Adventist Health

INTERNATIONAL



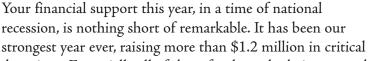
2009 ANNUAL REPORT

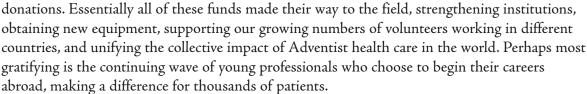


PRESIDENT'S | REPORT

What a year 2009 has been! Starting with a recession that threatened the global economy, it ended, a few days into 2010, when a catastrophic earthquake in Haiti reminded us all of our fragility. AHI has been an integral part of both of these struggles, feeling the financial pressures on our institutions, while mounting a true rescue effort at our Hopital Adventiste d'Haiti in Port-au-Prince.

In this report you will hear stories of thankfulness and heroism, of tragedies and providence. You can certainly be proud of AHI, and how you have helped it respond to the needs of hurting people around the world. From our new hospitals in Niger and Cameroon to the old favorites like Malamulo, Mwami, Gimbie, and others, AHI has never been stronger and more resilient.





AHI has now grown to include 26 hospitals in 21 countries, with others waiting to join as resources and personnel become available. In addition to adding existing institutions that request assistance, we are increasingly responding to areas of the world that have never had the blessings of an Adventist presence.

With this growth comes new frontiers and challenges. As long as the pipeline of support remains strong, AHI will continue to respond to these needs. Thank you for making such a difference in the world, both for those who go and those who receive.

Riland Holant

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

Front cover photo by Cosmin Cosma, Loma Linda University



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.



ight-year-old Sebastien Lamothe was playing with his friend and grandmother in a second-floor apartment of a three-story building in the Carrefour district of Port-au-Prince, Haiti, when the earth started to shake.

The city laid in ruins as Sebastien's aunt rushed to the house where her nephew and mother were last seen. The house was little more than rubble, and she was told that everyone inside was dead.

Sebastien has never had an easy life; he's never known his father, and his mother died of an illness last year. Over the next three days, little Sebastien would go through more than most people endure over a lifetime.

Two days after the earthquake a man passing Sebastien's house heard a voice. Sebastien's aunt rushed to the ruins and heard Sebastien yelling for help. He was squeezed deep in the rubble between the first and third floors of the collapsed building; his right leg was crushed, the bone was exposed.

The dead bodies of his friend and grandmother lay on top of him, keeping him trapped in the rubble.

Attempts were immediately made to reach the boy, but progress was slow. Friends and relatives were able to get food and water to Sebastien, but they could not get him out of the collapsed house. As the sun went down on the second day after the earthquake, Sebastien asked only that he not be left alone.

The next day two men, who did not know the family, came to the house, crawled into the rubble, and began to work their way towards Sebastien. After hours of work, one of the men emerged from the rubble. There was not enough room for two people to work. Hours later the other man stumbled out of the ruins with Sebastien in his arms. His aunt then took him to Hopital Adventiste d'Haiti, where doctors determined that his leg needed to be amputated. When Sebastien woke up and saw that he was missing a leg his only wish was

to go to church so a pastor could pray for him and his leg would grow back.

January 12, 2010, found Hopital Adventiste d'Haiti (HAH) at the epicenter of a fierce 7.1 magnitude earthquake. Early reports suggested the hospital was completely destroyed, while others stated that the hospital was partially destroyed but completely useless.

Fortunately the hospital, a 70-bed facility built in 1978, received minimal damage. This facility had joined AHI in 2001.

"We had already been working with Haiti for a number of years," reports Richard Hart, MD, DrPH, president of AHI, "so we knew the facility well and had direct relations with the hospital leadership."

In the days that followed, HAH began serving as one of the clinical centers for the nation, helping hundreds of patients and families like Sebastien's. Many of these patients camped outside the hospital waiting to be treated. Scott Nelson, MD, a Loma Linda University graduate based in the Dominican Republic, came to HAH and began performing orthopedic surgeries immediately. He was soon



Drs. Scott Nelson and Lesly Archer in an OR tent

joined by Andrew Haglund, a faculty member from LLU's School of Public Health, who was dispatched to coordinate logistics at the hospital.

"This nation has lost upwards of 225,000 people, almost 1 million of the surviving population are without proper food, water, shelter, or sanitation, and somewhere between 7,000 and 10,000 have had limbs amputated, not to mention the huge number of patients with surgically treated injuries," says Mr. Haglund. "AHI is providing an incredible service here in Haiti and continues to need your support."

