

Adventist Health

INTERNATIONAL



2004 ANNUAL REPORT



PRESIDENT'S REPORT

Adventist Health International deliberately slowed its growth in 2004, putting some country requests for joining on hold while we strengthened our existing processes and institutions. So you will not see any new member institutions in this report, but you will see the continued blessing of God as AHI fills an increasingly vital role in the health work of the Adventist church.

Let me encourage you first to look in the middle of this report at the map and donation summary. This is truly amazing, with AHI's continued growth in donations reaching \$841,000 this year. This is a combination of grants, organizational and church donations, and many gifts from individual people who believe in what is happening. Both God and you, our individual donors, seem to be urging us on to higher goals and commitments. Thank you for your trust and confidence.

The initial premise of AHI was that good governance and management could make a mission hospital both financially stable and able to provide Christian service in its community once again. We have concentrated primarily on reestablishing those institutions that were on the verge of dying, though now we are being encouraged to consider the development of new clinics and hospitals. In Ethiopia, we are also being asked to resume control of three Adventist hospitals that were confiscated by the socialist government back in the 1970s: Debra Tabra, Dessie, and Empress Zewditu.

We have also come to the point where running all of AHI on the backs of volunteers, all of whom have other full-time jobs, is becoming more and more difficult. Some of our corporate members are offering to provide budget support for employing limited staff to keep up the traveling, board meetings, and correspondence that is a daily part of AHI. We are also considering a new organizational structure that can protect our Adventist system from the continued threat of malpractice litigation, now a part of most countries. You will be hearing more of these developments in the future.

Thank you once again for being part of this incredible journey over the past six years. Holding the hands of so many dedicated staff in the 50 clinics and 26 hospitals in 10 countries that call AHI their organization has been truly awesome. What hath God wrought!



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

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Adventist Health International (AHI) is a multinational, nonprofit corporation with headquarters in Loma Linda, California. AHI has been established to provide coordination, consultation, management, and technical assistance to hospitals and health-care services operated by the Seventh-day Adventist Church, primarily in developing countries. AHI is not a funding agency and depends on various organizations, foundations, governments, and individuals to provide financial assistance when needed.

AHI believes that every health-care institution must be firmly rooted in its community with concern for all aspects of development, and will pursue policies and programs which 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.

CAMEROON



Absorbing change is always a difficult experience, even when those changes are perceived as positive.

All four major institutions in Cameroon underwent a year of change in 2004, including the Central African Union leadership itself. Monita Burtch, MS, AHI executive director, has been constantly on the move, managing a series of crises and change.

Andre Nda'a, MD, the medical director at Batouri Hospital, will spend the first four months of 2005 earning his diploma in tropical medicine and hygiene at the University of London. This opportunity is richly deserved by Andre, who has worked under difficult conditions for the church for many years.

Buea Hospital in the western part of the country has begun a long-awaited building project. Using funds from previous donations and more recent support from the Ellsworth Foundation and Ingathering: Hope for Humanity, they are converting a small clinic into a two-story hospital and outpatient complex. This will effectively serve the maternal and child health needs of this portion of the country. David Hendrick, an AHI volunteer from Michigan, is overseeing this major building project, which should be completed in 2005.

Koza Hospital in the north has probably had the most difficult year, with the departure of Drs. Elfred and Marialita Solis resulting in intermittent physician coverage for some months. Located in a picturesque and populated area, Koza has great potential. Drs. Greg



2004 Board of Director's meeting in Douala

and Audrey Shank will arrive there when they complete their French language training in mid-2005. Greg is a surgeon and Audrey is in family medicine. Both are deferred mission appointees from Loma Linda and will bring much-needed clinical and management skills to Koza. The future is finally bright for these dedicated staff who have worked under difficult circumstances for some years.

Finally, at the dental clinic in Yaounde, Perry Burtch, DDS, continues to provide clinical leadership to this busy practice with four dentists. A new clinic is needed, as their current area has become very crowded and inefficient. The clinic is starting to lose its professional dominance in Yaounde, so plans are being developed to either purchase or build a new clinic building that can house both the clinic and AHI headquarters.

It truly feels like Cameroon has turned some major corners and is ready for a season of peace and prosperity.

IMPRESSIONS OF A FIRST-TIMER

BY ALBIN GROHAR, PHD

Having been asked to write this brief piece, I am a reluctant author. The reluctance has to do with respect—respect for the many readers who have considerable experience with mission service on the African continent and other places. I'm afraid that as a first-time visitor to Africa, a tourist in essence, my impressions and views are bound to be naive and not reflective of the real religio-cultural issues that long-term missionaries face.

Yet, I feel compelled to share my notions a bit. It was a privilege to be in Cameroon and Tchad, to participate in AHI Board meetings in these countries, to witness the energizing roles played by local leadership and volunteers, and to visit health-care facilities in Yaounde, Koza, and Bere this past January. I am inspired by the absolute dedication of those who work in these AHI health-care settings.

