

Adventist Health

INTERNATIONAL



2008 ANNUAL REPORT



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

This past year has been memorable for AHI in many ways. We added three new countries and evaluated several more. Through your generosity, we have been able to make more improvements at more institutions than ever before. This means, of course, that more patients are healed, more opportunities to serve are established, and our Lord's love and compassion are shared thousands of times over. In this 2008 *Annual Report* we will share some of our challenges and how they have been met. We will tell about the many students who are inspired, and in turn, inspire others to do more.

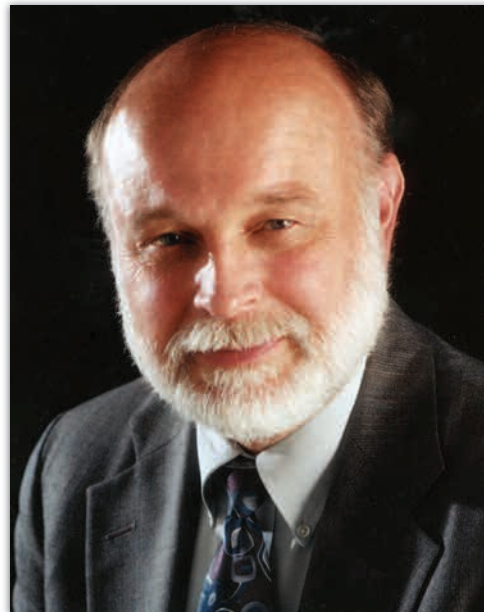
One of the most exciting issues we engaged with this year was the request for AHI to serve in Muslim countries. Our unique combination of a conservative lifestyle, reverence for God, and emphasis on health have opened doors never thought possible a few years ago. The AHI board has encouraged us to respond to these requests, so you will hear of new initiatives in Mauritania and Niger. These Muslim countries with little Christian presence along the southern boundaries of the great Sahara Desert are asking for our particular approach in providing health care for their people.

And all of this is only possible because of the growing generosity of our many supporters. In 2008, AHI had its best year ever for fundraising, with nearly \$1.14 million donated for our various projects. These range from the widow's mite to corporate generosity—from a monthly gift for mosquito nets or child care to student projects or class gifts. Particular thanks go to the School of Medicine class of 1950, which donated \$128,000 to establish an AHI-endowed fund to support our many LLUSM graduates who choose to serve abroad.

Your gifts both inspire and humble us. Please continue to pray for our efforts to bring health, healing, and hope to the many families and communities of the world longing for a better life. We will continue to grow and gradually take on additional institutions and projects as the funds and people are available. God seems to be demanding more of us each year. We covet His guidance as we seek to serve Him in more and more locations around the world.



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



Front cover photo by Caleb Magnino, Nashville Photography Group



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.

Student participation



Loma Linda University School of Medicine students in Haiti ▲

For those of us in academia, the final test of many new initiatives is how our students perceive a proposal and whether they are willing to become part of any future plans. There is no point in starting something that does not engage the next generation. They are the ones who will generate enthusiasm, staff positions, raise funds, and create momentum. In other words, we can point in a new direction, and open some doors, but they are the ones who will march through and make it happen.

It is now clear that AHI has not only opened doors, it has launched a revolution. The student interest on the Loma Linda campus, as well as among young people across the United States and around the world, is palpable. They are pushing to not just go and serve, but to become involved in every aspect of this movement. They want a piece of the action; to lead and not just follow, to encounter the challenges head on and work their

way through to acceptable solutions. While some may question their knowledge of all the political issues, no one can doubt their commitment to the world Church and its commission to go and share God's love and compassion.

Some of the more visible involvement of our students come from the School of Medicine here at Loma Linda. Several years ago, the current third-year students asked for a hospital they could "adopt." After some discussion and several visits, they chose to take on the small hospital in Diquini, a suburb of Port-au-Prince, Haiti. The fact that this area is difficult to work in, and that Haiti lacks tourist attractions, did not faze them. After several visits, they were committed—and are now well on their way—to raising \$100,000 to help stimulate further development. Their intent is to stay involved with this hospital through their residency years, and on into their professional careers.

Continued on page 6

Working in Muslim countries

There is arguably no bigger ideological divide in our world today than that between Christians and Muslims.

Accompanied by much misunderstanding, fueled by fear, and complicated by politics, this divide has polarized the nations of this globe like few other issues. It is in this context that AHI is being asked to make some key decisions about future alliances and projects.

Several years ago, our board considered these issues and concluded that this environment is ideal for the Adventist Church to engage with Muslim governments and communities. Our unique lifestyle practices, reverence for God, and interest in personal health provide us with the potential for special opportunities within Muslim communities. So we are evaluating various options to partner with the Muslim community as we seek to expand our commitment to bringing health and hope to the world.