To maximize response to the humanitarian crisis in Haiti, Loma Linda University partnered with Florida Hospital in Orlando, Florida. From this collaborative effort, a reliable system for scheduling and transporting medical teams, supplies, and equipment into Port-au-Prince emerged. Loma Linda University has been coordinating volunteers who arrive in Haiti at the rate of 20 to 30 per week and include medical personnel and logistics support from many other entities.

After visits by both the United States and French ambassadors, the flow of fresh water and other supplies from international donor agencies increased dramatically.

"All indications are that when some of the temporary medical facilities leave Haiti, Hopital Adventiste d'Haiti will be the most advanced hospital in the country," says Mr. Haglund.

Assistance to the hospital arrived from all corners of the globe, with volunteers coming from Adventist Development and Relief Agency, Union College, ACTS, Loma Linda University School of Public Health, and many other entities.

As Haiti's rainy season brought with it an environment in which pathogens can transmit and thrive more easily, preventing the transmission of communicable illnesses was a top priority. LLU

Continued on page 23



philosopher once said that "water is life's maker and matrix, mother and medium." Where water is plentiful, potable, clean, and reliably available, it is easy to become indifferent to this basic resource.

Indifference to this wonderful resource is not



what everyone at Malamulo Hospital in Makwasa, Malawi, has felt for the past few years. Fearfully, water was on everyone's mind, as they realized that in the century since the hospital's founding, its water supply system had fallen into great disrepair. Pipes from the main supply reservoir and tanks were rusted or broken, five of eight borehole wells were not functioning, there were leaks throughout the system, the precious liquid's potability was questionable, and there was no emergency electrical generator to propel the functioning pumps during the frequent times when the public utility was down.

The 4,000 patients, staff, families, and surrounding schools that depend on the hospital's water system, lived in fear that at any time the system would finally give out. Adding to this fear, the hospital's administration knew it did not have the financial resources to rebuild the system.

AHI considered the situation in 2009. Following some research of philanthropies with a possible interest in water systems in the majority world, AHI noted that the Monsanto Company, which has operations in Malawi, might be solicited on Malamulo's problem.

Conversations with Monsanto's philanthropic arm, the Monsanto Fund in St. Louis, Missouri,

■Wes Lutz (left), from central California, works on the Malamulo Adventist Hospital water system with the help of his father and son. Wes has also agreed to help renovate the water systems in Ethiopia and Rwanda.

were initiated and a formal application for funding was submitted. Following a site visit by Monsanto staff from Lilongwe to the hospital in Makwasa, the Monsanto Fund awarded a grant of \$193,000 last summer for the renovation of the water system.

Work was begun almost immediately by Wes Lutz, an engineering technologist from central California who specializes in hydrological systems. He took a special interest in the Malamulo situation and, after traveling to assess the system onsite, outlined a 12-month work plan. Wes hired local staff that dug miles of trenches for laying new pipes. He ordered, installed, and secured well pumps, built an emergency generator building that now houses a generator that communicates with the pumps using wireless technology, and installed water pressure-regulating and security lighting systems.

Six months ahead of schedule, Malamulo Hospital now has a modern water supply system that will provide potable water for the hospital and its community well into the future. Wes Lutz also replaced water meters and identified and repaired many of the leaking sinks and toilets in the hospital and surrounding staff homes. Holding up the system's viability for the future, Wes also provided a maintenance and water use monitoring policy to be implemented soon.

"Wes Lutz has been the system's installation hero," notes Don Schatzschneider, administrator of Malamulo Hospital. "We owe a great deal of gratitude to the Monsanto Fund and its president, Ms. Deborah Patterson. They have enabled the magnificent new water supply system at Malamulo."

"If philanthropy is about realizing dreams, the Monsanto Fund has realized a most ambitious one for Malamulo's population," adds Dr. Richard H. Hart, president of Loma Linda University and Adventist Health International.

Wes Lutz' commitment to renovating water systems in Africa is not ended yet. Following the realization of the Malamulo system in December of 2009, Wes returned to Africa in February of 2010 to fix systems at Gimbie Hospital in Ethiopia, Mugonero Hospital in Rwanda, and other AHI hospitals.