I saw a steadiness of commitment in those who serve in Koza and Bere. Conditions at Bere Hospital are as primitive for a health-care setting as they can get. There are no modern facilities or technological devices. Remoteness precludes communication with friends, families, advisors, and consultants.

It is only the consistency of commitment to service, and service to Jesus Christ, that impels individuals such as James and Sarah Appel and others to do what they do so consistently. It is also what compelled the physicians, lawyers, and other volunteers who are Board members of AHI-Cameroon to meet for 12 and a half hours without interruption,

striving to find solutions to the facilities, personnel, and other challenges they face in their settings. It is what drives health-care providers at Koza Adventist Hospital to commit to make that facility the best in the region for health-care delivery.

Whether at Koza, Bere, in formal AHI meetings, or just in casual conversation with everyday men and women in the countries we visited, the presence of talent and dedication to humanitarian concerns was formidably evident. Yes, in ways that we do not have to in First World societies, men and women on the African continent often struggle and compete to survive. But with all the lack, there is great intelligence, wisdom, and dignity.

The leadership, health care, and support staffs in AHI hospitals display a unique spirit of service and are unified in their dedication to do "God's work" as they seek practical and ingenious solutions to patients' physical and spiritual needs in their own settings. The problems they face—lack of modern medicine and facilities, remoteness, lives that may be unnecessarily lost, bureaucratic struggles—are real, to be sure. But their spirit in the Father's service is what makes AHI's and its supporters' efforts and philanthropy the more fruitful and worthwhile.

Clearly, I was impressed with the work that African and expatriate health-care workers perform. How our Father is blessing AHI's work is tremendous! I'm left to thank the many individual and organizational donors that consistently support its mission of service.

ETHIOPIA



The success of Gimbie Adventist Hospital (GAH), the first AHI institution, continues to both amaze and delight us all. GAH has now completed its second year of full operational solvency, covering all local operational expenses from patient revenue. AHI-Ethiopia continues to solicit donations for capital development projects, but all other expenses are covered locally. This is rather amazing in a rural area of one of the poorest countries in Africa. It provides a model that is gradually being replicated elsewhere and is the result of careful management by Chandra and Charlie Baier, Amy and Jesse Tabaranza, MD, the hard work of the local staff, and the support of many volunteers who have made Gimbie a common destination.

The design of the new building to include a private wing with eight private and semi-private rooms has provided a financial edge for the hospital. A variety of services has been developed which has reestablished the reputation of the hospital and led to higher occupancy. The

significant assistance of Maternity Worldwide has brought volunteers and support for expanded maternity care. The continued partnership with Susie and Maty, the local Catholic nuns, has provided a model to the community of teamwork and commitment. A major affiliation with the Fistula Hospital in Addis Ababa has led to GAH becoming a western base for this important surgical service for women.

Donations from Ralph and Carolyn Thompson and Alan and Jane Sines have enabled Gimbie to start construction on a nurses dormitory as the hospital prepares to begin its first academic program. This will greatly enhance its ability to serve the western part of Ethiopia with qualified professionals. The continued development of the Nutrition Education and Rehabilitation Village will do much to improve the nutritional status of children and decrease high maternal mortality by allowing high-risk mothers to remain close to the hospital before delivery.

The success of GAH has not gone unnoticed nationally, and during 2004, AHI-Ethiopia received requests to once again manage the three Adventist hospitals confiscated by the government during the socialist revolution of the 1970s. Serious discussion about establishing a management relationship with Empress Zewditu Hospital in Addis Ababa has been facilitated by Fekede Gemechu, MD. A final decision about this request is expected in early 2005. While these discussions mature, additional rural clinics are being upgraded, staffing enhanced, and services provided throughout the country. Praise the Lord!



A volunteer plays the guitar for a leg fracture patient

SOMETHING IN THE WATER

With three marriages in one year, it is easy to suggest that there might be something in the water. One thing is for certain, our AHI family is growing!

Kelvin Sawyer met Sue in 1999. Their relationship didn't take off until 2004, and they began to write each other as Kelvin drove around Africa. They were married on December 5 at Stanborough



Sue and Kelvin Sawyer



Danjuma and Tomi Daniel

Park Adventist Church in England.

“Sue is really taking a leap of faith to join me working for AHI and living out of a Landcruiser,” says Kelvin. “To go from the leafy rural village of Slapton in Bedfordshire to roughing it in Africa takes real courage, but she says I’m worth it!”

James Appel was introduced to Sarah through e-mail correspondence in early 2003. It wasn't until she came to California in September to take nursing boards that James met her.

Sarah traveled first to Bere looking for a challenge. James followed several months later and the result was inevitable. They were married in December of 2004 in Copenhagen.

“First of all, if Dick Hart claims any credit for getting Sarah and I hooked up, I refute it all!” says James.

Danjuma Daniel met Tomi at Babcock University in Nigeria in 1995. Tomi finished her law degree and started work as an administrative assistant at Ile-Ife hospital, where

Danjuma worked as a financial officer. The couple got married April 7, 2004, and the rest, as they say, is history.