There are many potential locations to do this, but none more available right now than the broad

belt of Sahelian countries stretching across the middle of Africa. From Mauritania in the west through Mali, Niger, Tchad, and Sudan to the east, they all represent countries with primarily Muslim populations, tremendous health care challenges, and an open door to partnership with Adventist Health International.

Several of these initiatives have now begun. Following an assessment visit in April 2008, an AHI project was launched to establish a wellness center in Nouadhibou, Mauritania. Boaz and LaRae Papendick, both recent MPH graduates from the School of Public Health, are on their way to Mauritania to find housing, secure a site for the center, and begin developing relationships that can open this mining city to our unique health message. We expect them to be joined this fall by Drs. Bonnie and Andres Saenz as the Center expands to include clinical services.

An invitation has also been received from the country of Niger; endorsed by the Honorable Mamadou Tandjou, president of the country, and initiated by a William Kirker, MD. They are asking AHI to take primary responsibility for a small hospital in the town of Maine-Soroa in the southeast corner of the country. With funding from the president, this facility is now expanding from 40 beds to 142 beds, with three new ward blocks and expanded diagnostic capacity. Initially begun by Dr. Kirker when he was a Peace Corps volunteer back in the late 1960s, this facility serves as a designated district hospital, with government support for most salaries and services. The central government is asking that AHI take a leadership role in developing this facility into a major referral center for this corner of the country. It will be operationally sustainable from patient fees and government subsidy, with our role being to strengthen its services,

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Student participation...

Story from page 4...

With this pattern in mind, the second-year students decided a few months ago that they want to adopt a hospital as well. After evaluating a variety of options, the class leaders chose Davis Memorial Hospital in Georgetown, Guyana. So another of our storied institutions will soon benefit from having a group of students thinking about it, visiting for electives, and raising funds for continued progress.

Their enthusiasm is contagious. Recently the freshmen students came en masse to say, "We want to select a hospital for our class." Since mission electives are coming up this summer, a number of sites have been suggested for exploratory visits by members of the class. Afterwards, class members will compare notes and select one site as their special mission project.

Several years ago, the entire student association at Loma Linda also wanted a mission project, and chose to help Malamulo Hospital in Malawi. They have been raising funds, sending volunteers, and highlighting the needs at Malamulo. Aimie Apigian, now a junior medical student, has led this effort. The interest has grown far beyond Loma Linda, and the

Adventist Intercollegiate Association (AIA) has chosen to join this initiative. AIA is the coordinating body for the student associations at all the Adventist colleges and Universities across North America.

With this growing interest, Loma Linda University is now planning for a national mission trip this summer, with participants from all 14 Adventist colleges and universities in the United States and Canada. This group of some 70 students will descend on Malawi for more than two weeks, embarking on a variety of projects. Some will repair the dormitories and other buildings at Malamulo, while others will spread across the country to the many rural clinics and churches, preaching, teaching, and healing. This is the first time Loma Linda has put together a combined mission trip like this, and we believe this will be a major stimulus in helping students understand and connect with human needs around the world.

So the revolution deepens and broadens. It has truly become a national movement that bodes well for this Church's continued interest in providing health care services in the majority world. Let's stand back, support, watch, pray, and wonder at what this next generation can, and will, do.

Working in Muslim countries...

Story from page 5...

improve the quality of care, and provide our unique blend of compassion and caring.

In addition to the hospital, Mrs. Barbara Kirker has started a "second chance" school, providing educational opportunities for children who missed the required school entrance before age 9. This new four-classroom building, with associated offices and library, also funded by the president of Niger, will be an opportunity to influence the next generation of Maine-Soroa with moral principles and spiritual values.

AHI is putting together the financing and personnel to take on both of these projects. With this new hospital, AHI will have four hospitals in the four countries that connect in this corner of the world. These include Koza Hospital in northern Cameroon, Bere Hospital in southern Tchad, Jengre Hospital in northern Nigeria, and now Kirker Hospital in southeast Niger. They are all serving rural populations with many Muslim and animist believers who are longing for better health for their families. May God bless and guide in these innovative projects.

FINANCIAL | REPORT

2008 financial statement

Statements of financial position

	(unaudited) 12/31/08	(restated) 12/31/07
Assets:		
Cash and cash equivalents	\$1,022,062	\$773,210
Other receivables	3,600	2,085
Property and equipment, net	956	2,433
Total assets	\$1,026,618	\$ 777,728
Liabilities and net assets:		
Accounts payable	\$ 8,000	\$ 9,112
Due to affiliate		36,409
Total liabilities	8,000	45,521
Net assets:		
Unrestricted	236,965	(3,037)
Temporarily restricted	721,652	735,244
Total liabilities and net assets	\$ 966,617	\$ 777,728