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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Marlene and Richard Spann are anchoring Community Hospital in Trinidad ▼



PHILANTHROPIC | REPORT

Philanthropy: a spiritual act

ne of the United States' prominent philanthropy experts noted that "philanthropy is a spiritual act, an expression of caring for one's fellow human beings." The leadership, the many volunteers, those on the frontlines of AHI's work around the world are quite aware of this, knowing that AHI's entire work has been guided by God since the organization's inception 13 years ago. And so are the donors to AHI's work; they are God-inspired.

As you will note in the accompanying charts, despite the worldwide economic recession, AHI donors have made for a record year of philanthropic giving by contributing more than \$1.2 million to the organization's global work. While contributions for 2006 graph at \$1.38 million, it is well to note that more than \$300,000 of this amount did not benefit AHI's work directly, but helped to sponsor a conference on cleft lip conditions in Nigeria.

Also some gifts destined for programs in 2007 were credited in 2006, making for an artificial dip for 2007. Indeed, 2009 has been a record contributions year. To our many individual, organizational, corporate, and foundation donors, thank you so much!

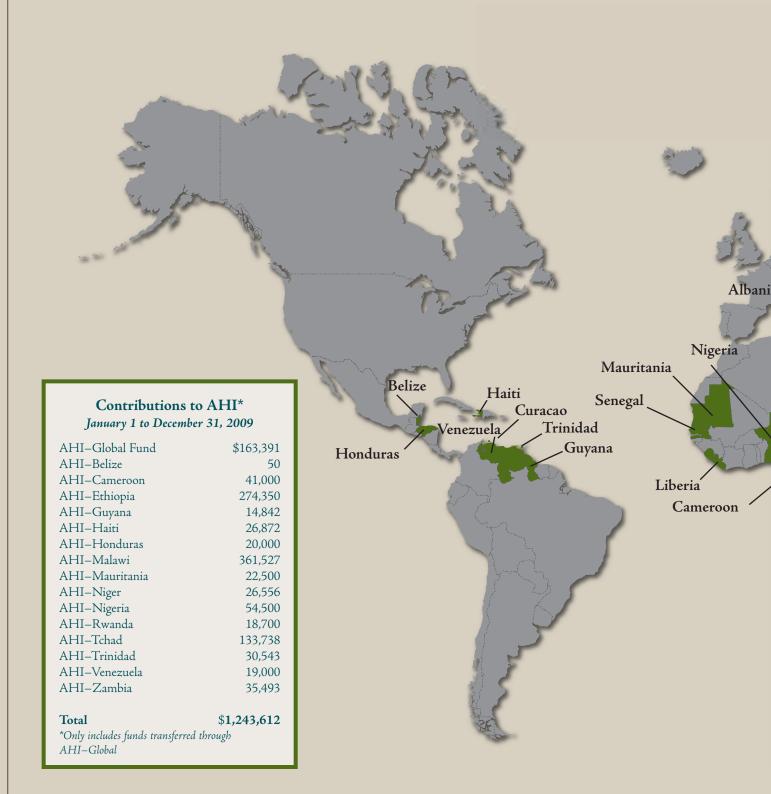
A few details about what AHI's donors have accomplished:

- Contributions over a 13-year period total more than \$8 million.
- Contributions to AHI's work in Malawi include a grant by the Monsanto Fund toward the renovation of the water supply system at Malamulo Hospital. The hospital now has a new system in place. We are most thankful to Monsanto for benefiting the 4,000 individuals who now depend on the hospital's new "high-tech" system.
- We also recognize the Stewardship Foundation for helping to establish a health

- care presence in Niger and Mauritania through its \$180,000 grant, payable over two years.
- The Versafund granted \$22,260, enabling AHI to organize the first regional conference for hospitals in the Church's Inter-American Division. Titled "Hospital Leadership in the New Decade," the conference was held at the Hospital Adventista de Valle de Angeles (HAVA) in Honduras in January 2010. Close to 50 participants from hospitals in 11 countries attended the 3-day conference.
- The Church's Hope for Humanity program provided a \$100,000 grant to support AHI's work in various places.
- Almost \$1 out of every \$2 contributed in 2009 came from individuals. Each one of these donors moves AHI's work forward consistently through the years.
- Medical and other Loma Linda University students have "adopted" some AHI hospitals such as Malamulo and our hospital in Haiti. Inspired by mission service opportunities, these young men and women have stimulated many new donors to give to the organization's work.
- The university's medical students have become particularly service-motivated. The class of 2010, for example, has adopted the Hopital Adventiste d'Haiti as its missions project. The class of 2011 is working closely with Davis Memorial Hospital in Guyana, and the class of 2012 has selected La Loma Luz Hospital in Belize. These students' missions orientation portend well for the Church's future.