“Eight months of marriage has strengthened our love and we thank God for the gift of each other,” says Danjuma.

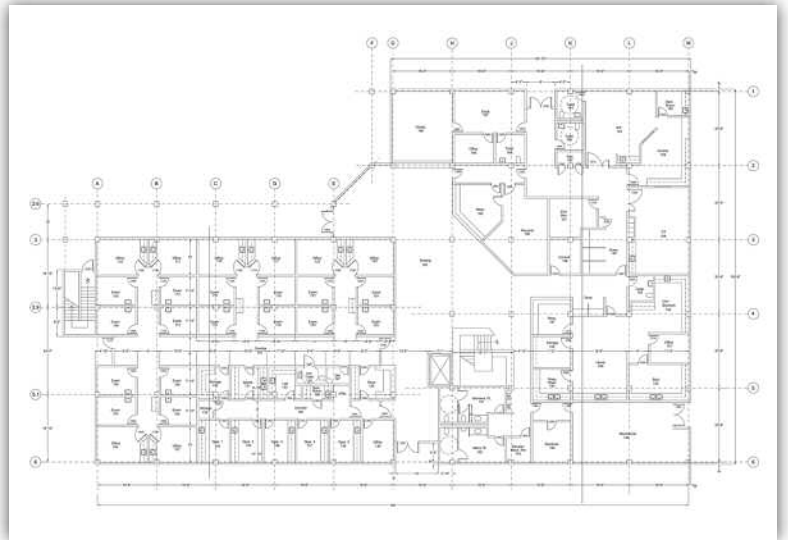


Sarah and James Appel



Watching an institution inch its way back into financial solvency and service excellence is a fascinating thing to behold. Davis Memorial Hospital (DMH) has been on that road for the last few years. In looking back, there are many events and individuals that contributed to this improvement. Dominant among those was the “right-sizing” of the staff several years ago, when the hospital reduced staff by nearly a third. Though painful at the time, this single event contributed significantly to the productivity of those remaining and the cohesive spirit among them. The Foundation Healthcare Worker training program was also seminal in creating a positive can-do attitude among the staff and in building DMH’s reputation as a “teaching” hospital.

One of the challenges at DMH through the years has been retaining quality professional staff. While there are always community doctors who enjoy using our facility, keeping a core of committed Christians at the center is critical for providing the kind of care that models Christ’s methods. Lorna Mandalupa, MD, an Ob/Gyn specialist from the Philippines, began this development process several years ago. Then Karla Guerra, DDS, from Mexico, began the new dental services in 2004. Finally, John Wilson, MD, a deferred mission appointee graduate from Loma Linda, completed his family medicine residency and joined in October. With the support of Bertie Henry in administration, Carol Coffey in the business office, and Mandy Le Fleur in nursing leadership, our team is strong and working toward the future.



First-floor schematics of the new health center

DMH is enjoying the status of once again being the “preferred” hospital in the entire country. To keep pace with this development, the time has come to engage in a major development project. The most acute need is for a new outpatient facility that incorporates a modern clinical laboratory, up-to-date radiology and imaging techniques, and a commercial pharmacy. More outpatient space is also needed for the growing number of patients.

To accomplish this, the Board has developed plans and voted to start fundraising for a new health and diagnostic center to be built next to the hospital. This major two-story facility will provide 24 exam rooms, a five operator dental clinic, pharmacy, radiology and laboratory services on the ground floor, and a suite of classrooms, computer lab, library, and nutrition laboratory on the second floor. These educational areas will let DMH continue to expand its community education services and develop additional professional programs.



Political and social unrest continues to plague Haiti, despite many efforts to stabilize the country and institute developmental reforms. Hopital Adventiste d'Haiti, in the Diquini suburb of Port-au-Prince, gets caught in these various issues as it tries to improve its level of service and remain financially solvent.

For much of this year, the city's electrical power was on for only three to four hours in any 24-hour period, making any electrical appliances difficult to use.

The hospital has worn out two small generators during this time, in an effort to maintain its basic services. Finally, AHI, with the help of the ADRA emergency fund in the Interamerica Division and Ingathering: Hope for Humanity, purchased two large, nearly new generators in Florida. Reg King of Haiti Mission

Outreach took responsibility for getting them to the hospital, building a pad and shed for their use, and eventually connecting them to the system.

A large diesel tank was also installed to enable the purchase of fuel on a more efficient basis. This single act of providing stable power will distinguish our hospital from others in the country and will greatly improve health-care services. The total project will cost nearly \$100,000 for all of its components, but should last for years and provide enough power for the hospital, as well as for the nearby university, Universite Adventiste d'Haiti.

A number of other remodeling projects are moving ahead slowly. Doris Dupruy, DDS, a young dentist trained in Haiti, has benefitted from six months in the International Dentistry Program at

Loma Linda University and is ready to begin a dental clinic at the hospital as soon as the chairs arrive and are installed.

Physical therapy services have also been started and are waiting to expand with additional equipment. The new patient wing is waiting for windows and will be ready to open. Each of these steps seem small, yet progress remains steady in this island nation.