Statements of activities

Year ended December 31, 2008 (unaudited)	Designated		
	Unrestricted	Projects	Total
Support and revenue:			
Contributions	\$ 280,582	\$ 857,189	\$ 1,137,771
Interest income	47,102	1,804	48,906
Total support and revenue	327,684	858,993	1,186,677
Expenses:			
International programs	5,087	812,585	817,672
General and administrative	75,713	—	75,713
Fundraising	6,881	—	6,881
Total expenses	87,681	812,585	900,266
Change in net assets	240,003	46,408	286,411
Net assets at January 1, 2008	(3,037)	735,244	732,207
Net assets at December 31, 2008	\$ 236,966	\$ 781,652	\$ 1,018,618
Year ended December 31, 2007 (restated)			
Support and revenue:			
Contributions	\$ 311,512	\$ 444,455	\$ 755,967
Interest income	34,280	2,262	36,542
Total support and revenue	345,792	446,717	792,509
Expenses:			
International programs	252,138	614,530	866,668
General and administrative	101,678	—	101,678
Fundraising	11,192	—	11,192
Total expenses	365,008	614,530	979,538
Change in net assets	(19,216)	(167,813)	(187,029)
Net assets at January 1, 2007	16,179	903,057	919,236
Net assets at December 31, 2007	\$ (3,037)	\$ 735,244	\$ 732,207

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

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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Blue Mountain Valley Adventist Church
Frederick Adventist Church Adventurer Club
General Conference World Headquarters
Hope for Humanity
Loma Linda Adventist Romanian Church
Loma Linda University Church of Seventh-day Adventists
Markham Woods Adventist Church
Mt. Jewett Adventist Church
North American Council of East Nigeria Adventists
Oregon Women's Ministries
Richmond Hill Adventist Church
San Francisco Adventist School
Sandstone Chapel Adventist Church
St. Joseph the Worker Church

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Florida Outdoor Club
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JB Developers, Inc.
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LLU School of Medicine Class of 1950
Martinson Clinic Foundation
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National Auxiliary, School of Medicine Alumni Association
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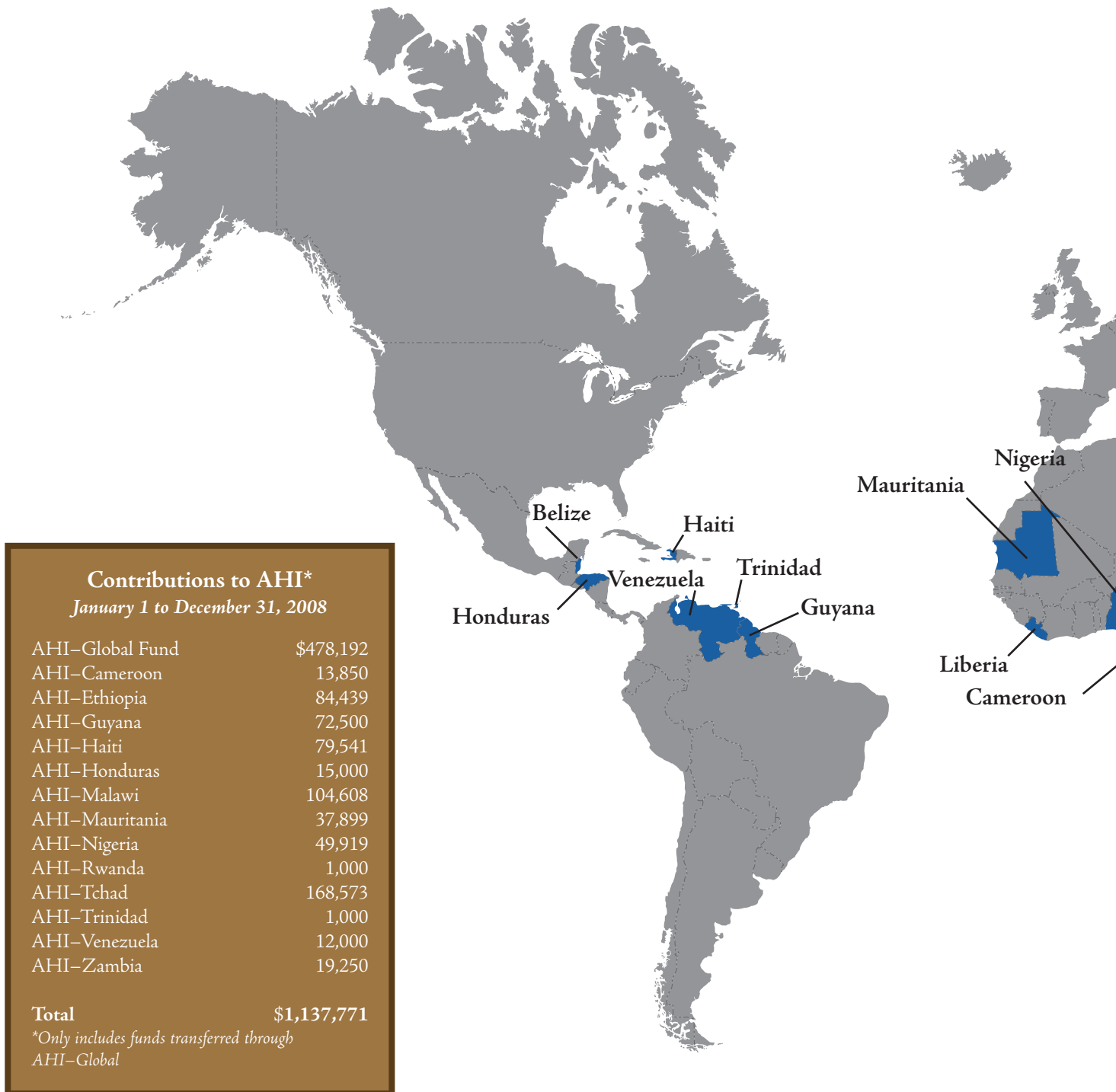
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AHI INSTITUTIONS ACROSS THE