Our hearts are indeed touched by the "spiritual acts" of 368 donors in 2009.

AHI INSTITUTIONS ACROSS THE





ow with 26 hospitals in 18 countries, we cannot tell as many stories about each institution. Yet it seems important to mention each place God has called us to, even if only briefly. AHI now operates in four divisions of the Adventist world church, three in Africa and 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

Belize—La Loma Luz Hospital, on the outskirts of San Ignacio in southwestern Belize, is one of our newest additions. Belize is the former British Honduras, a delightful English-speaking country nestled between Honduras, Guatemala, and the Yucatan Peninsula of Mexico. This facility was initially developed by Dr. Ray Mundall as a self-supporting institution. For many years it was owned

and operated by Mission Projects, Inc. As the hospital developed and became more complex, MPI decided it would be better if they could donate it to the Belize Union and have AHI take responsibility for operating it. With its solid reputation, La Loma Luz has good potential to become one of the best hospitals in the country. The government is asking us to develop a dialysis unit on the campus, and there is also a need for stronger orthopedic and prosthetic services in the country. La Loma Luz has developed considerable housing on campus and is the destination of choice for many church groups who come down to work in the community. We are pleased to have LLL join Adventist Health International.

Guyana—Davis Memorial Hospital in Guyana is one of our original members of AHI. It continues to serve the population of Georgetown, the capital, and beyond. Our thanks go to Bertie Henry, who

Honduras was the site of the first Adventist Health International Services division conference ▼



has so ably led the institution for a number of years. At the end of 2009 he accepted a position with the Caribbean Union. Alexander Isaacs has been appointed as the new administrator. Alexander has an MPH from Loma Linda and a rich background in Guyana, working as a pastor, health educator, ADRA director, as well as government official. He is now full time at DMH. Dr. John Wilson continues to serve as medical director, though he and Heide have indicated their plans to return to the states in mid-2010. A variety of new services are being planned at DMH, including reactivating the neurosurgery service that Dr. Richard Spann used to provide by commuting from Trinidad. They are also considering an orthopedic service, though more space will be required. An expansion of the clinical laboratory is complete, and plans to expand outpatient services and dental care are under discussion.

Haiti—Because Hopital Adventiste d'Haiti in Port-au-Prince has been at the center of the earthquake treatment and recovery efforts, we are featuring it in a special article in this *Annual Report*.

Honduras—Hospital Adventista de Valle de Angeles, or HAVA as it is called, is located in a beautiful setting about 20 miles out of the capital of Tegucigalpa, Honduras. Veronica Alvarado is our administrator, and Raul Schneider is our medical director and orthopedic surgeon. Donations from many people have enabled the hospital to renovate and upgrade its patient rooms as well as the kitchen and other areas. Despite some political unrest in the country during the latter part of the year, the hospital remained open. Our first Adventist Health International Services division conference was scheduled at HAVA in August, but had to be postponed until early 2010. Our goal is to expand our clinical services at this 24bed facility through effective marketing and new contracts with the government to serve the surrounding populations. The physical therapy department has considerable potential and we are recruiting an able volunteer to develop rehabilitation services.

Trinidad—One of our largest facilities is Community Hospital, in the capital of Port of Spain, Trinidad. It has great potential and has been selected by the national government for major patient contracts. Led by Dr. Richard Spann, it is now the neurosurgery center for the country, keeping the operating theatres and ICU busy. Our dialysis unit is also working at maximum capacity. Dr. Marlene Spann has been carrying a heavy load as medical director and the main ob/gyn doctor for the hospital. Dr. Mark Sandoval, a 2005 Loma Linda University specialist in emergency medicine, has now joined the staff. In March of 2010, Dr. Norman McNulty, a 2004 graduate from LLU specializing in neurology, will also join the medical staff. The planned expansion of the hospital, adding 100 beds, will move forward gradually as funding is available. The global economic crisis has slowed the payment of various patient care contracts, but is expected to ease soon.

