart describes Malawi. Steady progress has been made in each AHI institution, particularly including Malamulo and Blantyre Adventist Hospitals (BAH). Blantyre is now debt-free and investing heavily in the future. It will soon open a new eight-bed ICU under the direction of Tiffany Priester, MD, a cardiologist from the Loma Linda DMA program and the only practicing cardiologist in the country. Kirby Kasinja continues to provide solid administrative leadership to BAH and deserves credit for quickly bringing this institution to solvency and growth once again. The Adventist Health Center—Lilongwe is undergoing leadership transitions, and is expected to stabilize its services soon. Malamulo Hospital is the awakening giant. With

the capacity for more than 200 beds and an expanding potential for health professional training programs, Malamulo represents the future of Adventist health care in east and central Africa. Its size and diversity make it an ideal location for postgraduate medical education, and ways to develop this are being explored with Loma Linda University. Cristy Shank, MD, provides medical leadership and has been joined by Ryan Hayton, MD, a general surgeon who grew up in Malamulo when his father served there as an obstetrician/gynecologist. Don Schatzschneider was our administrator until mid-year, when Elisa Brown added this to her responsibilities. AHI owes a deep debt to each member of this team, who have brought Malamulo back from bankruptcy and given it the potential for true leadership in the church.

Zambia—The hospitals in Mwami and Yuka, along with Lusaka Eye Hospital cover the three corners of this great country. Mwami and Yuka carry a long legacy of quality Adventist health care in their local areas. Lusaka Eye Hospital, in the capital of the country, is a specialized institution providing eye care to many. A network of rural clinics is being upgraded and is the front line of health care. Edward Martin has coordinated this network as AHIS country director over the past five years, unifying these diverse institutions. His service is greatly appreciated and has provided a model for national collaboration. The national economy in Zambia has limited the governmental subsidies for bed grants to our hospitals, which has kept operating budgets lean. The School of Nursing at Mwami continues to attract students from across the country and produces quality graduates who go out to serve in both mission and governmental institutions. Its enroll-

ment has expanded with a new dormitory and classroom space available. Ron Ang, MD, serves as our medical director. Zambia is on the verge of major growth in its programs and institutions.

Zimbabwe—This great country has had a struggling economy for many years. Lyn Lamberton, DDS, kept the orthodontia clinic in Harare alive for as long as possible, until he was unable to secure adequate supplies to provide quality care. Now that things are stabilizing in the country, the church has asked AHI to reopen the clinic and start expanding Adventist health services throughout the nation. Recruitment efforts are underway for an orthodontist to begin this important work.

WEST-CENTRAL AFRICA DIVISION

Cameroon—Our network in Cameroon has grown to three facilities with the development of

A worker puts the finishing touches on a new town clinic in Zambia. ▼



Buea Hospital in the English-speaking west. Led by Trixy Colwell, MD, and Bill Colwell, this institution is rapidly changing from a small clinic to a two-story hospital with the potential for growth. Batouri Hospital in the far east continues under the medical leadership of Andre Nda'a, MD. Koza Hospital was blessed for five years with the services of Greg Shank, MD, and Audrey Shank, MD. Many of you have heard their stories of incredible suffering and healing, struggles and miracles. AHI greatly appreciates their service as they return to the states to be nearer to their daughter, Sarah. At year end, Koza was staffed by several young doctors trained in the Congo, together with hardy volunteers who are holding things together while a long-term medical director is being recruited.

Liberia—Cooper Hospital in Monrovia, capital of Liberia, consists of two institutions—a small general hospital and an eye hospital. First we must thank the Mosqueda family, a major force at Cooper for more than a decade, as they return home to the Philippines. The hospital's eye work is being ably carried on by Dr. Sonii, while the main hospital is struggling with short-term doctors for coverage. Lucinda Carter continues to lead the institution, and we appreciate her ability to keep everything moving forward under difficult conditions.

Mauritania/Senegal—Two couples agreed to pioneer work in Mauritania over a year ago. Due to threats to expatriates in the country, work shifted to Senegal and resulted in a new clinic being developed in Niaguis. Boaz and LaRae Papendick provide administrative and public health leadership while Andre Saenz, MD, and Bonnie Saenz, MD, serve as physicians. Exploration continues on how best to serve both the people of Mauritania and Senegal with both clinical care and community services. This will include training village leaders to encourage improved public health practices in their locales. Health education often works best when coupled



▲ **AHIS–Nigeria leadership providing outreach clinics among the Fulani tribe in Nigeria.**

with clinical services, so new models are being explored that can be both effective and sustainable.