Generator units purchased for use in Haiti



It was with some reluctance that the AHI Board accepted all of India's 11 Adventist hospitals into AHI membership at one time in 2003. These institutions are scattered across this huge country, soon to be the most populous country in the world. With many different cultures and economic issues, it was clear that each institution would need its own plans and support system. Some were doing very well, while others were suffering immensely, months behind in payroll obligations, deep in debt, and having lost their previous reputations for quality.

Our strategy was to look for "low-hanging fruit," those relatively simple interventions that could have a significant impact. We also decided to concentrate extra attention on Giffard Memorial Hospital in Nuzvid, one of our premier institutions in the past, but in danger of immediate bankruptcy and closure. Its nursing school, in particular, has contributed many talented staff to Adventist hospitals throughout India and the world. With the large Indian community in the eastern part of the United States, there has been special interest and support for Nuzvid from the Columbia Union Mission Fund.

This fund donated \$90,000 to build a new dormitory and to refurbish the hospital. This new dorm will be named after Anna Knight, the first African-American missionary to India. Nuzvid has also been blessed with the volunteer work of a physician couple from New

Mexico, Betty Whatley and Gregg Manoff. Their time at Nuzvid has started to bring tighter organization to the health services and begin the long turn-around process.

Ranchi Hospital in eastern India has also received special attention. Ranchi is in a tribal area that has not seen as much development as other parts of India. Elwin and Jaya Vedamony, in orthopaedics and Ob/Gyn respectively, are giving leadership to the institution. It seems clear that with a little nudge, Ranchi could become financially self-sufficient. It has a growing nursing school crowded into a small dormitory that needs expansion. Ranchi has also been asked to start a medical technology school to serve the area. Ingathering: Hope for Humanity has provided \$60,000 to remodel the ICU and surgical areas at the hospital, which will allow them to



Giffard Memorial Hospital in Nuzvid

provide expanded contractual services to local businesses.

Mattison Memorial Hospital in Thanjavur has been another institution of concern. The Mattison family has given much to India, and their relatives and descendants are helping to build a new doctor's house on the hospital compound to protect some open land from being confiscated and allow the institution to expand. A senior staff house can be constructed for \$25,000, and this is now moving forward.

There are many other needs throughout India that are being addressed. The hospital at Pune needs to be rebuilt. There is considerable support from businessmen in the local community to help with this project. Negotiations will show the potential for constructing a new



Rod Applegate visits with a patient

facility and how it can witness in this growing city of India.

The coordination of the entire country has been accomplished by a trio of individuals that deserve credit for many hours of travel, time away from home, and endless committees. Ashley Isaiah is our executive director of AHI-India, and Don Bankhead from the division. Rod Applegate, a retired hospital administrator from Walla Walla, Washington, serves as AHI regional vice president for India, and has given much of his retirement years to India, providing consultation, leadership, and direction. While the issues seem almost overwhelming at times, this group continues to have confidence as they move cautiously forward. AHI is indebted to their commitment and energy.



The girls hostel at Giffard Memorial Hospital under construction

AHI INSTITUTIONS



Contributions to AHI*
January 1 to December 31, 2003

AHI-“Global” Fund	\$181,280
AHI-Ethiopia	95,315
AHI-Guyana	22,000
AHI-Zambia	25,350
AHI-Rwanda	39,498
AHI-Cameroon	35,650
AHI-Haiti	98,150
AHI-Tehad	129,288
AHI-Nigeria	97,850
AHI-Trinidad	-
AHI-India	117,208
Total	\$841,589

**only includes funds transferred through AHI-Global*

ACROSS THE GLOBE



AHI PROJECTS

AHI–Global projects	\$181,280
AHI–African continent projects	422,951
AHI–Caribbean and West Indies areas	120,150
AHI–India projects	117,208
Total contributions to AHI projects:	¥841,589

NIGERIA



How does one begin to describe the rough and tumble world of Nigerian politics and health care?

It can be both troubling and gratifying, frustrating and fulfilling. Anchored by Ile-Ife Hospital and its associated Postgraduate Medical Education (PME) program and the School of Nursing, AHI-Nigeria is transitioning into a more mature system with the development of management and accounting systems.

Danjuma Daniel has worked for AHI since his return from obtaining his MBA at Southwestern Adventist University in Texas several years ago. Covering both the business functions of AHI for the country and, more recently, becoming the business manager for Ile-Ife Hospital itself, he still had time to find his true love and marry Tomi, our invaluable assistant in the PME program. Tomi has now finished her law degree, and we are expecting strong leadership from this couple into the future.

This year has also seen our first AHI executive director for Nigeria, Tayo Odeyemi, move on to another assignment in Malawi. Tayo's broad understanding of development has been invaluable in establishing AHI in Nigeria, and we wish he and his family all the best in their new pursuits. Drs. Randy and Melinda Skau returned home after 10 years in Nigeria, clearly leaving part of their hearts in this marvelous country. AHI will continue to benefit from their commitment and consultation as programs develop. Akin Obisanya, MD, has



Ile-Ife nurses complete a continuing education course

stepped into the leadership position for AHI in the country.