Globe



AHI PROJECTS

AHI–Global projects	\$478,192
AHI–African continent projects	479,538
AHI–Caribbean and West Indies area projects	180,041
Total contributions to AHI projects	\$1,137,771

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

INTER-AMERICAN DIVISION

A special tribute goes to this division leadership as they pursue the full potential for health work in their many islands and countries. Particular thanks go to Dr. Elie Honore, director of health ministries, who has been invaluable in facilitating AHI activities throughout his division.

Guyana—Davis Memorial Hospital (DMH) continues to bless the people of Georgetown and beyond. A number of improvements have been implemented, making the services and facility more attractive. An additional duplex has been completed on the compound, providing staff housing in a convenient location. Major progress has been made in recruiting local Adventist doctors to work at DMH, adding to our ability to make our services unique. Plans are under way to expand the clinical laboratory to care for the growing need for quality testing. The big dream of building a whole new health and diagnostic center is still very much alive

and needed. Several donors have already given more than \$150,000 to this project, and others are being encouraged to consider this major expansion. A facility of this level would clearly make DMH the leading provider of health care in the country.

Haiti—This western half of the island of Hispaniola remains one of the most challenging countries in the western hemisphere. Our hospital is located in the Port-au-Prince suburb of Diquini, a residential area just west of the main city. While the hospital has been able to remain continuously open, city power is usually off, and water is only available from our own spring. The new generators installed several years ago are a necessary part of providing consistent health care at the hospital. The LLU School of Medicine class of 2010 has adopted this institution as their class project. Their goal is to raise \$100,000 for various upgrades and to develop an endowment that will support their continual involvement for years to come. Lesly Archer, MD, is medical director of the hospital, with Emily

Hospital Adventista de Valle de Angeles, Honduras ▼



Clotaire as its hospital administrator. Step by gradual step, efforts are being made to improve the quality of care and to complete the hospital building that has been unfinished now for 30 years.

Honduras—Hospital Adventista de Valle de Angeles, or HAVA as it is called, continues serving the people in this upscale bedroom community of the capital of Tegucigalpa. Veronica Alvarado is managing the facility well, along with the skilled medical director, Raul Schneider, MD, an orthopaedist from Argentina. The major project of 2008 has been to remodel the patient rooms to make them attractive once again. This has required major upgrades of the bathrooms, painting, and a general refurbishing of each spacious room. One wing of six rooms has been completed, and the second wing is now under way. An affiliation has been worked out with the physical therapy program at River Plate Adventist University, bringing experienced students to HAVA to assist in the growing needs of the hospital. Arthroscopic surgery is provided and a rehabilitation program is being developed. A major decision is still pending about the city clinic in Tegucigalpa, which is crowded into an old three-story house that is not well designed for clinical services. There is also a growing desire from the Church to develop a school of nursing at HAVA, which will require a larger patient base and additional staff. With its debts now cleared and a quality team in place, HAVA is ready for further development.

Trinidad—It has been quite a journey, from bankruptcy to financial stability, disappointment to hope. That has been the story of Community Hospital over the past eight years. Now the hospital rooms and clinics are full, the debts are all paid, and expansion is under way. The government of Trinidad and Tobago has made a brave admission that the private sector is more effective than the government in providing health care for its people. Consequently, they

have asked Community Hospital to triple its capacity to 150 beds and become a major contractor for health care to the government. As these plans, along with a major commitment to educating health professionals for the islands, the local church is relieved and pleased to know that its good name has been protected, and community hospitals are once again contributing to our reputation and growth.

Venezuela—While the world watches its national politics, AHI continues to push forward with plans for a new hospital building in Barquisimeto. The large hole in front of the new building has been filled, and the building now connects to the street. The rooms are nearly completed, and the place is beginning to feel like a real hospital. The ground floor will primarily house outpatient services, including an emergency and urgent care department. Construction has been staged so that each floor can be occupied as soon as it is completed in order to generate revenue for building the next level. In addition to this facility, there is also a very busy three-story clinic in Caracas, providing both medical and dental care to thousands each year. Located on a busy city street, this facility has a quality reputation for Christian care within the capital city. Both Caracas and Barquisimeto help anchor an additional six clinics scattered throughout Venezuela.

