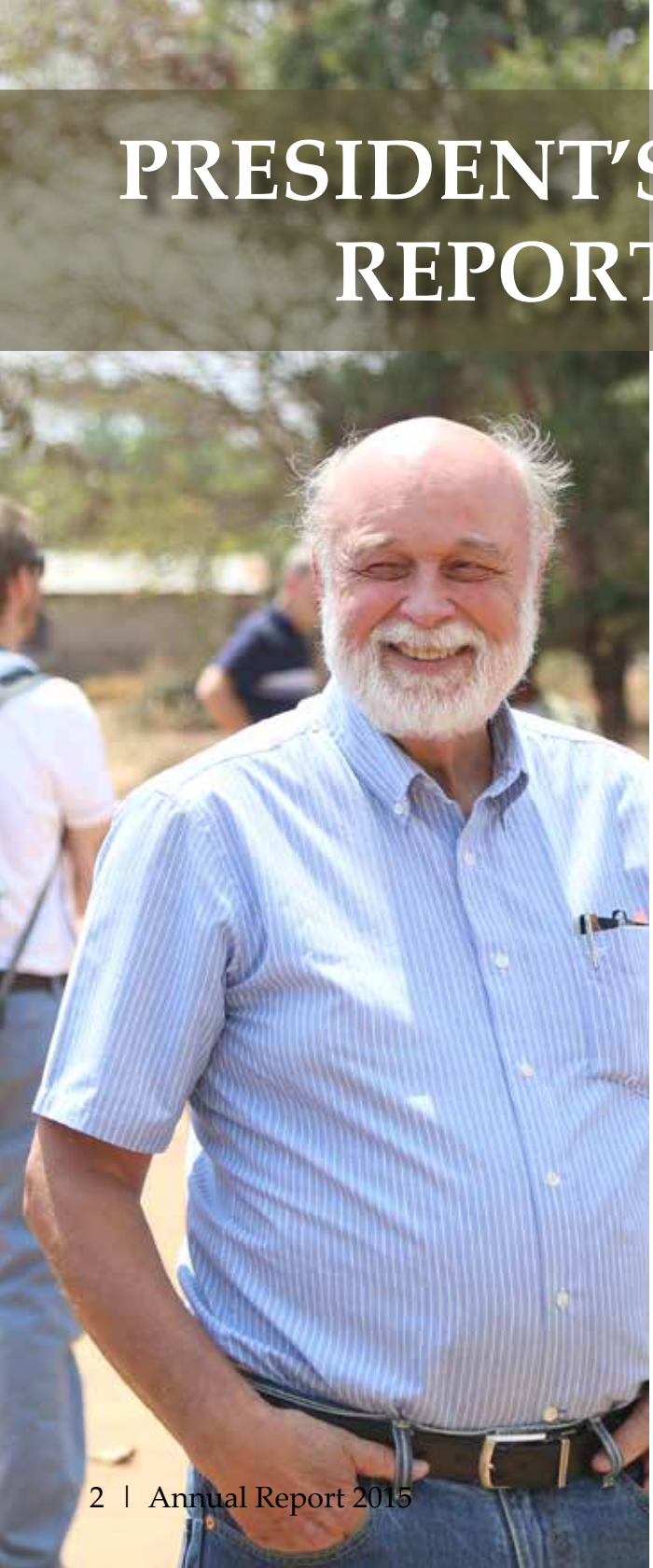
2015 Annual Report

Adventist Health
INTERNATIONAL

PRESIDENT'S REPORT



As we meet each Friday noon, the AHI Administrative committee considers many issues. We start by reviewing our decisions from the last meeting and then consider a growing list of people who have expressed interest in volunteering at one of our many affiliated hospitals. I am always impressed by the diversity of skills and interests offered from around the world to Adventist health care projects. Young graduates to seasoned professionals find satisfaction and meaning in becoming involved. Their interest has often been nurtured by one of our team in the field after some form of initial contact or a site visit.

Then the committee turns to the issues of the week. This may be a report of progress, or often a request for assistance. It may be the need for a particular clinical expertise, building or equipment repair questions, political issues, or something else, usually coming in by email from our 30 some institutions. We are also receiving more and more requests to start new locations, or affiliate with existing hospitals. This includes requests to reconnect in Nigeria, Ethiopia, and India. Ghana has a number of new institutions that want to be part of AHI. And our dreams of entering new countries, particularly in the 10/40 window (the areas of the world between 10 and 40 degrees north of the equater believed to have the highest level of socioeconomic challenges), is always on our mind.

With our emphasis on education and capacity building, we have particular interest and concern for universities and hospitals that want to start health professional training programs. This now includes Cosendai University in eastern Cameroon, Adventist University of Central Africa in Kigali, Rwanda, and Adventist University of Haiti in Port-au-Prince, Haiti, as well as many of our established hospitals wanting to upgrade their nursing or other training programs. Educational programs always bring a nice feel and emphasis to institutions, with enthusiastic young people on campus, pursuing their dreams and careers. Many of these young professionals go on to work for other institutions, bringing our particular emphasis on Christian care and competence to hospitals across each country.

A question we are struggling with mightily these days is how big should AHI become? We are largely based on volunteers with real jobs at Loma Linda or retirees with a passion for missions. The time has come when we need to develop full time capacity in a number of areas. With thanks to our many donors, we are increasingly able to make major financial commitments to institutional needs, including providing expertise they need for critical issues. As this report shows, over $1.7 million was donated this year to AHI to help in our mission of service. Equally gratifying are the many individuals who are living their dreams by working and serving in institutions made effective by their AHI linkages.

So a great big thank you to each of you who have made AHI an organization of your interest and support. We value your commitment and greatly appreciate your confidence in the work we are doing. Keep us in your prayers, as we struggle in many countries with dangerous conditions and occasional tragedies. But nothing feels more right than bringing hope and healing to the world. It not only relieves pain and suffering in those we serve, but brings meaning and satisfaction to those engaged in this service. So you have helped make our lives complete while we give you an opportunity to express your commitment to others. What could be better than that?

