

Adventist Health

INTERNATIONAL



2 0 1 2 A N N U A L R E P O R T

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

JUST AS A CHILD MATURES WITH AGE, ADVENTIST Health International has continued to grow and change over our 14 short years of existence. Our support systems are becoming more stable and comprehensive. While the challenges in the field seem to be unending, our ability to respond has clearly improved. In this *Annual Report* for 2012, you will read about some of the changes, innovative solutions, and continuing stream of both long- and short-term personnel who make AHI both responsive and adaptable.

We continue to stretch our resources to the max. As the hospitals within our system improve, the desire for advanced technology continues to grow. Portable ultrasounds, accounting software, laboratory equipment for accurate blood tests, and so many other requests continue to come in. This is in addition to the continuing need for functional hospital beds, repairs to buildings, and all the other issues required for improving services.

We always walk the delicate line in determining what to provide from our headquarters here in Loma Linda and what to encourage hospitals and clinics to obtain locally. All of our hospitals can now meet local payroll and other operating expenses, but are unable to upgrade equipment or buildings to meet modern standards by themselves. Even when they are strong enough to buy their own equipment, there is often difficulty in obtaining hard currency for purchases outside the country.



As one of our committed donors, you have made a difference in the lives of patients and staff in our 19 participating countries. Someone is alive and well today due to your support of Adventist Health International.

Whether it is in the cities and villages of Africa, or the desperate needs in Haiti, and elsewhere in the Caribbean or Latin America, each patient seen in an AHI facility is cared for with compassion and concern as a child of God.

Thank you for your support through the years. May this *Annual Report* fill your heart with gratitude, as it does mine, with the many ways our God cares for His children. As we continue to expand, both in countries served and services offered, we depend on your support to keep AHI viable and effective.

You will see in our country reports the additional hospitals now seeking to join AHI. Only personnel and resources limit our expansion. Your donation will make this possible.

A handwritten signature in blue ink that reads "Richard H. Hart". The signature is written in a cursive, flowing style.

RICHARD H. HART, MD, DRPH, PRESIDENT
ADVENTIST HEALTH INTERNATIONAL

What is **AHI?**

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

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

WE believe that every health care institution must be firmly rooted in its community with concern for all aspects of development and will pursue policies and programs that accomplish this aim.

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

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We survived the earthquake

What now?

By Dustin Jones

PRIOR TO THE EARTHQUAKE THAT DEVASTATED PORT-AU-PRINCE, HAITI, in 2010, few could have predicted how widespread the damage of a 7.0 tremor might be. Images from the destruction soon spread like wildfire across the Internet. Hopital Adventiste d’Haiti (HAH) stood at the epicenter.

Early reports suggested that the hospital was completely destroyed in the quake, while other reports said that it was only partially destroyed, but rendered completely useless.

Fortunately, the small 70-bed hospital was completely intact with only minimal damage. Administration at Adventist Health International immediately began to plan how the hospital could come out of this tragedy as a significant institution

of healing for this country of more than 10 million. Since joining AHI in 2001, the hospital had received some governance assistance, but following the earthquake, it was clear that something more significant needed to happen there.

With more than 200,000 dead, thousands of amputees, and inadequate water, food, or shelter, survivors collectively looked around, seemingly asking the question, “What now?”

Adventist Health International and Loma Linda University Health quickly began putting into place a plan to develop HAH into a center of orthopedics and rehabilitation for the country. It was quickly understood that these kinds of implementations wouldn’t happen overnight, but through dedication and partnerships.

To assist the hospital and those in need in the short term, the Global Health Institute (GHI) at Loma Linda University Health and AHI began coordinating volunteers at a rate of 20 to 30 a week. Since then, more than 2,000 volunteers have served the people of Haiti. These volunteers range from orthopedic specialists to surgeons, from nurses to construction professionals.