EAST-CENTRAL AFRICA DIVISION

Ethiopia—With one of the oldest cultures in Africa, Ethiopia is working hard to become a modern nation of growth and prosperity. The capital of Addis Ababa is sprouting new high-rises daily, with large urban housing developments that rival many in the West. Yet many rural areas are still poor, without basic social services, including adequate health care. Gimbie Adventist Hospital continues to anchor health service in the western highlands, serving more than two million people. The new hospital was completed in late 2004 and



Cristy Shank, MD, with a patient at Malamulo Hospital, Malawi ▲

is usually full of a broad complexity of patients. Paul and Petra Howe are now serving as leaders for the hospital, assisted by a large number of young colleagues who are living their dreams of service in this remote area. The new school of nursing, begun in November 2007, is now in its second year, training two classes in basic nursing skills. A new academic building is under construction, which will enable the school to expand to its full three years, with adequate classroom, library, and office space. Students will eventually help to staff the seven rural clinics managed out of Gimbie, providing essential services to thousands of people isolated by the rugged terrain in the area. Even as Gimbie continues to provide health care in the west, plans are under way to establish a city clinic in the Bole suburb of Addis Ababa. This will cater to the growing city population that is seeking care. It will also provide a base in the capital that can facilitate AHI operations in Ethiopia.

Rwanda—Though small in size, this energetic country is developing rapidly, with a progressive central government and considerable external aid. The scars from the genocide of 1994 are gradually fading as all segments of society seek to participate in education and development. Mugonero Hospital, which faces the Congo across Lake Kivu, continues to serve its area well, with active HIV/AIDS programs as well as the usual clinical services. The arrival of Silas Gomez, MD, in late 2008, who has now been named medical director, will strengthen the hospital services. Changing government regulations for schools of nursing has slowed the development of the new academic campus. The Polyclinique in Kigali is struggling with limited physician coverage. The dental clinic has maintained its services with primarily Mariane Ottoni, DDS, providing care to its many clients. Our goal is to place increased emphasis on a variety of programs in Rwanda this next year as we seek to reestablish a training program for nurses, as well as strengthen both the network of clinics and Mugonero Hospital itself.

SOUTHERN-AFRICA INDIAN OCEAN DIVISION

Malawi—This bustling nation in south central Africa has attracted a lot of attention this past year. As the various turn-around plans have been implemented, Malawi's institutions have picked up momentum and begun the long road to full recovery. The Adventist Health Centre Lilongwe provided the economic support for the rest of the system, for which we are truly grateful, while maintaining its own strong performance. Blantyre Adventist Hospital (BAH), located in the commercial capital of the country, has had the fastest recovery due to its location. Under the able leadership of Kirby Kasinja, BAH will have paid off over US\$500,000 of debt by May of 2009. That is truly remarkable. The network of 17 Adventist Health Services clinics—located in both urban and rural areas, and directed by Florence Chipunga—has also made great progress. At the end of the year, it was largely debt-free, and had just received three major grants from USAID to enable it to expand services even more. Malamulo, the oldest of our mission hospitals, is the slowest to recover. Largely serving the rural poor, Malamulo had many financial, personnel, and operational challenges to overcome. But the recovery is clearly underway.

Administrators Don Schatzschneider, Foster Chiwanda, and Elisa Brown are guiding it back to its previous status. Cristy Shank, MD, a young LLU graduate, is providing strong medical leadership, assisted by Leong Fam, MD, in surgery. Kelvin and Sue Sawyer have joined the AHI team in Malawi, providing Project Fixit skills to the many equipment repairs that are needed. The College of Health Sciences is linked with Malamulo Hospital once again, maintaining a unified campus with shared water, electricity, and housing. An exciting development has been the growing interest in Malamulo among the Adventist college campuses in North America. They have now taken on the challenge of raising US\$100,000 by the summer of 2009 in preparation for a combined mission trip that will take more than 70 students and craftsmen to Malamulo to implement many repairs. Coordinated by AHI and LLU, this first-of-its-kind, combined college mission trip promises to strengthen student commitment to mission while featuring the challenges and successes of Adventist health care in Africa.