Sincerely yours,

Richard H Hart

Richard H Hart, MD, DrPH, President
Adventist Health International

WHAT IS AHI?

We are a multinational, nonprofit corporation with headquarters in Loma Linda, California.

We provide coordination, consultation, management and technical assistance to hospitals and health care services operated by the Seventh-day Adventist Church, primarily in developing countries.

We believe 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.

We are committed to the education of health care professionals and encourage the establishment and/or retention of professional training programs whenever appropriate.

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Cover photo: Nepal, one week prior to the 2015 earthquake
Above photo: Children in a rural village in Zambia

ONE HUNDRED YEARS OF HEALING

Malamulo Hospital

Sixty-five kilometers from the city of Blantyre in the southern part of Malawi, Makwasa serves as home to what is known today as a place of health and healing. Malamulo Seventh-day Adventist Hospital.

Beginning as a primary school in 1902, Malamulo went on to add a clinic in 1915 and later transformed into a leprosarium. This began the rich history of service that Malamulo is renowned for throughout the country.

On Sept. 8, 2015, Malamulo held a centenary celebration to honor its first 100 years of healing. Throughout the decades the hospital has struggled and persevered through trying times and successes. Every hospital has its ups and downs, and this 200-bed mission facility located amongst fields of tea leaves and some of the most beautiful sunrises you will ever see is no different.

The event was coordinated by local Malawians and missionaries serving at the mission hospital. Jason Blanchard, CEO of Malamulo, shared that he wanted this event to not simply be focused on the work of the American missionaries, but on the work of the Malawians.

"These are the local missionaries who choose to work at a Christian institution where they might not be paid as much as they would elsewhere," Blanchard expressed. "They choose to work because they feel that they can help to make a difference in the lives of those in need. And these are the people who are Malamulo."

The celebration itself was an opportunity for both Malawians and expats to partake in the journey that has led the hospital to where it is today. One attendee shared a very special perspective as she told her story of working at the hospital in the early years.

Photo: Malamulo Seventh-day Adventist Hospital located in Makwasa, Malawi

Lisnett Chipyoza, now 109 years old, began working at Malamulo when she was 19 years old and later went on to become a nurse midwife.

Chipyoza encountered hardships along the way. Serving as one of the first female Malawian nurses, and at a Christian hospital, her family was ridiculed and threatened, but despite this she chose to stay.

"Every time I would even consider quitting I would have a dream or vision showing me my purpose," Chipyoza reflected. "God would show me what it was that I was supposed to do. That was work at Malamulo where I could help people."

According to Chipyoza's daughter, her mother was loved by all her patients. Everyone wanted to have her as their midwife because she was kind and caring and good at her job. It is the people like Chipyoza that have shaped and formed Malamulo into a hospital that continues to provide advanced health care to those in need.

In attendance at the event were General Conference of Seventh-day Adventist Church representatives, Loma Linda University Health faculty and staff, representatives from the Southern Africa-Indian Ocean Division, the Malawian Minister of Health, Peter Kumpalume, and many more. All joined together to reminisce on what the hospital has endured and envision where it will go from here.

In the 80-plus years since Chipyoza first walked the halls of Malamulo on her nursing rounds, the hospital has grown and flourished in the community. Serving as home to 36 Loma Linda University medical alumni over the years—with scores more coming over as short-term volunteers—Malamulo was designated as the first Loma Linda University Health field station, offering faculty research opportunities, resident rotations and student training.

Today the 200-bed hospital is increasingly sophisticated and covers all major medical specialties while also serving as a teaching hospital. In 2014 Malamulo became a part of PAACS (Pan African Academy of Christian Surgeons), a surgical residency program for African physicians. The program is a strategic response to the need for surgeons in Africa and allows for surgical residents to train at one of the PAACS hospitals and then go on to work in their homeland upon completion. The need for surgeons is ever growing and this program is just one of the many advances that Malamulo is supporting to provide superior care to African countries.

Above photo: Lisnett Chipyoza
Right photo: Dr. Hart leads the dedication of the future Chalala project.

Malamulo stands strong and throughout the past 100 years has become a staple name in the near and far communities throughout Malawi. Because of the dedicated workers both local and those from AHI and Loma Linda University Health, this facility will continue to grow in stature and expertise.

"It is indeed a privilege to be identified with Malamulo," Richard Hart, MD, DrPH, president of AHI, shared. "We look forward to even more collaboration and innovations in the future."

CHALALA DEDICATION

In September of 2015, nearly 100 Seventh-day Adventists from all over Africa and California gathered together on a dry, seemingly nondescript plot of land in Zambia to commemorate the beginning of something "groundbreaking." Something exciting that will benefit the surrounding community for generations to come. There is more to this piece of land than the dying grass, the dust that rises at the slightest movement of your foot, and the small, plain housing structure that signifies the building that is yet to come. This land represents more: the Chalala project.

The Chalala Adventist Medical Center will be a multispecialty clinic to be constructed on this empty 10 acres of land that was deeded to the church by the city of Lusaka.

"We praise God that we were able to secure such prime residential land so close to the nation's capital, where demand for our services will be high," Harrington Akombwa, president of the Adventist Church in Zambia declared after taking part in the project dedication.