To help facilitate the significant changes that HAH was experiencing, Nathan Lindsay, an MPH graduate of LLU, and his wife, Amy, an LLU dental hygiene graduate, were dispatched to the hospital.

“For the first three months, surgeries took place 24/7,” says Nathan. “Later, our goal was to end surgeries before midnight.” More than 4,000 surgeries took place at HAH in 2011 alone.

As AHI began the long, arduous task of stabilizing and upgrading the hospital, Loma Linda’s GHI began sending containers of much-needed supplies and equipment to the hospital, donated by Loma Linda University Medical Center. In addition, donations began coming in from across the United States to be a part of these shipments.

Shortly after the earthquake, two members of the LLUH Advancement Films team were dispatched to HAH to create a documentary about the hospital and the amazing work that is occurring there. The result was *Out of the Rubble*, a story about 8-year-old Sebastien Lamothe, who had been trapped under the rubble for more than three days. The documentary was seen by thousands of people, receiving screenings during the 2010 General Conference Session in Atlanta, Georgia, and the Newport Beach Film Festival. In addition, the film was nominated for an Emmy Award. (If you have not seen *Out of the Rubble*, or would like to show this inspiring documentary to your church group, please contact us at ahi@llu.edu).

Almost \$1 million was raised to benefit Hopital Adventiste d’Haiti, a significant sum by any measure.

In the summer of 2012, the LLU School of Allied Health Professions launched a new program—rehabilitation treatment for the disabled. Sixteen Haitians are

now enrolled in this program that will allow them to serve as rehabilitation technicians. It is one of the first programs of its kind in the country, and it is designed to fill a major gap in the country’s medical infrastructure, which boasts a few physical therapists but no Haitian occupational therapists.

“I am feeling so good and proud to be useful in my life,” says Fortilus Cedieu, a student in the program. “Helping people is very important.”

All of the students are excited about the prospect of being able to help their fellow countrymen and women recover from this tragedy.

With the continual improvement of services and facilities at HAH, the hospital is working towards its goal of becoming the foremost place of healing in the country for a population that is in desperate need.

Dustin Jones provides public relations support for Adventist Health International and serves as associate director of public relations for Loma Linda University Health.



In their brand-new classroom, the new Haitian students express their excitement for the rehabilitation program. Celebrating with them are 11 LLU School of Allied Health Professions students visiting from the home campus for a mission trip.



Reclaiming the Vision

By Dustin Jones

International health conference at Loma Linda brings more than 300 attendees together

MORE THAN 300 HEALTH PROFESSIONALS AND ADMINISTRATORS from around the globe headed to Loma Linda for the first Global Health Care Conference, which was held October 18-21, 2012. The conference, titled “Adventist Mission Hospitals: Reclaiming the Vision,” was hosted by Loma Linda University in collaboration with Adventist Health International.

“I found the presentation on spiritual care very powerful,” says Mercy Banda, a

nurse at Lusaka Eye Hospital in Zambia. “I expect this conference will have an impact on how I treat my patients.”

Ms. Banda and three of her Zambian coworkers had never been out of their own country before. For them, this conference was more than just an opportunity to travel. It offered a chance to meet other professionals who face the same difficulties they do.

“I am meeting people from different countries who are helping me to see how they have solved their own problems,” adds George Mamba Chama, acting principal tutor at Mwami nursing school in Zambia. “I am learning how we can work together to share resources.”

In the opening plenary session, Richard Hart, MD, DrPH, president of Loma Linda University Health and Adventist Health International, walked participants through the history of health care in the Adventist Church and underscored its importance to the mission of the Church.

“The conference was one of the best I have participated in,” says Peter Opreh, MD, CEO at Adventist Hospital Ile-Ife in Nigeria. “The sessions went beyond just professional best practices and highlighted a paradigm shift toward public health in the various communities. I understand that we need to step up our outreach in our communities.”

Presentation topics for the conference ranged from board governance to financial management to strategic planning. The presentations were streamed live over the Internet to more than 30 different countries and around the United States.