The School of Nursing is undergoing a major change as it responds to the government mandate to upgrade to a baccalaureate level. This will require improvement of faculty, classrooms, and laboratories, and additional dormitory space. A new affiliation with Babcock University is being developed and is expected to facilitate this transition. Our graduates continue to score well on their national exams, and we expect this school to maintain its strong reputation.

Jengre and Aba Hospitals are also undergoing some transitions. It is easy to overlook these smaller institutions in the north and east, yet they provide valuable services in their local communities. Both Jengre and Ile-Ife underwent some Board-mandated "right-sizing" of their staff during 2004, which has done much to strengthen their financial stability. The year 2005 is expected to show the results of these needed changes.



What a year of change and growth it has been in Rwanda. The arrival in mid 2004 of Marvin and Beth Gottschall has caused a major strengthening of the dental clinic in Kigali. Clinic profits in the past enabled a major upgrade of the dental chairs and equipment. With the invaluable installation help of Kelvin Sawyer, this equipment has once again positioned Clinique Dentale Kigali as the premier clinic in the capital city.

Mugonero Hospital has also seen major transitions. The hospital absorbed a major increase in staff costs as the church increased salary scales. The addition of several external-service contracts has assisted in achieving financial stability.

Donn Gaede, MPH, secretary of AHI, has also secured an HIV/AIDS grant that is based at the hospital and has supple-

mented operating costs of the institution. The Drs. Mark (Ranzinger and Edison) continue to provide medical leadership while the hospital administrator, Kamali Kamisa, works on his MPH degree in Uganda. One can gradually feel the hospital maturing into a broader based and more stable institution.

A major new challenge is the government's decision to phase out all A-2 nursing schools in the country. This is the program that currently has more than 400 students enrolled at Mugonero, requiring rethinking of what to do next. In consultation with the Ministry of Health, Loma Linda University School of Nursing has agreed to assist the national government in strengthening its nursing plans for the entire country in exchange for Mugonero being allowed to upgrade to the new A-1 level. This will require an advanced level of training for the faculty,

better educational facilities, and a smaller student body. But the expanding role of nurses in health care, especially in the growing AHI system, requires us to make this transition expeditiously.

Finally, funds have been donated to start upgrading the six rural health centers in the country. These provide invaluable service in various locations, and they desperately need upgraded facilities, better equipment, and continuing education for their staff. With adequate supervision they can each become financially self-sufficient units that contribute much to health and development.



Marvin and Beth Gottschall strengthen the Kigali Dental Clinic



Few stories have captured the intrigue, interest, and commitment of AHI supporters like Bere Adventist Hospital in Tchad. It really began in 2003 when James Appel, MD, a LLU deferred mission appointee, was finishing up his family medicine residency and looking for a place to serve. Tchad had recently joined the AHI list of member countries, and a commitment was made to upgrade the small Bere hospital. Largely overlooked by the church for many years, this 30-bed institution in southern Tchad was truly broken in spirit and substance.

With encouragement from AHI leadership and a brief visit to the institution, James declared he was ready to take it on. Coming from a long line of missionaries, James admitted wanting a place where no one else would go, searching for the most difficult and destitute of situations. Bere offered him that choice with its broken-down buildings, demoralized staff, non-existent equipment, limited housing, hot desert climate, confusing languages, and weak economy.

Before James could even arrive, another unique individual contacted AHI and said she wanted to go someplace with great needs, difficult circumstances, and unusual languages. Bere offered all that with its mixture of Arabic, French, and local dialects and working conditions that had driven out many before her. Sarah Andersen was a nurse from Denmark and had already proven herself in other mission conditions,



Staff worship at Bere Hospital

including short-term assignments in Brazil, Peru, Israel, and Ethiopia. She met James in California briefly in September, 2003, arranged her finances, and headed out to Bere on a two-year volunteer posting.

When James arrived in early January, 2004, Sarah was already working to change things at Bere. James's colorful stories through the year told of the tragedies and triumphs, challenges, and choices that they faced each day. James's frequent e-mails home also revealed the even stronger pull of love as these two young professionals, drawn together by a common commitment to service, gradually fell in love with each other. After getting married on December 30, 2004, James and Sarah returned to Bere to continue the long road of developing the hospital. As the year ends, the hospital compound has improved significantly. Two containers of equipment are on their way, morale is vastly improved, and Bere's services and reputation are growing as fast as its infrastructure.



Community Hospital in Port-of-Spain had already been sold once and was then caught up in a struggle between the union and local conference over control of its destiny. Many thought that joining AHI was a case of “too little, too late,” as the external debt on the institution had grown to nearly US\$2 million. When Trinidad joined AHI in 2003, it was not clear where or how to begin to stabilize this once-thriving institution.