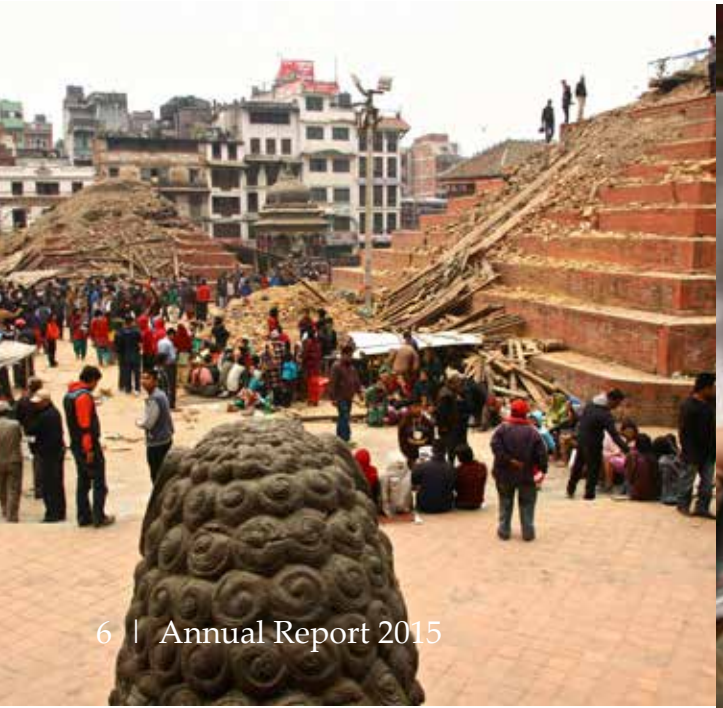
To learn more about this project and how you can become involved as the project progresses, please visit **www.ahiglobal.org/Chalala**

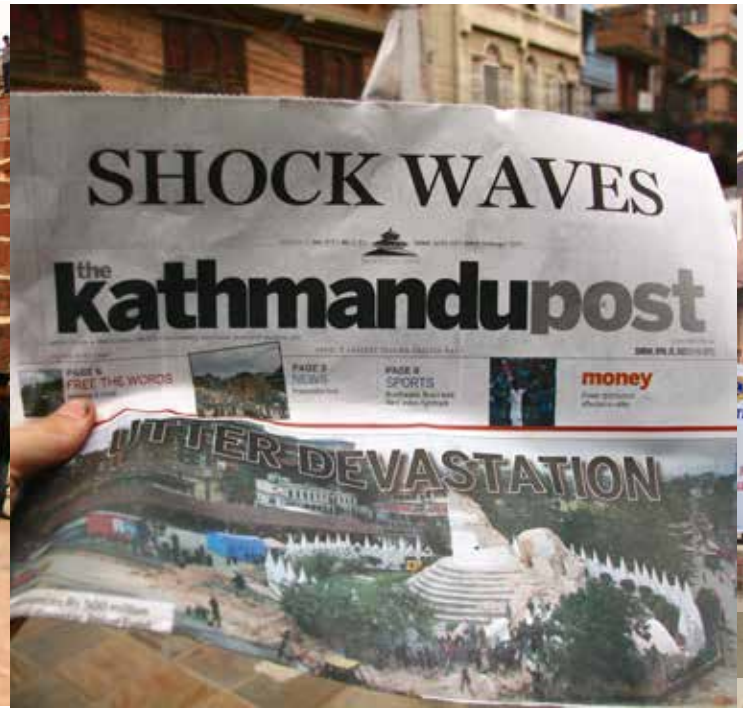
NEPAL EARTHQUAKE RESPONSE

"Around lunchtime as my friends and I were on the second story of a shop in Pokahara we started to feel the building move. Everyone quickly headed for the stairs while remaining fairly composed. It wasn't until we were all outside and the earthquake continued and seemed to build in strength that those around started yelling and pointing at nearby trees and power lines which they feared might fall on them. Some people were crying and holding onto their loved ones. There were dogs running by whining and whimpering. The shaking and writhing of the ground seemed to last for about 20 to 30 seconds."

Nepal: A mountainous region, historically famous for being the home of the highest point on earth, Mount Everest. Now known for a different reason. On April 25 at approximately 11:56 a.m. the ground began to shake and quiver — a phenomenon that is fairly common due to the geographical location. But as time progressed people began to realize that this was something bigger.

The quote above is a direct account by a Loma Linda University (LLU) student published as a CNN iReport shortly after the earthquake in Nepal. It was written by Justin Woods, a fourth-year medical student. Woods was finishing a rotation at Scheer Memorial Hospital, an AHI site. Scheduled to leave Nepal in early May, Woods and his wife, Betsy, both experienced the quake firsthand.





Photos: Contributed by LLUH response teams and students who experienced the earthquake firsthand.

In addition to Woods, Charles Graves, another fourth-year medical student from LLU, was also finishing his rotation at Scheer and was able to fly out of Nepal the day after the earthquake, shortly before the airports were shut down.

"When the earthquake started I began looking for a place to run for safety," Graves said. "That is when you realize that there is nowhere safe to run."

When Graves arrived in Nepal in late March, several people told him that it probably would not be long before they had another earthquake. But the truth is, you cannot prepare for the realization that what you are experiencing is not like the common small and brief Southern California earth shaker. No, it is a natural disaster that could end your life along with thousands of others.

At a magnitude of 7.8, the initial earthquake, followed by the second several weeks later on May 12 at a magnitude of 7.3, caused irrevocable damage — structural ruin, demolished homes, and injuries that will continue to cause death and long-term health problems due to infections and other related issues.

The aftermath is catastrophic.

Located 15 kilometers east of Kathmandu, in Banepa, Scheer received minimal structural damage and remained active. During the earthquake, all staff and patients were moved outside into makeshift tent hospitals, and two cesarean sections were performed on the spot while the aftershocks continued.

"Our hospital was fully functional," Dale Mole, hospital CEO, reported shortly after the first earthquake. "We sustained some minor damage but nothing that would really impair our capabilities or capacity."

The hospital was assessed to determine its needs, and to help meet these needs, Loma Linda University Health deployed an orthopedic surgical team on May 6. The team consisted of two orthopedic surgeons, an orthopedic resident, an anesthesiologist, a surgery scrub tech and a logistical support person.

It was while on site that this team experienced the second big hit, the 7.3. According to Andrew Haglund, the logistical support team member, "It was the scariest moment of my life. I was on the third floor of the hospital planning for exactly this type of situation."

When they realized it was not a minor aftershock, he and others in the room ran sock-footed down the stairs to the yard for safety. They regained composure and assumed leadership to help contain the chaos.