Zambia—The progress of Adventist health care in Zambia is impressive. Led by Edward Martin, our



three hospitals and growing network of clinics are truly becoming a national health system. From the growing strength of Mwami Hospital in the north-east, to the expanding services of Yuka Hospital in the far west, Adventist health care is recognized as valuable by both the local populations as well as the central government. The Lusaka Eye Hospital, Lusaka Dental Services, and Lusaka Adventist Clinic are providing valuable services to the growing inhabitants of the capital city. A new 10-acre piece of property has been purchased in Woodlands, an upscale area in the city suburbs. Plans are developing for a multispecialty center there that could provide a practice setting for the many Adventist physicians now living in Lusaka. One of the exciting programs Edward has nurtured is the “mission” electives for the Adventist students at the University of Lusaka. This popular program now enables all those who desire to do clinical rotations at an Adventist hospital in southern Africa. This has already assisted in the recruitment of physicians and other staff for future employment. Finally, we are looking at some major transitions during 2009 that will leave significant vacancies in our institutions. Eustace and Cesiah Penniecook are leaving Lusaka Eye Hospital for Maluti Hospital in Lesotho and similar work there. We wish them well, and deeply appreciate what they have done in Zambia. Helard and Yoly Mangold are returning home to Argentina to spend more time with their children and grandchildren. They have truly inspired the staff at Yuka Hospital to reach new levels of service. May God bless these gifted individuals as they serve Him in other locations.

WEST-CENTRAL AFRICA DIVISION

Cameroon—This central African country is a delightful mixture of French and English cultures. From Batouri Hospital, situated next to the Central African Republic border in the east, to Buea, near Nigeria in the west, and north to Koza Hospital,



Sarah Appel with a child in Tchad ▲

just south of Tchad, our system is truly scattered across miles of tropical rain forests and African savannahs. Greg Shank, MD, and Audrey Shank, MD, have brought medical leadership, stability, and growth to Koza Hospital, with its rural population still steeped in traditional medical practices. Josué Epane, MBA, is serving as country director and providing leadership at Buea Clinic, which is developing into a small hospital and maternity center. We hope to provide a permanent physician soon to this facility. Andre Ndaá has stretched himself very

thin as he provides medical coverage to Batouri Hospital and academic leadership to the new School of Nursing at Cosendai University. Separated by miles and time from his family, he is sacrificing more than should be expected. With new Union leadership, AHI–Cameroon is developing new relationships as it seeks to strengthen the institutions, provide central coordination, support the provision of medical supplies, and perform other functions for this national system. Josué has recently been asked to provide national leadership in addition to his role at Buea, and it is our hope that more collaboration can help each one become stronger.

Nigeria—The network of four AHI hospitals in Nigeria is truly coming together. From Jengre in the north to Aba in the east, with Ile-Ife and Inisa in the center, this vibrant system is starting to feel like a linked and collaborative system. With a common board and strategies, each institution seeks to complement the others. Ile-Ife’s School of Nursing and Postgraduate Medical Education program serves the entire country and beyond. Recent improvements to both campuses include building repairs, new equipment, improved administrative structures, and strengthened personnel. Akin Obisanya, MD, and Marianne Obisanya, MD, provide medical leadership at Jengre, while Peter Opreh, MD; Jason Lohr, MD; Belen Lohr, MD; and Herb Giebel, MD, bring their expertise to Ile-Ife. Dr. Enyinne carries medical leadership responsibilities for Aba on his shoulders. An even smaller facility at Inisa was initially built by church members more than 50 years ago on land owned by the local king. This facility has now been officially leased to the Church for 99 years at no cost, so we can have confidence in developing its services, buildings, and housing. Another key part of our leadership team is Danjuma Daniel, who coordinates the financial management of Ile-Ife and the national system. This group of professionals, each with unique skills

and a common commitment, have truly made AHI–Nigeria a work in progress, with great promise for the future.

Tchad—From their remarkable love story of nearly five years ago, James Appel, MD, and his wife, Sarah, have truly become an icon for many young people in the Adventist Church and beyond. Bere Hospital in southern Tchad has become the destination of choice for many LLU students and volunteers, offering a memorable first exposure to Africa, replete with shared living accommodations, heavy surgical practice, and friendly camaraderie with each other and the community. With the transition of the chronic disease ward into the old church building, improvement of the other wards, and strengthened diagnostic services, Bere Hospital has become the referral hospital for much of southern Tchad. Solar power, a protected water system, and additional housing have greatly improved the living conditions. A secondary benefit from the hospital’s strength has been the growth of the local church and school. The primary school is now doubling in size and a secondary school is being built. With financial support from the National Auxiliary at Loma Linda University School of Medicine, a new clinic and outpatient surgery center is being developed at Moundou, the nearest commercial center. This will complement the work at Bere, as well as establish a new presence for the Church. The volume of work at Bere, with the planned expansion to Moundou, will require a second physician on staff. Plans are developing for both a local physician and a second expatriate budget to assist in this vital program. Finally, the addition of a Cessna 172 and the flying services of Gary Roberts have greatly diminished the isolation of Bere. Connections to N’djamena and Moundou can now be counted in minutes rather than hours. As landing permission is granted, this plane will also connect the growing network of AHI hospitals in the four corner countries of Tchad, Cameroon, Nigeria, and Niger.