The LLU Global Health Institute (GHI) provided overall conference leadership, with support from a conference planning committee with cross-campus representation. In addition, GHI coordinated all logistics for more than 100 international attendees, including arranging flights, transportation, and accommodations.

On Sabbath, Lowell C. Cooper, MPH, general vice president of the General Conference of Seventh-day Adventists, shared the message of “A Healing Presence—In Jesus’ Name.” Mr. Cooper is chair of the Loma Linda University Board of Trustees and also chair of the Adventist Health International Board.

“Being at this conference was what I imagine heaven will be like—seeing friends from all over the world,” says Siow Leong Fam, MD, general surgeon at Adventist Hospital Ile-Ife. “I met with missionaries from all parts of the world and saw old friends from India, Zambia, and Malawi. This has emphasized to me that we are one family.”



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Continuing THE SUPPORT

By Albin Grohar

BECAUSE OF YOUR DEDICATION, ADVENTIST HEALTH INTERNATIONAL received almost \$1 million in 2012. Your commitment to strengthening what the Church's hospitals do for their service populations is unswerving despite the impact of recent downturned global economics. AHI is grateful to each of you. You are the strength behind what this organization does.

You may be interested in the following statistics about our contributions:

- ✦ Close to 70 percent of contributions were made by individuals.
- ✦ In 2011 and 2012, some individuals have made commitments to AHI in their estate plans. We are most gratified by this and we hope that others will do likewise.
- ✦ The average gift per contributor during the year was close to \$3,000.

- ✦ During the last nine weeks of 2012, donors contributed more than \$300,000. One contributor made an unrestricted gift of \$75,000 in December 2012.
- ✦ In addition to what foundations, corporations, and churches contribute, we are thankful to the National Auxiliary to the Alumni Association of Loma Linda University School of Medicine. The Auxiliary continues its high-impact support for overseas hospitals at which physician alumni work.
- ✦ Across 16 years, AHI donors contributed almost \$12 million to strengthen the Church's overseas hospitals.

Our thanks to each of you, AHI's supporters. Please continue holding the organization up through your financial gifts and your prayers. Your unrestricted gifts are especially needed as these allow AHI to respond as needs arise globally.

Changing LIVES

Contributions to AHI*

January 1 to December 31, 2012

AHI-Global Fund	\$204,289
AHI-Belize	100
AHI-Cameroon	49,908
AHI-Curaçao	1,000
AHI-Ethiopia	55,198
AHI-Guyana	20,000
AHI-Haiti	65,037
AHI-Honduras	46,456
AHI-Liberia	750
AHI-Malawi	26,597
AHI-Mauritania/Senegal	1,466
AHI-Nigeria	33,300
AHI-Rwanda	1,200
AHI-Sierra Leone	3,220
AHI-Tchad	371,799
AHI-Trinidad	800
AHI-Venezuela	50,000
AHI-Zambia	30,928

Total **\$962,048**

**Only includes funds transferred through AHI-Global*

Loma Linda, California

Belize
Honduras
Venezuela
Haiti
Curaçao
Trinidad
Guyana

A world map with a light beige background. Ten African countries are highlighted in a dark blue color. These countries are Mauritania, Senegal, Sierra Leone, Liberia, Cameroon, Tchad, Rwanda, Zambia, and Malawi. Each country name is written in a bold, dark blue font, and a thin dark blue line connects the text to the corresponding country on the map.

Mauritania

Senegal

Sierra Leone

Liberia

Cameroon

Tchad

Rwanda

Zambia

Malawi



The benefits of *Sharing*

by Robert Frost

ADVENTIST HEALTH INTERNATIONAL RECEIVES MANY DONATIONS for specific hospital and health care projects around the world, but doesn't receive as many unrestricted donations. There are many opportunities that come up each year where additional unrestricted funds can help in various ways, such as the purchase of land for a new hospital or clinic, paying for additional volunteer travel and stipends, and purchasing much-needed equipment and medical supplies.