Mole went on to say that the team operated with military precision and organization during the crisis. "The presence of LLU and AHI provided a tremendous morale boost to the staff at Scheer. It clearly demonstrated the rapid response and global reach of AHI during times of crisis and helped reassure the staff that they did not have to face adversity alone. Compassionate 'strangers' disrupted their lives and traveled to the other side of the world to help people they had never met. This was a true demonstration of Christ's love in action."

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Photo: Local Malawian girls cling tightly to one another as they walk home

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The Shanti Ruth Pediatric Fund

Shanti Ruth Krishnasami was the oldest of us six sisters. We had emigrated from India to North America in the early 70s—for religious reasons. Shanti was always the mature, wise one.

As children, we'd often equate her to animals—the "owl" because she was smart and wore glasses, the "giraffe" because she seemed so tall to us back then and when mad, that was the meanest, most derogatory thing we could think of to call her. Although she was serious and worked hard, she also had a nerdy, quirky side—waking us up with her rendition of Simon and Garfunkel's "Wake up little Suzie," beginning conversations with "Qu'est-ce que?" just to demonstrate her love for anything French Canadian, and laboring for hours in the kitchen as a mad scientist, perfecting her lasagna or cheese cake; but if you were to ask anyone of us sisters what stood out about Shanti, we'd say it was her deep, spiritual bond with God. She loved Him. They were best friends.

At a young age, Shanti knew she wanted to be a medical doctor. The road to becoming a doctor was not an easy one. As first generation immigrants, we didn't have much. We felt the pangs of poverty—sometimes having a limited food supply, wearing the same second-hand jeans every day, scrounging for pennies to meet the $1 required science fee. Shanti compensated for the poverty by working hard. She studied to the wee hours of the morning, brooding over books. She'd give her 100 percent, starting from her academy days at Kingsway College and extending to her later years at the University of Huntsville (UAH) where she earned a Master's in Biochemistry. Her heart was broken several times when she didn't get into medical school; but this didn't stop her. She worked harder.

Finally, she got in. We were all overjoyed. Of course, we saw even less of her as she carried her work ethics into medical school at the University of Alabama at Birmingham (UAB) and then later into medical residency at Emory University. When we did see her, she was often sleeping on the couch, trying to catch up on sleep; but she was still her same quirky, driven self. Shanti decided to become a cardiologist. She was accepted into a fellowship program in Tulane. When we talked to her, we could sense she was happy and perhaps relaxing a bit more. We were all happy for her. Her lifelong struggle seemed to reach some level of good fruition.

But then Oct. 4, 1993 happened. We received the midnight call, "Shanti was shot...and is dead." That evening, after finishing her rounds at the hospital, she had gone to a grocery store with a guard tower thinking she was safe. Two men targeted and killed her in a carjacking attempt. The last words she uttered when she saw the 0.45 caliber gun was "No." She was saying "No" because her work had not been completed, but two men decided they would finish it for her.

It's been over two decades since that fateful night. Our hearts still ache. Immediately after her death, several of Shanti's patients and colleagues reached out to us. They described her as we knew her: compassionate and passionate. Her fellowship director said she had moxie, grit. She was a beautiful, quiet, dedicated physician, always putting her patients first. The more helpless and hopeless her patients were, the more she fought for them. A story was recounted about how she bought a patient a bag of groceries, reminding us all of the lonely jar of pickles in her own fridge.

We can't bring Shanti back. But we can bring some sense to her senseless death. To do this, we have established the Shanti Ruth Pediatric Fund through AHI. With this fund, we hope to continue her mission of service. Some of us have personally witnessed the needs at Malamulo Hospital. They are real. Many children succumb to poverty, malaria, HIV, malnutrition and other treatable diseases in Malawi.

By Shanti's Sisters

Shanti had written these words of hope in her Bible:

"We are troubled on every side, yet not distressed; we are perplexed, but not in despair; persecuted, but not forsaken; cast down, but not destroyed."
2 Corinthians 4:8 (KJV)

Photo top: These Malawian children are just some of many that are benefiting from the Shanti Ruth Pediatric Fund
Photo left: Shanti Ruth

Second Regional Conference travels to Africa

The 2015 Global Healthcare Conference brought hospital administrators, physicians, nurses and more together in Africa as attendees engaged over common challenges that are encountered while working within mission hospitals.

Held sequentially in two locations, Abidjan, Cote d'Ivoire and Lusaka, Zambia, the conference attracted attendees from all over the continent as well as a large group from Loma Linda, CA.

The focus: developing an infrastructure to help support and sustain healthy hospitals. An immense part of this conference was the focus on hospital collaboration, how to deal with topics such as quality improvement, strategies for financial improvement, and governance. These interactive sessions provided collective learning and development opportunities for hospital personnel to create practical plans that could then be strategically applied to each institution.

Richard Hart, MD, DrPH, president of AHI, shared that the conference was extremely well received. "A lot of important discussions were started and that is one of the reasons these conferences are so significant to our mission hospitals," Hart said.

First time attendee Pax Andy Matipwiri, director of projects and community health services at Malamulo Hospital in Malawi, shared that the experience for him was very impactful and gave him ideas on how to improve his work.

"After the conference we (at Malamulo Hospital) are planning to change. We are planning to take the suggestions that were contributed through the conference and apply them to our site," Matipwiri said. "I know for me personally, the conference was beneficial because it allowed me to see where we have gaps in our current communications. It has also given me a clearer perspective of how to manage my time as well as how to improve our services and management of our hospital."

Many participants also expressed that the value of these conferences is that they now see that other hospitals experience the same problems they encounter every day.

"It is refreshing to see how other hospitals have dealt with issues and know that we are not alone in these struggles," Matipwiri shared.

Coordinated as a collaborative effort, the Global Healthcare Conference is cosponsored by Loma Linda University Health, Adventist Health International, and the General Conference Department of Health Ministries.