Three new countries added to AHI

Requests continue coming in to AHI from areas desiring to join the growing network of Adventist institutions in order to strengthen and expand their services. With the appropriate committee work completed, three new countries joined in 2008. These include Mauritania, where AHI is developing new health work in Nouadhibou; Liberia, with Cooper Hospital in Monrovia; and Belize, with La Loma Luz Hospital. Another country that has been approved to join is Zimbabwe, where the Church desires to develop new health work in Harare and elsewhere. However, that nation's economic situation has put further development on hold until financial stability returns.

MAURITANIA

As detailed in another article in this issue, AHI made the decision several years ago to entertain requests to begin new health work in addition to our usual role of rehabilitating struggling institutions. One of the first requests of this type was from the global mission office of the Adventist Church asking that we consider developing a project in Mauritania. This West African nation—comprised largely of members of the Muslim faith—is one of the Sahelian countries with a population of many cultures. After a visit and extensive discussions in April 2008, a decision was made to open a wellness center and clinic in Nouadhibou. This second city of Mauritania, located in the northwest corner next to the Western Sahara, is known for two things: first, it is the end of the railway for iron mines in the interior, which bring their cargo out to the coast each day to be refined and shipped around the world. This daily train layers a pall of dust over the city, while also bringing steady employment for many. The second point of notoriety is that Nouadhibou is the world's largest graveyard for ships. Through the years since World War II, various government and shipping companies have been allowed,

for a fee, to park their old ships in the harbor where they gradually decay and sink.

With enthusiastic support from local government officials in Nouadhibou, plans were developed to recruit and place several young couples in NDB—as the city is referred to—to collaborate with Adventist Frontier Missions (AFM). Emmanuela Jeune, an AFM staff member, was already conducting both smoking cessation and nutrition programs in NDB, and needed help to strengthen and expand these popular services. As the word went out, several people responded, including Boaz and LaRae Papendick, who made a long-term commitment to this project. They were both just finishing their MPH degrees from Loma Linda, and both had considerable international experience. With their young son, Bashir, they began the physical and emotional preparation of taking on an innovative project in a completely new territory. Another couple that set their sights on pioneer mission work is Bonnie Head and Andres Saenz. They met and married while attending medical school together and were anxious to take their two young boys and begin something

Boaz and LaRae Papendick, with son, Bashir ▼





Staff of Cooper Hospital, Liberia ▲

new. In late 2008, these two couples, along with Emmanuela Jeune and several others, spent a weekend together, getting acquainted, laying plans, and sharing dreams. Budgets are now finalized; travel plans made; and soon this innovative new project will begin. Because there is currently no Adventist health work in the country, it will require considerable time to make contacts, find housing, rent space for the center, and develop the relationships vital to personal survival and professional development. Stay tuned as this project gathers momentum and establishes innovative services in Mauritania.

LIBERIA

One hundred and fifty years ago, a fascinating experiment took place. A group of freed slaves from America chose to return to Africa and begin life anew on their mother continent. They landed in Liberia and soon implemented a development strategy that brought others to this new-found freedom and modest prosperity. When visiting Liberia today, these old American roots are clearly evident, with many city and regional names borrowed from the United States. Around 15 years ago, Liberia got caught up in a regional conflict that literally tore the country apart, with mass killings and destruction in the cities and rural areas. International organizations were forced to leave, social services shut down, and the country became paralyzed. Finally, after more than a decade of fighting, the international outcry

brought some justice and reconciliation to Liberia, enabling it to once again enjoy peace and stability. But the scars of war are long lasting, leaving considerable damage to the entire infrastructure of the country, as well as the emotional psyche of the people. Only time will heal all the wounds this war has caused. The election of Ellen Sirleaf-Johnson, as Africa's first female head of state, along with the values and skills she has brought to the country, has reinvigorated many. Equally important, the international community has reengaged and started to once again assist in the many developmental needs of Liberia.

During all this chaos, our small Adventist hospital was able to maintain its critical services in the capital of Monrovia. Called Cooper Hospital, after the institution's founder, this facility was given to the Church in 1986. Nate Mosqueda, MD, with his brave family from the Philippines, served at Cooper Hospital during most of the conflict, gaining a reputation and respect that is now serving the institution well. Adoley Sonii carried the heavy administrative responsibility for keeping the institution open and supplied with vital equipment and consumables. The staff was even able to expand during the war, adding an eye hospital next door, with funding from Christoffel Blinden Mission in Germany. This service not only cares for the people of Monrovia, but conducts rural clinics throughout the country. Dr. Sonii, Adoley's brother-in-law, leads this eye program and performs many cataract procedures and other surgeries each year. With 25 beds crowded into a small facility, and little land for expansion, Cooper Hospital presents some unique challenges. But it is clear that its many patients value its services.