Venezuela—Hospital Adventista de Venezuela in Barquisimeto and Dispensario Adventista in Caracas help to anchor a network of clinics making up the Adventist health system in Venezuela. The Dispensario in the capital of Caracas is very busy in a crowded three-story building, with thousands of dedicated patients and more than 40 health professionals. Discussions have begun about adding an inpatient facility in Caracas, a bustling city with a growing Adventist presence. Dr. Liliana Molina serves as the administrator for this clinic, which includes a major dental service, counseling services, radiology department, clinical laboratory, and many other specialties. Hospital Adventista de Venezuela, our small hospital in



Davis Memorial Hospital, Guyana A

Barquisimeto, is an hour's flight to the west of Caracas and continues to operate in a three-story mansion. It has a strong reputation, and both patients and staff are waiting for the completion of the new building next door. The ground floor of the new four-story hospital is nearly ready for occupancy and will accommodate a number of clinical services. It is planned to gradually complete the basement and two top floors as funds are available. Dr. Inez Milano, a radiologist, is serving as medical director. Marbellys Garcia led the institution as administrator and guided the construction of the new building through most of the year, until Lolita Sandoval was appointed administrator in November.

EAST-CENTRAL AFRICA DIVISION

Ethiopia—Gimbie Adventist Hospital in western Ethiopia is on a roll. Under the leadership of Paul Howe, a collection of young Americans has chosen

this place for service. They have brought considerable energy and new ideas into the country. The nursing school academic block is nearly complete, providing needed classroom and laboratory space for the growing program, now entering its third year. There is already talk of adding a midwifery program to the campus. Though a new government hospital has been built in town, our reputation has led to our highest occupancy rates ever. With the new road nearly completed all the way from Addis Ababa, patients are coming from farther and farther away to seek care. Maternity Worldwide continues to be an active partner, helping to provide prenatal education and screening in the community as well as strengthen delivery services at the hospital. With recent donations, the hospital is able to purchase another badly needed vehicle, get a new generator, and improve the water system. Thanks to Mark Squire for his assistance in making this happen.

Rwanda—Hopital de Mugonero, based in western Rwanda, overlooks beautiful Lake Kivu. It is joined by Kigali Dental Clinic and Kigali Adventist Medical Center in the capital as our key institutions. There is also an extensive network of rural clinics that forms our Adventist health system in the country. New leadership has been recruited with Dr. Silas Gomes, a surgeon from Argentina, as our new medical director at Mugonero. Dr. Tommu Wuysang, a cardiologist originally from Indonesia, is now the medical director at the polyclinique in Kigali, recently renamed the Kigali Adventist Medical Center. Both of these facilities now have new life and are developing well. We are raising funds to enable Wes Lutz to redo the entire water system for Mugonero, including the secondary school and community. We are also blessed with an ongoing relationship with Centura Health System in Denver that has helped to refurbish buildings and provide much needed-equipment to Mugonero. Thanks to Greg Hodgson for leading this effort. The country of Rwanda continues to move quickly on many development projects, including a

national desire to become bilingual, adding English to French. The Adventist University of Central Africa is enjoying a new and expanding campus on the outskirts of Kigali and bodes well for the future of the church in this exciting country.

SOUTHERN-AFRICA INDIAN OCEAN DIVISION Malawi—Malawi also has a growing Adventist health system that literally covers the entire country. From Adventist Health Center Lilongwe in the capital, to Blantyre Adventist Hospital and Malamulo Hospital in the south, it is blessed with a network of 17 rural clinics all across the country, managed by Florence Chipungu as Adventist Health Services. This clinic network has received several large grants from USAID and Britain that have helped upgrade many buildings and equipment as well as strengthen the staff and services. These rural health centers are a vital first line of health care in most countries and are often the only professional service available to the general population. Both Blantyre and Malamulo hospitals have made significant progress this year in reducing their debt and upgrading their services. Dr.







▲ The new leadership team at Kirker Adventist Hospital with founders, Bill and Barbera Kirker. From left are Mindi and Scott Guptill, the Kirkers, Kari Barnhum, and Kari and Derrek Hidalgo. The Hidalgo's children, Rian and Miles, are in front.

Ema Varona continues to serve as medical director at Blantyre, though we all suffered a huge loss with the sudden death of her husband and colleague, Dr. Rudy Varona. Kirby Kasinja is our very able administrator at Blantyre, which will soon open its new 10-bed ICU. Dr. Cristy Shank is medical director at Malamulo, with Don Schatzschneider serving as administrator and Elisa Brown helping both at Malamulo and throughout the entire system. The decision has been made to have the Malamulo College of Health Sciences formally relate to Malamulo Hospital in addition to its relationship with the new Adventist University of Malawi. The biggest improvement for Malamulo is the new water system, which is detailed in a separate article in this Annual Report. Thanks go to Albin Grohar for finding the funds from Monsanto and Wes Lutz for installing the system.