Niger—Some two years ago, AHI was invited to take on the leadership of Kirker Hospital in Maine-Soroa, in southeastern Niger. A team was recruited, made up of Mindi Guptill, MD, and Scott Guptill, Kari and Derrek Hidalgo, and Kari Barnum. This intrepid group took up residence in Maine-Soroa and began integrating into the culture and institution. Harsh living conditions were endured, until the political situation began to unravel. Finally a military coup landed the president under house arrest, and those helping the hospital at the national level were unable to continue. When security issues also arose, the difficult decision was made to withdraw our team until national elections could return stability to the country. We will keep the AHI family informed as plans are made for the next steps in Niger.

Nigeria—What can you say about this giant of Africa, now with 160 million citizens? Bustling, aggressive, potential, and conflicts can all describe this part of Africa. The AHI hospital network keeps expanding, anchored by Ile-Ife and Jengre, but now including Aba in the east, Inisa near Ife,

and our newest institution, which is just opening, Ubakala near Aba. While great progress is being made at each of these places, great needs still exist, both in personnel and equipment. The difficult right-sizing Ile-Ife went through several years ago, followed by integration of its program administration, has led to huge advantages today, as the hospital has cleared all past debts and is able to start upgrading its infrastructure. Jengre has received assistance from various sources to repair its buildings, and has now completed a new Islamic Center to provide skills training to the local Fulani people, who we serve in this part of Nigeria. Akin Obisanya, MD, provides overall leadership to AHIS–Nigeria. New potential exists as AHIS–Nigeria develops closer working relations with Babcock University and its plans for a new medical school. It is expected that our network of hospitals will serve as affiliated teaching hospitals for the expanding Babcock programs. We have the potential for Adventist medical leadership in the country if we effectively utilize all our resources and are able to collaborate

fully. AHIS–Nigeria is committed to becoming a full partner in this national endeavor.

Tchad—James Appel, MD, and Sarah Appel took on Bere Hospital about seven years ago, believing they could transform this struggling institution to a force for God. Their success has been told in many venues and has reverberated across the country. This past year Bere Hospital performed more surgeries than all other hospitals in the country, with the exception of the teaching hospital in the capital of N'Djamena. At the end of the year, James and Sarah transferred medical leadership at Bere to Olen Netteburg, MD, and Danae Netteburg, MD. Olen is in emergency medicine, and Danae is an obstetrician/gynecologist, both from Loma Linda. It is a privilege to have them on board, and we look forward to further strengthening this growing institution. Bere has dreams for the future, including developing a nursing school and other training programs. James and Sarah are now moving to Moundou, where donations, primarily from the School of Medicine National Auxiliary at Loma Linda, have built a new ambulatory surgery center to serve this metropolis of 500,000 people.