The small core of “true believers” who were committed to saving Community Hospital was led by Richard Spann, MD. Originally from Trinidad, Dr. Spann and his wife had emigrated to England, where he had trained in neurosurgery and she in Ob/Gyn. When the call came to help save Community Hospital, Richard immediately responded and has carried a major clinical load as well as serving as president of the institution. The void created by the retirement of Cuthbert Arthur, MD, a long-time leader at Community Hospital, has been filled by a growing number of community doctors and hospital staff who are proud to be part of the family.

Two significant new services at Community Hospital this year have been the establishment of a four-bed ICU, that is arguably the best in the country, and a five-chair dialysis unit. Both of these programs have helped reestablish the hospital’s reputation as a cutting-edge institution. Richard has personally provided much of the supervision in the ICU, caring for his growing neurosurgical practice and the many patients now brought to the hospital. Bob

Soderblom, MD, from Loma Linda, a semi-retired nephrologist with a deep interest in service, agreed to travel to Trinidad for a long weekend each month and help train the staff, establish protocols, and see patients during the development of the dialysis unit. This unit has brought hope and treatment to many and is now considered the best in Trinidad.

Through these efforts, Community Hospital is on its way back, though there is still much to do. A new outpatient facility is needed, and the MRI scanner needs to be fully operational. Health professional training programs in conjunction with Caribbean Union College need to be started. Hospital expansion is already being discussed as days of full occupancy occur more and more frequently. Perhaps more importantly, the debt load is being reduced, and there is hope in the future once again in the halls and committees of Community Hospital.



A patient on one of the new dialysis machines



Starting new clinical services is never easy, in any country or culture. This has certainly been the case with the new dental clinic in Lusaka. It has taken more than a year to obtain all the licenses and clearances to officially start in the remodeled building near the Eye Hospital. This clinic is the first phase of a long-term strategic plan to develop a full multispecialty clinic in this area where a number of local physicians could practice in an Adventist institution. With the Eye Hospital and dental clinic now established, other parts of this long-term plan can be considered.

Early in 2004, Michael Stafford, DDS, arrived with his wife, Andrea, and their two boys. Mike grew up in Rwanda while his parents were missionaries there, so he feels comfortable returning to Africa. He is activating the new dental clinic and will provide western dental care with modern equipment.

The Eye Hospital has enjoyed a full complement of ophthalmologists for the first time this year, including Bo Wiafe, MD, as medical director, Tom Beggins, MD. More recently, Eustace Penniecook, MD, and his wife, Cessiah, came from Universidad de Montemorelos, where Eustace took both his medical school and ophthalmology training. Cessiah has her MBA and is working in the hospital in business management. They have been a welcome addition to our Lusaka-based team.

Phillip Mubanga, MD, has been working in the clinic in Lusaka town on the Union headquarters compound. This has been growing nicely and is the third leg now of Adventist medical services in Lusaka. This complements the 12 rural health centers that are becoming part of AHI, in addition to our two rural hospitals—Mwami in the northeast, and Yuka in the far west. Mwami has

received several grants to construct more staff housing, while Yuka has received help to establish a clean-water system and build a new “banana” boat for crossing the flood plain. Fam Siow Leong, MD, has been working alone at Yuka, carrying heavy responsibility while an administrative team is being recruited.

A young volunteer from Loma Linda, Edward Martin, is volunteering his administrative skills to AHI-Zambia in 2005. With the assistance of all the new and old staff, the strategic plans for Zambia are coming together and will make the new year truly impressive. Zambia’s time has come.



Drs. Hart, Fam, and Llaguno and Mr. Gaede discuss Yuka

AHI LEADERSHIP

Those interested in keeping up to date on AHI activities throughout the year are encouraged to visit our webpage at <www.adventisthealthinternational.org>.

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Jan Zumwalt, RN, MS, MBA
Dolores J. Wright, DNSc, RN

Philanthropic services
Albin H. Grohar, PhD
Eric Rajah

Tropical medicine electives
Larry Thomas, MD, DTM&H

Environmental services
David T. Dyjack, DrPH

*F*INANCIAL REPORT

Statements of financial position (unaudited)

	12/31/04	12/31/03
Assets:		
Cash and cash equivalents	\$ 510,019	\$ 305,010
Property and equipment, net	10,157	14,512
Total assets	\$ 520,176	\$ 319,522
Liabilities and net assets:		
Due to affiliate	\$ 171,986	\$ 100,975
Accounts payable & accrued liabilities	350	1,739
Total liabilities	172,336	102,714
Net assets:		
Unrestricted	139,536	26,876
Temporarily restricted	208,304	189,932
Total net assets	347,840	216,808
Total liabilities and net assets	\$ 520,176	\$ 319,522

Statements of activities (unaudited)