Last December, I had been praying for the opportunity to share what AHI is doing in order to give others the opportunity to provide additional unrestricted funds for the many projects that are in need.

Just before Christmas, my wife and I were attending church near where we now live. Between Sabbath school and church service, we visited with others seated nearby. I started talking to a lady seated in the row behind us with her children.

As we visited, she asked me what I do. I mentioned that I am retired from working at Loma Linda University in financial management, and that I now volunteer on some committees and assist with Adventist Health International. She was interested in AHI and asked what it was. I explained that AHI is an international non-profit organization that helps to develop, manage, and maintain mission hospitals and health care services operated by the Adventist Church, primarily in underserved areas of the world, including a number of countries in Africa and Inter-America. It was now time for the church service to begin. She said that she would like to learn more about AHI, so we agreed to continue our discussion after the church service and potluck lunch.

In thinking and praying about how to efficiently and effectively tell her more about AHI, I was impressed to go home right after church and get a copy of the latest *AHI Annual Report*. After the lunch was over, I went to the table where the lady sat with her children and others. She invited me to sit down beside her and visit further regarding AHI.

We went through the *AHI Annual Report*, briefly looking at each page and discussing some of the pictures, stories, and reports. She specifically asked about the ratio of AHI overhead to project costs and was impressed that more than 90 percent of donations received by AHI go to support AHI hospitals and projects in other countries, and that less than one percent of annual expenditures are spent on fundraising. This is because most of AHI's staff are volunteers, and there are no full-time AHI support staff in the United States.

We also discussed that AHI has activities in the 10/40 window of Africa, where there are very few Christians and there is a real need for improved health care. AHI works closely with the LLU Global Health Institute in helping faculty, staff, and students to catch the vision of service to others in making the world a better place and being prepared for the second coming of Jesus Christ.

Some of those who have worked with AHI in mission health care are now leaders at LLU, and we expect that many of the future leaders and visionaries of the Adventist Church will have experienced the healing and teaching ministry of Jesus Christ in their service to one or more AHI health care organizations in developing countries of the world.

The woman listened intently and told me that she liked what AHI does and would like to make a donation. I offered to give her an envelope that she could mail the donation in. She thanked me, but said she would go to her car and write a check *right then*. When she returned with the check, it was for a *substantial* unrestricted gift to AHI to be used as most needed.

This serves as a reminder that God works in mysterious and wonderful ways. It also reminds me that the work that AHI performs truly touches hearts. I now keep several copies of the *Annual Report* in my car.

Robert Frost serves as the chief financial officer for AHI. If you would like additional copies of our annual report to share with others, please contact ahi@llu.edu.

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

INTER-AMERICAN DIVISION

Belize—La Loma Luz Hospital in southwestern Belize is truly a light on the hill. Despite the tragic murder of our friend and colleague Sylvan Roberts at the end of 2011, the hospital staff has carried on with courage and dignity. The new dialysis unit opened in remodeled quarters beside the hospital and has quickly gained a solid reputation for quality care. Our administrator, Grant McPherson, has announced his intention to return to the United States by mid-2013, so we are now recruiting for new leadership. Discussion continues on how best to use the acreage around the hospital, including the option of starting a school of nursing or other educational programs. La Loma Luz remains a destination of choice for many church mission trips that use the hospital as a base for community programs.

Curaçao—Antillean Adventist Hospital (AAH) has fully recovered from the effects of Hurricane Tomas at the end of 2011. This tiny island in the Caribbean, just an hour's flight north of Venezuela, is a true cosmopolitan center of languages and cultures. Its Dutch heritage is evident in its architecture and the names of streets. The widespread support from the global Adventist Church, the government, and other entities has enabled the hospital to replace most of the electrical equipment damaged by Tomas, giving it a fresh start for 2012. With this encouragement, the staff have focused its priorities on quality and compassionate care, resulting in higher patient counts and a solid financial year. Cenaida Panneflekk continues as our able administrator at AAH.