An added blessing that came out of our initial visit to Liberia was an awareness of the tremendous needs of the national medical school. With one main classroom, a very limited library, and essentially no functional laboratories, the university had not accepted any new medical students for several years. With Loma Linda University's encouragement, students are

Continued on page 23

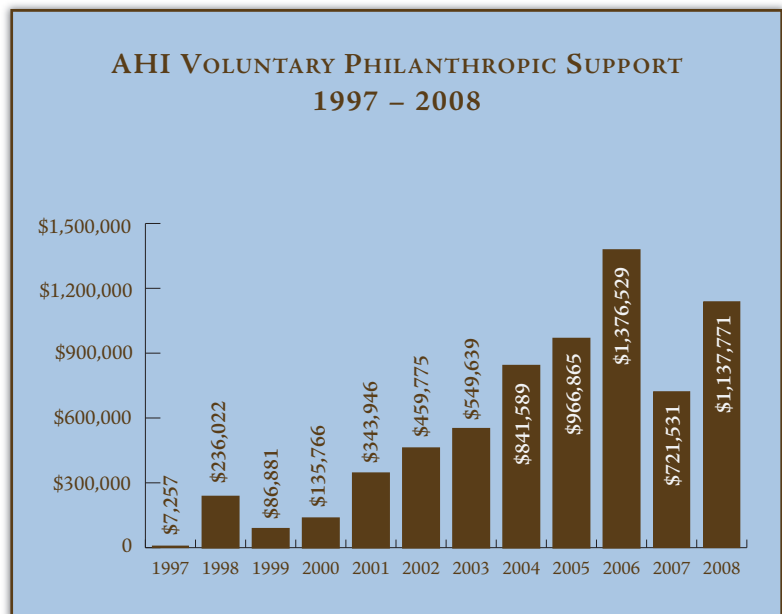
PHILANTHROPIC | REPORT

A year of extraordinary philanthropic generosity

Thank you! That small phrase hardly expresses how grateful AHI feels towards the cadre of nearly 600 donors—individuals, organizations, and churches—who have contributed so generously to the organization's global hospital reestablishment efforts. To each of you, our cherished partners, we offer our heartfelt gratitude.

As you have noted from reading our reports, God is immensely blessing AHI's work, and you, our contributors are enabling us to prosper. It is gratifying, especially in the current global economic climate, to note that in 2008 AHI saw a record in annual giving. Donors contributed \$1,137,771 toward either specific projects or AHI's global efforts.

The giving peak that the attached graph shows for 2006 reflects a grant for more than



\$300,000 awarded to AHI by the SmileTrain organization for a conference on cleft surgeries.

An overwhelming amount of the financial gifts were made by individual donors. The gifts represent a unique strength for AHI, as does Hope for Humanity, the Church's special global missions program. To know that 54 percent of AHI's donor base contributed this past year is very encouraging. Naturally, AHI hopes that donors will continue, since their generosity supports so many men and women working in Adventist health care around the globe.

One last item worth noting: The 12-year giving chart shows our contributors' increased philanthropic commitment during this time. Close to \$7 million has been gifted over these 12 years.

We are confident that our heavenly Father continues to guide this vital work and are strengthened by our supporters' confidence in what we are doing.

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Three new countries...

Story from page 21...

now studying and learning once again, although with meager learning aids. LLU has committed to provide a series of faculty who can help jump-start the curriculum again and enable a new generation of physicians to take their place throughout Liberia.

BELIZE

Belize, formerly known as British Honduras, is a small English-speaking country in Central America. Sandwiched between Honduras and Guatemala, it is rich with beautiful beaches, wonderful snorkeling, and friendly people. With a largely tropical climate and the resultant diversity of flora and fauna, Belize has become a destination of choice for many vacationers. Our small Adventist hospital, which is nestled in the northern part of the country, has served the local population for many years. Initially built and staffed by volunteers from Mission Projects, Inc. (MPI), this facility needs additional expertise, while MPI desires to engage in the more direct work of Church growth. After several years of discussion and negotiation, plans have been made to transfer this facility to the Belize Union, with AHI managing the hospital and services. Grant McPherson will continue to serve as hospital administrator, holding together a network of paid staff and volunteers.

AHI is pleased to have La Loma Luz join its network of hospitals, recognizing the tremendous potential it has for serving the entire country. With a functioning CT scan as well as busy labor and delivery, trauma, and surgical services, La Loma Luz enjoys an excellent reputation. It has also developed expanded housing on campus to cater to the many Church groups and others who come to volunteer their services. AHI–Belize plans to continue this linkage with other organizations, including specific groups who can assist in responding to national needs, such as prosthetics and orthotics. Already popular with Loma Linda students, Belize and La Loma Luz are expected to remain a preferred destination for many students seeking a mission elective.



“**N**ow a confirmed atheist, I’ve become convinced of the enormous contribution that Christian evangelism makes in Africa: sharply distinct from the work of secular NGOs, government projects, and international aid efforts. These alone will not do. Education and training alone will not do. In Africa, Christianity changes people’s hearts. It brings a spiritual transformation.

The rebirth is real.
The change is good.”

From “As an atheist, I truly believe Africa needs God.” London Times. December 27, 2008



Adventist Health

INTERNATIONAL

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