The first conference, in Cote d'Ivoire took place over Aug. 28-31 with nearly 110 attendees regularly participating throughout the event. The second conference, in Zambia over Sept. 2-5 had nearly 100 attendees each day, with both conferences proving to be a success with groups participating from Zambia, Zimbabwe, Malawi, Chad, and many more locations.

Photos: Various locations through the Global Healthcare Conference in Africa

A bright future for Curaçao

Antillean Adventist Hospital (AAH), better known to the locals as Advent, is taking big steps by nearly doubling its number of beds for patients on the small Netherland Antilles island of Curaçao.

In 2015 AAH leadership made the decision to purchase one of the competing private hospitals, and the facility has now gone from being one of three hospitals on the island to owning two of the three.

The private hospital they bought had run into major financial issues and was unable to make payments to the bank, forcing a sale at public auction. While the purchase of a new facility might seem like a risky endeavor, Cenaida Panneflek, director at AAH; Donald Pursley, chairman of the board; and the AAH leadership put together a detailed business plan that included buying this hospital.

After the purchase, the AAH administration implemented a transition plan for the opening of the newly acquired private hospital. This plan included staffing, services to provide, equipment they would need, permits that had to be obtained, etc. This plan started in early 2015 and patients were admitted in the new hospital later that summer.

This comeback for AAH is incredible when you realize that in 2010 the hospital was hit drastically by Hurricane Tomas, devastating the small 40-bed facility. Since that time they have focused on recovering, improving, expanding, and forever learning and growing as a premier quality health care institution.

One of the things that defines this institution and its people is that they live by their mission of "Reflecting Christ."

"The success of AAH is due to the commitment of the hospital leadership and staff to the mission, vision and values of the institution," Donald Pursley said. "Their mission is modeled by the hospital leadership and is instilled in the staff as they serve the patients and their families."

The island, unlike many AHI sites, is fortunate enough to have a strong economy. Curaçao has the element of being a tourist location, and it has served as a trading port for centuries. It also has oil refineries. All are profitable business elements that create an economy where patients and insurance companies can afford to pay for hospital services. Add this to the strong leadership and support that AAH has, and the future only continues to look brighter for this once-small island hospital.

22 COUNTRIES
28 HOSPITALS
42 CLINICS

Contributions to AHI*

January 1 to December 31, 2015

Belize	2,000
Botswana	5,000
Chad	223,605
Congo	49,077
Ethiopia	320
General	408,575
Guyana	25,500
Haiti	210,482
Honduras	20,808
India	100
Liberia	99,576
Malawi	385,824
Nepal	63,284
Nicaragua	31,000
Nigeria	22,000
Rwanda	3,550
Sierra Leone	6,000
Trinidad	11,400
Venezuela	25,500
Zambia	150,998
Zimbabwe	250
Total	**1,744,849**

**Includes only funds donated through AHI - Global*

Changing lives

... around the world

Telemedicine reach spans to Africa

In the United States, access to medical specialists, health care facilities and technology is readily available. But in other parts of the world, this is not always the case.

Telemedicine is the combination of telecommunication and information technologies that allows physicians to provide clinical health care consultations at a distance—perhaps in a neighboring city, a different state or even a different country. This new protocol is helping to bridge the gap encountered when dealing with long distances and remote areas and, most importantly, improving and demonstrating that telecommunication can help save lives.

With the idea of making health care available to a much broader audience, dermatopathology fellow Ashley Hamstra, MD, and dermatology resident Travis Morrell, MD, MPH—with the support of AHI and the Global Health Institute (GHI)—have created a teleconsultation program dubbed AHI Global Dermatology. This service is available to clinicians at AHI-affiliated mission hospitals and clinics throughout Africa.

So why would two young dermatology physicians have the idea to start a teledermatology consultation service in Africa? When asked this question, the response was simple.

"We believe human dignity is universal—not simply a geopolitical term," Hamstra says. "We saw a real need and felt spiritually called to do something about it."

For over a year now, Hamstra and Morrell have been providing free teleconsultations with limited pathology resources. Recently, they received a dermatology humanitarian grant, titled Dermatologist from the Heart, from the company, La Roche-Posay. The grant is being matched, dollar for dollar, by AHI, raising $20,000 to help the program get up and running.

"We plan to build our first teledermatopathology laboratory at Malamulo Hospital in Malawi," Hamstra shares. "We chose Malawi because it is the poorest country by some measures, and to our knowledge there is no permanent dermatologist in the entire country."

Just this year, Malamulo celebrated 100 years of healing. This rich history helped to make it a model location for the first lab. Malamulo is also designated as Loma Linda University Health's only field station, serving as a temporary home for residents on rotation.

Morrell comments that an invaluable asset for the project is the fact that AHI, GHI, and several LLU residencies have already established strong connections with the staff at Malamulo Hospital.

"The history of Malamulo Hospital itself is incredible," Morrell explains, "more than 100 years running, now with residency programs for physicians from Africa through the Pan African Academy of Christian Surgeons (PAACS) program, a College of Health Sciences, a sister hospital in Blantyre, and 17 satellite and mobile clinics working to serve rural and urban Malawians – this foundation, history, and wide local and international support makes Malamulo Hospital the ideal place to start a teledermatopathology lab."

This fall both Morrell and Hamstra will travel to Malamulo to assemble the lab. Though it is starting small, this laboratory will serve as the foundation for growth as the idea begins to generate more funding.

The combined La Roche-Posay and AHI grants will also go towards starting an annual week-long dermatology course, better equipping local clinicians to treat neglected tropical diseases and other dermatologic conditions for a region of nearly a million people. "Telemedicine is catching on fast here in the Western world," points out Richard Hart, MD, DrPH, president of Loma Linda University Health and AHI, "but it has the most to offer in developing countries where specialty support is rare."

Hart continues, "This initiative is just the beginning of how technology can provide a great resource to isolated mission doctors on the front lines struggling with difficult diagnoses and treatment plans. Kudos to Ashley and Travis for making this happen in dermatology."

"Our goal is simple," Hamstra reveals, "to empower rural clinicians in Africa to provide better dermatologic care. We hope to be a brick in the road to a healthier Africa."