Zambia—Zambia has one of the largest national systems of Adventist health care on the continent. This spans from Mwami Adventist Hospital in the northeast, to the Lusaka Eye Hospital, Lusaka Adventist Dental Clinic, and Lusaka Adventist Clinic in the capital, to Yuka Hospital in the far west, near the Angola border. They are complemented by a network of rural clinics all across the country. Edward Martin continues to coordinate this growing network as country director for AHI. White Memorial Medical Center in Los Angeles has taken on Mwami as a sister institution, helping it with a number of improvements, including a shelter for mothers caring for their sick and malnourished children. Barry and Shelley Bacon have also raised funds and led a group there to paint, purchase mattresses, and improve clinical services. We have a dream to build a multispecialty clinic in Lusaka on 10 acres of land given to us by the city. This would provide an employment base for the many Adventist professionals in the city, as well as serve as the administrative and financial hub for the national Adventist system. This is a major project, requiring careful planning and fundraising. It would create a new model of a self-supporting health institution for the African continent that could be replicated in other countries.

WEST-CENTRAL AFRICA DIVISION

Cameroon — Cameroon is now home to three Adventist hospitals, anchoring the corners of the country. Batouri Hospital is in the far east, up against the Central African Republic border. This facility is still led by Dr. Andre Nda'a, who, along with a small staff, provides comprehensive care and trains staff for other institutions. Koza Hospital is in the north finger of Cameroon and is not far from the Tchad and Nigerian borders. Drs. Greg and Audrey Shank have done an incredible job of reestablishing this hospital into a strong clinical facility that provides an invaluable witness for the church in an area still steeped in traditional practices and beliefs. Finally, our

newest facility is in the far west, on the slopes of Mt. Cameroon. Buea Hospital has now been upgraded from a small maternity clinic with a new two-story building. Dr. Trixy Colwell and her husband, Bill, are taking hold of this new endeavor, improving the facility, strengthening clinical services, and building community relations. The National Auxiliary of the LLU School of Medicine Alumni Association has also raised funds to help establish this new hospital, which will need equipment, staff, and time to build a reputation and clientele.

Liberia—Liberia is one of the newer members of Adventist Health International Services, with Cooper Hospital in the capital of Monrovia. Associated with the main hospital is Cooper Eye Hospital, about half a block away. Cooper Hospital provides comprehensive ophthalmological services. The country of Liberia is gradually recovering from 15 years of brutal civil war. Scars are still evident from the fighting, with shell marks on the buildings and even in the spirit of the institutions, which are struggling to reestablish themselves. Lucinda Carter is serving as our able hospital administrator. Dr. Nathaniel Mosqueda and his family anchored this place for many years, but returned to the Philippines at the end of 2009. Local physicians are serving the hospital for now, but it is hoped that it will have a church physician there soon.

Mauritania — Mauritania joined AHI a year ago, and has now brought in Senegal as a base of operations. With the AHIS decision to enter new territory for the Church, we were asked to start health work in Mauritania. Two young couples were recruited for this pioneering venture, Boaz and LaRae Papendick and Bonnie and Andres Saenz. Boaz and LaRae recently completed their MPH degrees from Loma Linda, while Bonnie and Andres are both physicians. As the team assembled, it became clear that security for expatriates was of concern in Mauritania, requiring a reassessment of potential project sites. After considerable discussion with the local church leadership and others, it was decided to base this team at Niaguis Health Centre in Senegal. A clinic building and housing is already available and will allow services to be provided locally as well as serve as a training site for workers from Mauritania.

Niger—Niger is one of those sub-Saharan countries that stretch across the middle of Africa like a great belt, just north of Nigeria, in between Mali to the west and Tchad to the east. Several years ago, AHI was requested to take on Kirker Hospital, a 40-bed facility in the southeast corner of the country. Originally developed by Dr. Bill and Barbara Kirker when they worked there for the Peace Corps in the 1960s, this facility has gradually expanded and will soon have 140 beds. It serves as the main referral hospital for a wide expanse of territory from the Sahara to the north and the Tchad, Cameroon, and Nigerian borders on the east and south. As plans developed, two young couples stepped up and said they would be willing to take on this challenge. Mindi and Scott Guptill were watching this development as Mindi was finishing her emergency medicine residency at Loma Linda; as she had lived in the country as a child. Scott comes from a mission family and grew up in Asia. Kari and Derrek Hidalgo also became interested and committed to go. Derrek is a nurse manager who was ready for a new challenge, and Kari had traveled and worked with her father, Richard Hart, as AHI had grown as an organization. So these two couples, with the Hidalgos' two young children, and Kari Barnum, another nurse from Loma Linda, are now settling in to Maine-Soroa, the town that boasts this growing medical complex. On the dry edge of the Sahara, a two days drive from Niamey, the capital of the country, with camels and goats as ever-present companions, a new adventure begins. Pray that their endeavors will bring healing and growth to those in need.