Guyana—Davis Memorial Hospital is located on the outskirts of Guyana's capital of Georgetown. It continues its slow climb to excellence in this country of a little more than one million. Since Dr. Warren Creed joined in 2010, the dental program is fully functional. With strong board leadership, the hospital finances remain stable with plans for expansion being developed. Drs. Melchor and

Roselyn Fabriga anchor the clinical services in surgery and internal medicine, respectively. Beverly Chan took the reins as administrator in 2012, with a solid commitment to the continued development of the hospital and its clinical services. Davis Memorial has also become a major center for the counseling and care of HIV/AIDS patients with financial support from USAID.

Haiti—Hopital Adventist d'Haiti is now a major clinical and orthopedic center in Port-au-Prince. Though much of community life in Haiti has returned to normal three years after the earthquake, HAH has not lost its special emphasis



Workers construct the first 150 feet of the new security wall at La Loma Luz Hospital in Belize. It takes more than four weeks of construction per 150 feet of fence. ▲

on care for the physically disabled. The Loma Linda University School of Allied Health Professions started a rehabilitation technician program there in mid-2012, training qualified staff for the various centers in the country seeking to care for those with prostheses and various other physical challenges (*see our story on page 4*). A new maternal and pediatric wing was completed and opened, along with a private patient wing. Equally important, clinical services and nursing care continue to improve. Plans are being laid for relocating and expanding the clinical laboratory, making HAH eligible for visa testing by the U.S. consulate, a major source of income. Dr. Franck Geneus is providing strong leadership as medical director, working alongside the rest of the administrative team.

Honduras—Hospital Adventista de Valle de Angeles (HAVA) went through several major staff changes this past year. Drs. Jason and Belen Lohr returned home for family reasons and are now working at Loma Linda University. Drs. Joel and Jennifer Mundall are providing clinical leadership in medical care and nursing services, respectively, at HAVA. We are still challenged with insufficient patients coming to the hospital for care. Based on this need, a decision was made to obtain a building in Tegucigalpa, the capital city, and move our small city clinic into better facilities. With support from the Adventist Church, this was accomplished and is already creating an increase in outpatients, providing a source of inpatients for the hospital. A new group of physicians have started working at the clinic, with expanded services. The regular patient wing at the hospital has been completely renovated, and we are now starting to remodel the other patient wing for a lifestyle program.

Trinidad—With a population of more than one million, this island nation is rich with offshore deposits of natural gas. But shrinking demand for energy has limited the government's ability to reimburse our **Community Hospital** in Port of Spain for care already provided under government insurance. This delay in reimbursement for a wide range of services provided over a four-year period has compromised funding for the expansion project and upgrade. Our seven-story tower has progressed to the point of applying finishes and is targeted for completion by the end of 2013. While this delay temporarily limits our ability to expand, we continue to provide the key services of ICU, stroke management, hemodialysis, and neurosurgery, and are recognized as a leader in the provision of these services.



Drs. Joel and Jennifer Mundall currently provide clinical leadership at Hospital Adventista de Valle de Angeles. ▲

Venezuela—The new **Venezuela Adventist Hospital** in the city of Barquisimeto has been under construction for more than 15 years. With high inflation rates and an uncertain economy, it has been difficult to raise sufficient funds to complete and open this four-story building. With support from Versacare and other sources, AHI is now pushing to complete the ground floor and transfer outpatient services from the old facility into this expanded space. This will enable additional doctors in Barquisimeto to join the hospital, and expand our service and revenue base. Recent changes in government leadership are not expected to have a significant impact on church-related services in the country.