Background photo: Telederm example of a local Zambians hand
Right photo: Ashley Hamstra receives Dermatologist from the Heart grant on October 15. Left to right: Dr. Tom Rohrer, MD, FAAD, Mohs surgeon and grant competition judge; Dr. Ashley Hamstra, MD, FAAD, director AHI Global Dermatology; Tyler Steele, VP of La Roche-Posay Medical and Media Relations.

Haiti
Then and now

Nearly 13 years ago, Loma Linda University Health and AHI established a strong affiliation with Hopital Adventiste d'Haiti (HAH), a 70-bed hospital on the western edge of Port Au Prince, Haiti. A few years later, the School of Medicine's graduating class of 2010 chose to step out of their traditional role as students and start a trend for future classes. They adopted HAH as their class project and raised over $100,000 by graduation.

In the following years, students traveled to and from the hospital, serving however they could, all while fundraising for various projects on location and starting an endowment. Then something devastating happened.

In 2010, the world watched as heart-wrenching images emerged from Haiti. Stories of heroism and heartbreak inspired millions to make donations and thousands to volunteer their efforts for Haiti relief following the 7.0 earthquake that devastated the country on Jan. 12.

HAH was one of just six hospitals still able to provide care to the three million residents of Port Au Prince.

According to Scott Nelson, MD, a Loma Linda University Health-trained orthopedic surgeon who had been working in the Dominican Republic but traveled immediately to HAH to help, the three months following the quake were filled with surgeries around the clock.

More than 32,000 locals whose homes had been lost in the destruction of the earthquake sought shelter on hospital grounds and in tents on the adjoining university property. Many of these people remained there until late 2011.

Throughout the crisis and as the dust began to settle, many students from the School of Medicine class of 2010 responded to needs by traveling to Haiti to provide aid.

Since that time, AHI has played a dynamic role in rebuilding the functionality of the hospital, providing time, financial assistance and volunteer aid.

After all these years, three graduates from the class of 2010 have chosen to serve as long-term volunteers at HAH through the Deferred Mission Appointee (DMA) program.

"My class adopted the hospital," Alex Coutsoumpos, MD, shared. "It became a long-term project for us; we started an endowment and members of the class traveled to Haiti to help in various departments."

Today, Coutsoumpos lives in Haiti with his wife and daughter and works at HAH as a general surgeon along with two of his classmates, Joe Kim, MD, emergency medicine, and Kim's wife, Melissa, MD, in pediatrics. These individuals along with their families have made service a part of their education and career paths.

With three graduates now serving at HAH, the class has taken the initiative to reignite the project and provide fundraising support for future projects. While the planning stages are just getting underway, one of the ideas that Coutsoumpos suggested was a fund to help take care of the poor who would otherwise not have enough money for hospital services.

According to David Puder, MD, a psychiatry graduate from 2010, the plan is to get details on what Coutsoumpos and the Kims are working on and see if they can continue to raise money for the endowment.

The future of HAH is looking brighter with the support of these dedicated volunteers and donors all around the world.

Photos: Taken after the 2010 earthquake

A superb year

It isn't easy for AHI to quell its enthusiasm. Our donors made 2015 an outstanding philanthropic year. Individual and organizational donors contributed a total of $1,744,849 in support of AHI's overseas work. With the exception of years in which various crises magnetized the world's attention (Ebola, Haiti earthquake, etc.), donors to AHI made for a record philanthropic year.

"Thank you" is always much too small a phrase to use in expressing how grateful we at AHI truly feel. But, bespite the overused cliché, ***THANK YOU*** to you, our contributors.

A bit of detail on the year's philanthropic gifts:

- From Belize to Zimbabwe, contributors channeled their philanthropic gifts to 22 different regions of the world where AHI manages hospitals and clinics. The map and regional stories featured in this report pinpoint the areas of contributors' support.

- A full 22 percent of AHI's list of donors contributed during the year. This proportion of support is outstanding compared to average U.S. gift appeal response rates.

- The donors' gifts range from $1 all the way to $250,000.

- Chad, Haiti, Malawi, Zambia and the unrestricted account we call AHI General generated significant philanthropic support. As AHI donors well know, contributing to AHI in an unrestricted way gives the organization the flexibility of allocating monies to urgent needs around the world as they arise. The noted countries drew unusual support because, as outlined in this report, they had special projects during the year.

- The year also saw some unusual gifts. The Loma Linda University Medical Auxiliary contributed $92,500 toward AHI hospitals that host University alumni as medical staff. The Auxiliary's history of support to AHI is simply outstanding, totaling more than $790,000 over the past few years.

- Versacare, a philanthropic foundation in Riverside, California, provided $100,000 in support of projects in Nicaragua, Malawi, and Venezuela. Versacare's grants and contributions to AHI total close to $800,000 historically. The organization considers AHI as a formal partner in implementing global health care work.

Photo: Versacare board members.

Across AHI's 19-year history, our donors have contributed more than $17,000,000. That is remarkable, especially when considering that in 1997, AHI's first year, the organization received $7,275. Donors' philanthropy profiles an exemplary history of support.

AHI is still a volunteer and philanthropic—driven organization. With its hospital management program now spanning close to 30 countries, AHI's work is fostered by, and depends on, the financial support of its contributors.