Nigeria—Nigeria remains the economic giant of Africa. Despite its noisy democracy, it continues to grow and develop. With the formal addition of Inisa Community Medical Centre, we are now operating four hospitals in the country. This is thanks to its administrator, Dele Adeoye, and to Dr. Jason Lohr, who drove over from Ile-Ife regularly to help establish this new facility. Jengre Adventist Hospital in the Muslim north has made significant facility improvements over the past year, with financial help from many. Several buildings have new roofs, staff housing is improved, and equipment has been upgraded. Drs. Akin and Marianne Obisanya have done an incredible job of building up the physical plant as well as the clinical services. Aba Hospital and Motherless Babies Home in the east has had some struggles due to security threats during last year and into 2010. Despite that, Dr. Enyinna stuck it out and continues to provide valued clinical care from this 25-bed facility. The staff has also made improvements at Aba and have added a new health centre at Ubakala that has expanded its coverage significantly. Ile-Ife Adventist Hospital continues to anchor the national system. With its School of Nursing and Postgraduate Medical Education program training family medicine residents, this large hospital continues to be the source of personnel and assistance for the other hospitals and clinics in the national system. Dr. Akin Obisanya is the country director for AHIS-Nigeria, with assistance from Danjuma Daniel and Jason Lohr. It is exciting to see the collaboration and interdependence developing between these institutions as they seek to strengthen God's health work across this mighty nation.

Tchad—Bere Hospital in southern Tchad has become a true miracle story in the growth of an institution. Dr. James and Sarah Appel continue to guide this expanding facility, which last year was the second busiest surgical hospital in the entire country. This thriving facility has provided the base for a new church, primary and secondary school, and now the beginning of additional health care facilities with the establishment of an ambulatory surgery center in the city of Moundou. With funds from the LLU School of Medicine National Auxiliary, this new facility is nearly ready to open and will include several holding wards along with the main clinic. James and Sarah will activate this place when Drs. Olen and Danae Netteburg arrive to take over at Bere. Olen and Danae are finishing their residencies in emergency medicine and obstetrics/gynecology, respectively, and will be a great addition to our force in the field. The next main step for Bere will be to formally offer professional training. Consideration is being given to start a school of nursing there that would have a major impact on the country.

Building the new Moundou Clinic in Tchad ▼



NEW COUNTRY REPORT

Three new countries added to AHI

dventist Health International continues to receive requests to take on additional facilities and develop new projects. Most of these are in keeping with our basic objective to serve the underserved people of the world by strengthening the health care ministry of the Seventh-day Adventist Church. Usually the request comes from some part of the church organization, though occasionally it comes from other sources. While we appreciate and applaud the efforts of individuals and other groups to provide health care where the need exists, AHI only becomes involved with church owned and operated facilities.

SENEGAL

Senegal was added this past year as a companion country to our initiative in Mauritania. Recognizing security concerns in the area, we have decided, along with our partner organizations, to place our team at Niaguis Health Center in Senegal as a base to train community health workers for Mauritania.

SIERRA LEONE

Several other countries have been accepted into AHI and are waiting for our involvement. This includes Sierra Leone in western Africa. Masanga Leprosarium and Hospital operated there for many years, but was largely destroyed during the civil war. Now the church has developed a new facility called Waterloo Hospital and has requested AHI assistance.

ZIMBABWE

We also have a request to develop a health care facility in Harare, Zimbabwe, on the grounds of the old Southern Africa-Indian Ocean Division headquarters. The orthodontic clinic there is being reactivated now that the political situation has stabilized, and we are considering how to proceed with a larger health care facility.

CURACAO

The final facility that is just joining Adventist Health International Services, is Antilliaans Advent Ziekenhuis, or Antillean Adventist Hospital. Its name reveals its history, as this facility is located in Curacao, a small island off the coast of Venezuela which has a Dutch heritage and features a curious mixture of Dutch, English, and local languages. With 40 beds and a wide variety of services, this busy facility is now led by Cenaida Panneflek, the newly appointed administrator and Viola Lijfrock, the chief nursing officer. Their energy and enthusiasm give great promise as we look to the future. The hospital has a strong reputation, and competes favorably with the other main hospital on the island. Plans are being developed for expanded services and building improvements.