	Unrestricted	Temporarily Restricted	Total
	Year ended December 31, 2004		
Support and revenue:			
Contributions (including restricted grants of \$343,000)	\$ 116,250	\$ 725,339	\$ 841,589
Net assets released from restrictions for program services	708,760	(708,760)	-
Interest	19,663	1,793	21,456
Total support and revenue	844,673	18,372	863,045
Expenses:			
International programs	714,083	-	714,083
General and administrative	11,148	-	11,148
Fundraising	6,782	-	6,782
Total expenses	732,013	-	732,013
Change in net assets	112,660	18,372	131,032
Net assets at January 1, 2004	26,876	189,932	216,808
Net assets at December 31, 2004	\$ 139,536	\$ 208,304	\$ 347,840
	Year ended December 31, 2003		
Support and revenue:			
Contributions (including restricted grants of \$321,386)	\$ 88,241	\$ 461,398	\$ 549,639
Net assets released from restrictions for program services	362,133	(362,133)	-
Interest	12,746	1,840	14,586
Total support and revenue	463,120	101,105	564,225
Expenses:			
International programs	476,977	-	476,977
General and administrative	31,027	-	31,027
Fundraising	175	-	175
Total expenses	508,179	-	508,179
Change in net assets	(45,059)	101,105	56,046
Net assets at January 1, 2003	71,935	88,827	160,762
Net assets at December 31, 2003	\$ 26,876	\$ 189,932	\$ 216,808

Adventist Health International is a nonprofit corporation as described in Section 501(c) 3 of the Internal Revenue Code. Donations are tax-deductible for income tax purposes.

AHI SUPPORTING PARTNERS

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

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Cedar Lake Seventh-day
Adventist Church
Fletcher Adventist Church
Markham Woods Adventist
Church
Peakland Baptist Church
Richmond Hill Adventist
Church
Sandstone Chapel Adventist
Church
Simi Valley Adventist Church
St. Joseph the Worker Church



A girl in Ethiopia waits as her hair is braided

ORGANIZATIONAL PARTNERS

Adventist Health Corporate Office
Angels Camp Community Services
Castle Medical Center
Columbia Union Conference
Commonweal Foundation, Inc.
CompUSA, LP
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General Conference of Seventh-
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Division
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Lodi Adventist Elementary
School
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The Charlson Foundation

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Badzik, Marilyn Glee
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Bennett, Cleta
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Botting, Gordon E.
Bouland, Heber D.
Boyatt, C. Edward
Breyer, Joseph W.

Briggs, Bernard Daniel
Bruins, Eric R.
Bruins, Kevin A.
Bruins, Roger C.
Brutinel, Johanna
Bryson, Julie
Budd, Barry J.
Burch, Dean
Callaway, Jayne
Castillo, Faye
Castro, Daniel
Cha, Joy
Coffin, Larry
Condon, Stanley Charles
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Crane, Marilyn C. Turner
Crawford, Denelda E.
Crounse, James Edward
Cutting, Jane E.
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Hagen, James R.
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Ham, Lyle Bruce
Hamer, John H.
Hannah, Steven Michael
Hansen, Kent Allen
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Hodges, Lance Thomas
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Hostedler, Rochelle
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Hunt, Genella M.
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Ing, Jeffrey John
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Jenson, Charles V.
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Jones, Robert M.
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Lepore, Mark
Lewis, Susan Kay Border
Lohr, Jason L.
Loredo, Lilia Nieto
Louden, Wendi L.
Luthas, Vernon Chin
Luyster, Carrie
Mackett, M. C. Theodore
Manwell, Alisa S.
Martin, Joshua D.
Martinson, Elmer James
Mattison, Eloise Mae and Weldon H.
McGhee, Julie A.
McGhee, William Harold
McLean, Orlin R.
Mellish, Herman Edward
Miller, Agnes E.
Miller, Thomas Patrick
Mitchell, Ann
Moon, Edward Toby
Moore Jr., P. J.
Moreno, Michael R.
Morris, William
Mullen, Thomas Noble
Neall, Kerry Lennard
Nieters, Doris P.
Nixon, Kathy
Nutt, William and Dana
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Oliver, Jennifer Leigh
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Osborn, Kimberly
Osborne, Josephine
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Piper, Edward L.
Purdy, Suzanne
Raethel, Kathryn R.
Raettig, Vilma Jara
Ramsey, Fern J.
Rasco, Jay
Ratto, Jennifer A.
Ratzlaff, Melanie
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Redfield, James W.
Redmond, Mary
Reilly, Sydney L.
Ricketts, Ilse
Ridgy-Finkbiner, Arline
Rigsby, Doty
Roberts, Kevin A.
Rodriguez, Elizabeth
Roeske, Reiner S.
Rose, Grover A.
Rose, Kenneth D.
Roth, Daniel A.
Rudatsikira, Emmanuel M.
Rue, Michael and Carol
Runge, Joyce Beatrice
Saunders, Aileen
Saunders, Eileen W.
Saxby, Doyle B.
Schnell, Eric
Schdev, Mohanlal K.
Seplak, Arthur G.
Shade, Joan
Sines Sr., John Allen
Smith, Chauncey Lew
Sprague, J. Howard
Stiles, Peter
Sundin, Peter W.
Suriner, Ruth
Tasker, Nathan
Thiel, Francis Andrews
Thiel, Norman
Thomas, Helen
Thomas, Larry Lee
Thomas, P. Samuel
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Thompson Jr., Ralph James
Torres, Bertha E.
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Walsh, Eric G.
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Ward, Mary Lou
Wasiczko, Wayne Allan
Wat, Karen Elaine
Watley, Thelma
Watson, Charles
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Wehtje, Myron F.
Weismeyer, Richard W.
West, Raymond Owen
Wical, Charles Leonard
Wical, Joy
Wiesseman, George
Wiles, Herbert B.
Williams, Joseph Henry
Winslow, Gerald R.
Winter, Don
Wong, Annie Lam
Woods, William E.
Wright, Dolores
Wright, Lester Nils
Wuerstlin, D. Jim
Wurangian-Caan, Nelia
Yu, Elaine
Zambrano, Eusebio A.
Zumwalt, Janice R.