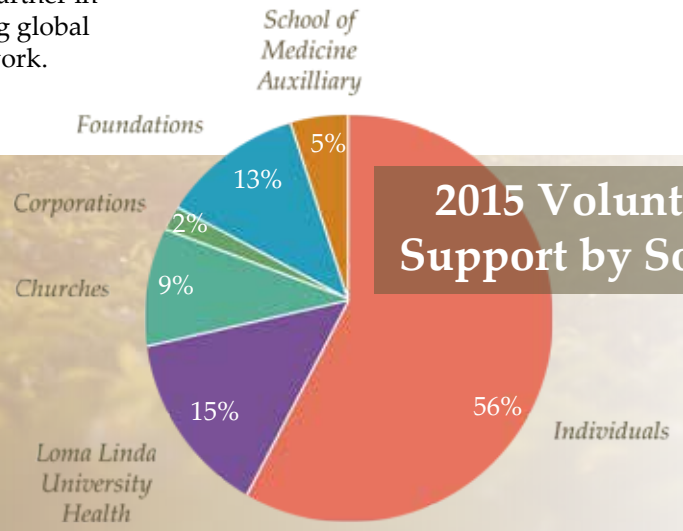
A penultimate note: if, as a contributor, you shop on SmileAmazon.com, and define Adventist Health International as your preferred charity, Amazon will donate a small percentage of your purchase value to AHI each time you shop. AHI has already begun receiving some of these contributions. So, please list Adventist Health International as your preferred charity as an Amazon shopper.

Now and always, thanks again to you, each individual, family, organization, and church entity that gives openly, freely and generously.

2015 Summary

Number of Gifts	1,186
Number of Donors	690
Average Gift	1,471
Average/Donor	2,529
Largest Gift	250,000
Smallest Gift	1

2015 Voluntary Support by Source



Versacare

A critical supportive philanthropy

Versacare is a private philanthropic foundation located in Riverside, California, established many years ago following the sale of two hospitals. The Foundation is dedicated to supporting educational, health, and service projects implemented by nonprofit entities affiliated with the Seventh-day Adventist Church.

Led by Adventist Board members that represent various national and global sectors of the Church, Versacare is both proactive and responsive in its philanthropic programming. In its mission to share the Kingdom of God with the world's population, Versacare's philanthropy has supported nonprofit work in the U.S., as well as any global entity that would be a conduit to fulfilling its mission. Thus, Versacare's philanthropy has stretched to some of the world's most remote regions.

Versacare's support for AHI programs began several years ago with assistance for capital and programmatic projects implemented in the Church's Inter-American Division. Now however, it extends to AHI's global programs that touch other areas of the world. Recent Versacare philanthropic projects have provided support for AHI hospitals and clinics in Nicaragua, Honduras, and Venezuela, but also in Liberia (particularly the recent Ebola crisis), and Chad.

Versacare and AHI have been formal partners in the implementation of global health care projects. Historically, Versacare's philanthropy for AHI has totaled close to $800,000 over a two-decade period. AHI is grateful to Versacare for its partnership as it moves the Church's health care work forward in critical ways. Our partnership with Versacare enhances various countries' service to their populations, and serves to spread the Church's influence across the globe.

Transition from crisis to recovery

Life in Liberia and Sierra Leone after Ebola

While Ebola is not the prominent threat that it once was in West Africa, there is still the fear that the epidemic might renew and the struggle to recover for individuals, families, businesses and hospitals is still a very real part of life. Many health care facilities are just now beginning to return to a normal way of life.

Two AHI facilities that were hit hard were Cooper SDA Hospital in Liberia and Waterloo Hospital in Sierra Leone.

After running as an Ebola Treatment Center, Waterloo Hospital is transitioning back to a regular hospital. The entire facility, including the temporary buildings and walls that the government constructed to help meet the demands for Ebola patient care had to go through decontamination. Unfortunately the government remodeling, including the finishing of a new wing in the hospital, was done poorly, causing more work in the long run.

Despite the hardships, there is good to report from Waterloo. Mission Direct in England has volunteered to help the hospital recover. Hospital administrators were able to negotiate the placement of the new generators, that were installed during the crisis to stay at Waterloo even after the government pulled out of the facility. Additionally, a trauma team from Loma Linda University School of Behavior Health and ADRA International will provide training to the community in methods for dealing with the aftermath of the Ebola crisis as well as lingering trauma from the previous civil wars.

In Liberia, Cooper SDA Hospital is experiencing much of the same recovery process. Though serving as a non-Ebola treatment center during the outbreak, the facility still struggles with financial recovery within the country and the stigma that people are overcoming about going to hospitals again.

Due to the effect that the crisis had on businesses and the economy, Cooper is encountering many cases where companies are unable to pay for the care that their clients receive, therefore causing Cooper to be backlogged in trying to collect payments from insurance companies.

This epidemic served as a wake up call for hospitals within West Africa. Cooper has recently received help to add a new triage center at the entrance of the hospital. This is becoming common practice throughout West Africa so that the affected countries can be prepared for any emerging cases of Ebola.

Today the biggest need at Cooper is to build a new hospital. The crisis has made it abundantly clear that there is too little room on the current property and it is essential that a new hospital be constructed.

Property for a new facility has already been allocated on the same property as the new Adventist University of West Africa. When finished, the new hospital will expand services to the country as well as train new nurses and other health workers to help build the capacity of the nation.

So many lives were lost during the Ebola crisis, patients and health care workers alike, that cannot be brought back. But with your help, this plan can work to create more health care professionals that will learn to fight diseases like this and help to create a safer and healthier West Africa.

A look back as we move forward

As AHI has grown, we have included a longer and longer recitation of our various countries and hospitals in this Annual Report. Now the list has become too long, so we are shifting to more focused reports on specific institutions and projects. Some institutions have so much happening, they now call for particular articles on individual projects. Major international challenges, like Ebola, bring great focus and interest in our institutions on the front lines of these countries. Other places are peaceful and carry on in quietness with their daily activities of healing and hope.

There has been growing recognition of the critical role that AHI has played for nearly 20 years now in saving and strengthening Adventist health care institutions. We rarely subsidize operating costs now, anywhere in the world, and are more focused on capacity development and capital projects. Another major thrust has been to create national health systems that link all the Adventist institutions in each country, from hospitals to the smallest clinics or community projects. This gives us more political clout when necessary and moves us closer to sharing common goals. It also gives us more power when negotiating purchases or contracts and certainly makes us more competitive on grant proposals. These national Adventist systems are coming together in Zambia and Malawi, while they are more rudimentary in countries with fewer institutions.