The new outpatient department at Jengre, Nigeria ▼



D O N O R | R E S P O N S E



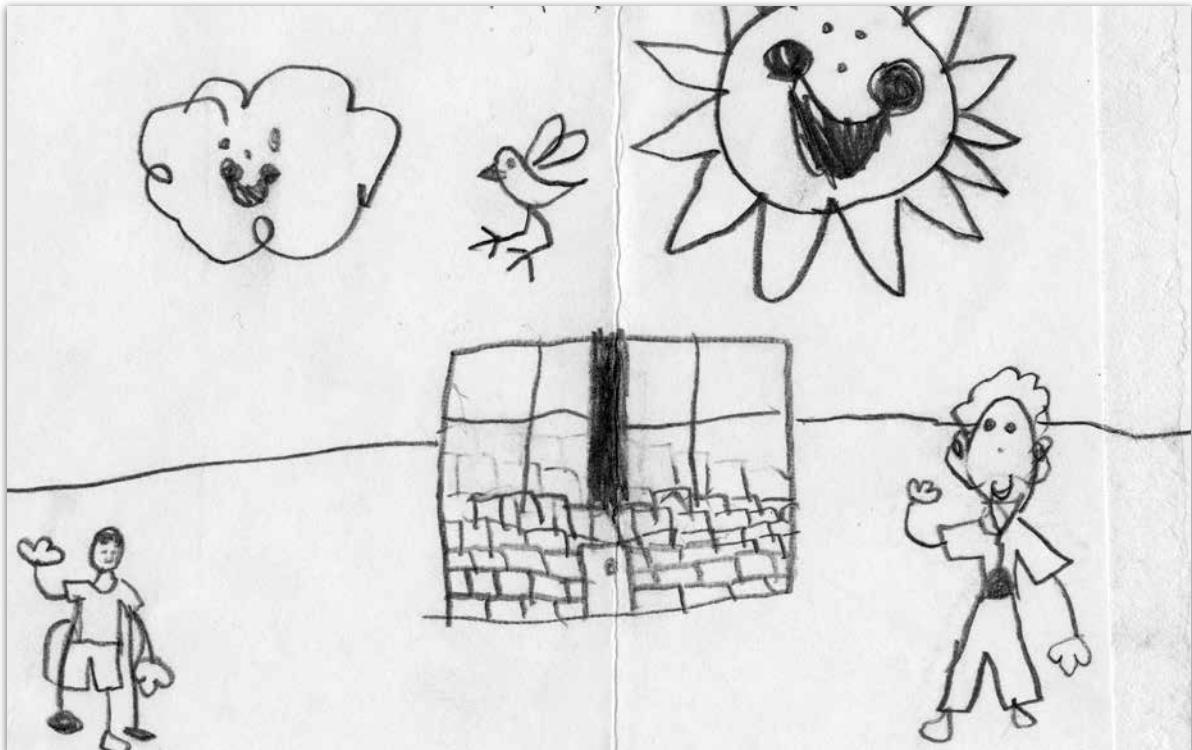
November 18, 2010

Dear friends at AHI,
This money is a gift to use where needed—from the missionary account of my daughter, Karolina Kimbrough (age 6), which she decided to give after watching the Haiti DVD. Karolina saves money for mission projects by recycling cans and bottles, with a little help from daddy (me).

She also likes to draw, so she made the enclosed picture of the Haiti hospital.

May the Lord bless all your medical ministries to His glory.

Sincerely,
Barry Kimbrough



F I N A N C I A L | R E P O R T

2010 financial statement

Statements of financial position

	(unaudited) 12.31.10	(restated) 12.31.09
Assets:		
Cash and cash equivalents	\$ 948,502	\$ 1,009,305
Other receivables	185,752	69,042
Property and equipment, net	45	388
Other assets	74,838	0
Total assets	\$ 1,209,137	\$ 1,078,736
Liabilities and net assets:		
Accounts payable	\$ 17,860	\$ 426
Long-term liabilities	64,369	0
Total liabilities	82,229	426
Net assets:		
Unrestricted	124,280	(332,355)
Temporarily restricted	1,002,628	1,410,665
Total liabilities and net assets	\$ 1,209,137	\$ 1,078,736

Statements of activities

For the years ended December 31, 2010 and 2009

	Unrestricted	Temporarily Restricted	2010 Total	2009 Total
Support and revenue:				
Contributions	\$ 160,134	\$ 1,338,031	\$ 1,498,164	\$ 1,310,597
Interest income	60,912	78,994	139,907	92,783
Total support and revenue	221,046	1,417,025	1,638,071	1,403,380
Expenses:				
International programs	0	1,451,312	1,451,312	1,153,403
General and administrative	128,985	0	128,985	163,199
Fundraising	9,175	0	9,175	6,369
Total expenses	138,161	1,451,312	1,589,473	1,322,971
Net transfers	373,749	(373,749)	0	0
Change in net assets	456,635	(408,036)	48,598	80,408
Beginning net assets	(332,355)	1,410,665	1,078,310	997,901
Ending net assets	\$ 124,280	\$ 1,002,628	\$ 1,126,908	\$ 1,078,310

Adventist Health International (AHI) is committed to utilizing 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.

MANAGEMENT TEAM

<i>President</i>	Richard H. Hart, MD, DRPH
<i>Financial officers</i>	Robert Frost, MBA Sandra Assman, MBA
<i>Secretary</i>	Donn P. Gaede, DRPH
<i>Dental services</i>	Quint P. Nicola, DDS Doyle Nick, DDS
<i>Equipment procurement and maintenance</i>	Jerry E. Daly, MA, MSLS
<i>Facility construction and maintenance</i>	Kenneth J. Breyer, ME
<i>Legal services</i>	Kent A. Hansen, JD
<i>Nursing services</i>	Jan Zumwalt, MS, MBA, RN
<i>Philanthropic services</i>	Albin H. Grohar, PhD
<i>Public relations</i>	Dustin R. Jones, MA

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As of December 31, 2010

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Maitland DiPinto
George Egwakhe
Ruthita Fike
Allan R. Handysides
Richard H. Hart
Kevin J. Lang
Pardon Mwansa
David Weigley

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Southern Africa–Indian Ocean Division
Elie Honore, MD, MPH, MHA
Inter-American Division
Fesaha Tsegaye, MD, MPH
East–Central Africa Division
Andre Nda'a, MD
West–Central Africa Division

Supporting partners...

From page 10...

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Adventist Health

INTERNATIONAL

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