Antillean Adventist Hospital, Curacao ▼



FINANCIAL REPORT

2009 financial statement

Statements of financial position

Acceptant	(unaudited)	(restated) 12,31,08
Assets:	12.31.09	
Cash and cash equivalents	\$ 981,631	\$ 1,077,006
Other current assets	6,800	0
Property and equipment, net	388	956
Total assets	\$ 988,819	\$ 1,077,962
Liabilities and net assets:	\$ 0	\$ 9,415
Accounts payable	0	57,643
Due to affiliate	0	67,058
Total liabilities		
Net assets:	(47,326)	(34,279)
Unrestricted	1,036,146	1,045,184
Temporarily restricted	\$ 988,819	\$ 1,077,962
Total liabilities and net assets		

Statements of activities For the years ended December 31, 2009 and 2008

	Unrestricted	Temporarily Restricted	2009 Total	2008 Total
Support and revenue:				
Contributions	\$ 140,577	\$ 1,067,801	\$ 1,208,378	\$ 1,130,321
Interest income	14,539	20,695	35,234	110,815
Total support and revenue	155,116	1,088,497	1,243,612	1,241,136
Expenses:				
International programs	5,000	1,124,214	1,129,214	818,764
General and administrative	130,115	0	130,115	134,294
Fundraising	6,369	0	6,369	9,381
Total expenses	141,484	1,124,214	1,265,697	962,439
Net transfers	(26,679)	26,679	0	0
Change in net assets	(13,047)	(9,038)	(22,085)	278,697
Beginning net assets	(34,279)	1,045184	1,010,904	732,207
Ending net assets	\$(47,326)	\$ 1,036,146	\$ 988,819	\$ 1,010,904

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

President Richard H. Hart, MD, DRPH

Financial officers Robert Frost, MBA

Sandra Assman, MBA

Secretary Donn P. Gaede, DRPH

Dental services Quint P. Nicola, DDS

Equipment procurement and maintenance

Jerry E. Daly, MA, MSLS

Facility construction and maintenance

Kenneth J. Breyer, ME

Legal services Kent A. Hansen, JD

Nursing services Jan Zumwalt, MS, MBA, RN

Dolores J. Wright, DNSC, RN

Philanthropic services Albin H. Grohar, PHD

Public relations Dustin R. Jones, MA

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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

West-Central Africa Division

Out of the rubble...

Story from page 5...

School of Public Health personnel worked at a nearby camp to address the spread of diarrheal disease and malaria, and had already encountered several cases of typhoid, a serious illness that is easily passed on without proper hygiene and sanitation facilities.

Dr. Chris Jobe, department of orthopedic surgery, Loma Linda University School of Medicine, travelled to HAH with an orthopedic team.

"It is a blessing to see the many volunteers cooperate," he reports. "Lives and limbs are being saved because of the collective effort of so many people."

According to Dr. Jobe, people from different countries and religions were working together.

"It was a blessing just to see people from all over the world cooperating with one purpose—to save as many lives as they could," he says.

The Global Health Institute at LLU continues to receive names of individuals offering to assist at the hospital, as well as donated medical supplies. They will continue to send volunteers to HAH for the next year and beyond.

Along with many of the other patients, Sebastien and his aunt moved into a small tent in the post-op section of the camp outside the hospital. He was given crutches and began to learn how to live with one leg.

Living in the camp in front of the hospital is a constant reminder that the future is not decided.

Much of Sebastien's future is uncertain, but there is hope. He has a loving family and there are now aid organizations that are beginning to work in Haiti specifically to help the many new amputees.

One thing is certain for Sebastien: following his ordeal, he is certain that he wants to be a doctor when he grows up.

Look for a special documentary on Sebastien and Hopital Adventiste d'Haiti during this difficult time in Haiti. The documentary, titled "Out of the Rubble," will premiere this summer in Atlanta, Georgia.



" A metal house is better than a tent, stronger.

But if you give me the tent, I will take it."

—SEBASTIEN LEMOTHE

Sebastien was trapped under the rubble of his home in Haiti for three days. He currently lives in a tent in front of Hopital Adventiste d'Haiti.



INTERNATIONAL

11060 Anderson Street, Loma Linda, California 92350 (909) 558-4540; ahi@llu.edu www.adventisthealthinternational.org