Another major thrust of AHI has been to create "teaching hospitals," what we have called Field Stations. Malamulo Hospital in Malawi was the first to gain this label, due to its size, potential for hosting students, residents, and faculty, and its base as a source of research and training. Now we are working on developing our hospital in Haiti so we have a Field Station in the Americas as well. In time we expect other institutions to achieve this level as their capacity for hosting various activities grows.

Since its inception, AHI has guarded carefully what our "brand" was, trying to avoid assuming responsibilities we could not handle, and keeping our focus only on those institutions that had officially joined the organization. As we have grown, that boundary of what "is" or "is not" an AHI institution has become harder and harder to define and defend. When most hospitals in a division are part of AHI, it is natural to invite the remaining institutions to share in our educational conferences and other division level activities. So we have softened what it means to be part of AHI and are now developing broader agreements of participation. This will mean that entire divisions or areas of the world join AHI in some sense, participating equally in the benefits of becoming part of an even larger system. This facilitates sharing resources like people and equipment, and greatly helps in supporting educational programs that must span multiple countries.

Innovation continues to be a hallmark of AHI. In this report you have read about our initial forays into telemedicine in Malawi and beyond. You have hear of a hospital purchase in Curaçao, and disaster responses in Nepal and Liberia/Sierra Leone. Perhaps our most innovative experiment is our new medical model, the Chalala project in Lusaka, Zambia. Plans are moving forward to create the self-supporting multi-specialty clinic that will provide practice opportunities for young professionals to work within a church setting while generating their own income. Building plans are being finalized for the Chalala clinic as we raise the remaining funds to construct this new institution on donated land. We believe this model holds great promise in countries where most of our traditional institutions are very rural and often not very visible. We expect to follow a similar model in both Limbe and Lilongwe, Malawi, and eventually elsewhere.

As we have grown, in both geographical scope and level of involvement, our capacity to support this system has been stretched. We still depend primarily on volunteers here at Loma Linda, who really do have "day jobs" that they must tend to. Our expanding donor base of support has enabled us to retain expertise in such areas as clinical laboratory support, accounting and financial management, electronic medical records, and building construction and repairs. These experts are available to travel the world, often on short notice, providing a high level of expertise at critical times. You can only imagine what this means to our professionals in the field, often laboring under difficult conditions with little hope of finding local expertise for a particular problem. We need to expand this list of experts and give them even more resources to keep moving our institutions to the level of clinical functioning that will make each place the referral hospital or clinic of choice in their respective areas.

Finally, it is important to note the growing number of young professionals who are offering their services to AHI and its institutions. Both our Deferred Mission Appointee and Global Service Award programs here at Loma Linda attract many of our graduates, from all our schools and disciplines, to commit to serve abroad after graduation. Even more inspiring is the growing number of professionals from the US and abroad, both young and old, who are offering long-term service to various institutions. One of the most gratifying groups are young business development experts who recognize that AHI needs their expertise as we seek to raise the bar in so many places. They often relieve the doctors and health team members from spending hours on tasks they don't fully understand or enjoy.

AHI continues to grow in size and involved institutions. Ghana has great plans for its institutions, and has asked AHI to become involved. Northern Nigeria is becoming involved once again, and India is talking about its future and how to manage the 11 hospitals within that great country. With nearly 30 hospitals now part of our network, and that many again talking about joining, the tasks are huge, but with a potential that is even greater. Our commitment to the world and its health has never been stronger and more fulfilling.

2015 FINANCIAL STATEMENT

Statements of Financial Position

	(unaudited)	(restated)
Assets:	**12.31.15**	**12.31.14**
Cash and cash equivalents	$2,790,852	$2,366,517
Other receivables	86,514	56,942
Total assets	$2,877,367	$2,423,459
Liabilities and net assets:		
Accounts payable	$76,745	$87,169
Total liabilities	76,745	87,169
Net assets:		
Unrestricted	249,228	175,478
Unrestricted, board designated	219,866	210,000
Temporarily restricted	2,189,932	1,812,551
Permanently restricted	141,596	138,261
Total liabilities and net assets	$2,877,367	$2,423,459

Statement of Activities

For the years ended December 31, 2015 and 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	2015 Total	2014 Total
Support and revenue:					
Contributions	$355,826	$1,407,014	$0	$1,762,840	$2,310,504
Interest income	74,015	26,412	854	$101,281	47,646
Other income	0	1,346	0	$1,346	39,402
Total support and revenue	429,841	1,434,772	854	1,865,467	2,397,552
Expenses:					
International programs	0	1,202,138	1,326	1,203,464	905,578
General and administrative	191,206	0	0	191,206	235,586
Fundraising	6,465	0	0	6,465	4,470
Total expenses	197,671	1,202,138	1,326	1,401,135	1,145,634
Net transfers	(148,555)	144,748	3,807	0	0
Change in net assets	83,615	377,382	3,335	464,332	1,251,918
Beginning net assets	385,478	1,812,551	138,261	2,336,290	1,084,371
Ending net assets	$469,093	$2,189,933	$141,596	$2,800,622	$2,336,289

Lisnett Chipyoza is 109 years old. Pictured here with two of her surviving children, she has chosen to dedicate her life to serving others. Through her time as one of the first Malawian nurse midwives, she served at Malamulo Hospital for years and always knew that this is what God had planned for her. This is her legacy.

Photo: Lisnett's family near Malamulo Hospital in Malawi
Back photo: Zambian women in a rural village dance for joy.

Leave a meaningful legacy

By including Adventist Health International (AHI) in your will, trust, retirement account, or life insurance policy, you can pass on your love for the service work of mission hospitals and clinics to future generations.

You will be helping to secure the critical health care, education and mission roles that these entitites and their dedicated men and women play.

Yours is a wonderful gift that will make a powerful difference.

☐ I have included AHI in my will, trust, or other document as a beneficiary.

☐ I would like to speak to someone about making a gift. Please call me.

Name: _____

Address: _____

Phone: _____

Email: _____

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Adventist Health
INTERNATIONAL

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