AHI SUPPORTING OPPORTUNITIES

2005 FUNDING NEEDS (US DOLLARS)

First figure for each project is total estimated budget, followed by amount needed through March 2005

<i>AHI-General</i>	<i>Total budget</i>	<i>Amount needed</i>
• <i>Needed:</i> Project Fixit (provides support for traveling technician to repair equipment)	\$50,000	\$30,000
• <i>Needed:</i> Travel support for accountants to establish accounting systems	\$20,000	\$20,000
• <i>Needed:</i> Travel support for board meeting attendance	\$25,000	\$10,000
<i>AHI-Cameroon</i>		
• <i>In progress:</i> Construction of Maternity Hospital at Buea	\$120,000	\$10,000
• <i>Needed:</i> Construction of medical/dental clinic to replace old dental clinic	\$500,000	\$500,000
• <i>Needed:</i> Repair wiring and upgrade Koza Adventist Hospital	\$45,000	\$45,000
• <i>Needed:</i> New patient wards at Batouri Adventist Hospital	\$50,000	\$50,000
<i>AHI-Guyana</i>		
• <i>Needed:</i> New Health and Diagnostic Center at DMH	\$400,000	\$270,000
<i>AHI-Haiti</i>		
• <i>Completed:</i> Two new generators with connections	\$75,000	funded
• <i>Needed:</i> Upgrading of dental and physical therapy clinics, patient wards, and surgical theatres	\$60,000	\$50,000
<i>AHI-India</i>		
• <i>In progress:</i> Giffard Memorial Hospital (Nuzvid)—Build new nurses dormitory	\$80,000	funded
• <i>In progress:</i> Ranchi Hospital—Major remodel of ICU/OR suites	\$83,000	\$17,000
• <i>In progress:</i> Mattison Memorial Hospital (Thanjavur)—Build new senior staff house	\$25,000	funded
• <i>Needed:</i> Ranchi Hospital—Expand dormitory space from 20 to 60 nursing students	\$193,000	\$193,000
• <i>Needed:</i> Pune Hospital—Finalize plans and launch fundraising for new hospital. Est.	\$2 million	\$2 million
• <i>Needed:</i> Giffard Memorial Hospital (Nuzvid)—Remodel senior staff housing	\$25,000	\$25,000
<i>AHI-Ethiopia</i>		
• <i>In progress:</i> Upgrade four satellite clinics	\$20,000	funded
• <i>In progress:</i> Construction of new nurses dormitory plus furnishings	\$75,000	funded
• <i>In progress:</i> Construction of Nutrition Rehabilitation Village	\$30,000	\$6,000
• <i>Needed:</i> Upgrade final five satellite clinics	\$25,000	\$25,000
• <i>Needed:</i> Complete staff duplex	\$30,000	\$30,000
<i>AHI-Nigeria</i>		
• <i>In progress:</i> Building upgrades of Ile-Ife, Jengre, and Aba Hospitals	\$120,000	\$90,000
• <i>In progress:</i> Complete new nurses dormitory	\$35,000	funded
• <i>Needed:</i> Repair and remodel old nurses dormitory	\$20,000	\$20,000
<i>AHI-Rwanda</i>		
• <i>In progress:</i> Upgrade six rural health centers	\$24,000	\$14,000
• <i>Needed:</i> Upgrade Polyclinique Adventiste Kigali	\$120,000	\$105,000
<i>AHI-Tchad</i>		
• <i>Completed:</i> Build perimeter fences, repair roofs, rewire compound	\$30,000	funded
• <i>Completed:</i> Send two containers of medical equipment	\$35,000	funded
• <i>Needed:</i> New church building	\$30,000	\$25,000
• <i>Needed:</i> Build new outpatient building	\$28,000	\$13,000
<i>AHI-Trinidad</i>		
• <i>In progress:</i> Development of new services, including ICU, MRI, dialysis unit	\$200,000	\$80,000
<i>AHI-Zambia</i>		
• <i>Completed:</i> Establish new dental clinic in remodeled house in Lusaka	\$65,000	funded
• <i>In progress:</i> Purchase land for staff housing complex in Lusaka	\$30,000	\$6,000
• <i>Needed:</i> Construct two new senior staff houses	\$120,000	\$120,000

Back cover: an Ethiopian man. Photo by Kim Osborne



Adventist Health

INTERNATIONAL

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