REQUESTS

Several additional hospitals in the Inter-American Division have requested to join AHI. These include the Vista del Jardin Adventist Medical Center in Santo Domingo, Dominican Republic, and La Carlota Hospital at Universidad de Montemorelos, Mexico. AHI is evaluating their needs and our capacity to assist before a final decision is made.

WEST-CENTRAL AFRICA DIVISION

Cameroon—Three hospitals and some 10 clinics now serve as the foundation



Photo provided courtesy of Maramatha

▲ The one-day hospital structures are adding considerable patient space, in addition to staff housing, at Bere Adventist Hospital, Tchad.

of AHI in Cameroon. **Batouri Adventist Hospital** is in the far eastern portion of Cameroon, right up against the border of the Central African Republic, where there has been recent political unrest. Dr. Manuel and Elma Bellosillo are now working there and have shared a long list of needs at the hospital. Since Dr. Andre N'daa left several years ago, Batouri has had no doctors, but was kept open

with our loyal nursing staff. Now we need to upgrade Dr. Bellosillo's capacity to care for this isolated population.

Koza Adventist Hospital in northern Cameroon has been served by two young doctors who recently completed their training in the Congo. Yves Stephane Kemdje,

our administrator, has led this hospital during this transition and has actually been able to upgrade some facilities with donations from abroad. When Dr. Scott and Bekki Gardner indicated their willingness to accept a long-term position, Koza was their choice. They have been learning French and are expected to take up their post later in 2013. Before they arrive, we need to complete rewiring the entire compound, both for safety and to prevent power surges that destroy electrical equipment. The National Auxiliary at Loma Linda University has provided \$20,000 for this significant project, and a team is currently being assembled to complete it.

Dr. Trixy Colwell and her husband, Bill, operate the third hospital in Cameroon, **Buea Adventist Hospital** in the west. They have developed it from a three-room clinic to a small hospital with a strong reputation and service record. Bill helps to manage administrative issues at the hospital. Buea has become a preferred site for our students from Loma Linda University to visit and conduct community programs, and the National Auxiliary has contributed for additional equipment for Buea. Trixy regularly tells great stories of their adventures and challenges, which you can read more about on her blog at billntrixy.blogspot.com or on our website at adventisthealthinternational.org.

Liberia—With damage from the civil war becoming less and less evident as the years go by, the capital of Monrovia is gradually coming back to life with increased economic growth and development. **Cooper Hospital** is in a busy part of town with crowded surroundings. Our goal is to strengthen hospital services initially, then build a new facility on the campus of the new Adventist university being developed on the edge of the city. Our goal is to place a qualified surgeon at Cooper Hospital who can build the clinical practice. Nearby, the **Cooper Eye Hospital** continues to serve the entire country with surgical services in Monrovia and “eye camps” in the rural areas. Dr. Sonii, our ophthalmologist, is currently keeping both institutions functioning.

Mauritania/Senegal—One of our newest countries, Senegal is a 10/40 window country with many opportunities for service. Boaz and LaRae Papendick have been developing a small clinic and village work among this Muslim area at Niaguis. Their relationships in the surrounding villages are having an impact for the Adventist Church. A long-term strategy for the country is currently being developed.

Nigeria—The church leadership in Nigeria has chosen to manage its hospitals without AHI, so we have suspended involvement in that country.

Sierra Leone—Another country just emerging from civil war, Sierra Leone is now stable and starting the long road toward development. **Waterloo Adventist Hospital** is on the outskirts of the capital of Freetown, and is full and ready to expand its crowded quarters. Located immediately adjacent to a major road scheduled to be widened, the hospital will need to be rebuilt in the next few years on the adjoining property. With its growing reputation and valuable location, it has good potential for becoming a major clinical facility.

Tchad—**Bere Adventist Hospital** continues to draw patients from across southern Tchad and beyond as one of the busiest hospitals in the country. Drs. Danae and Olen Netteburg and Dr. Rollin Bland, Danae’s father, have continued the strong reputation developed by Dr. James and Sarah Appel. With clinical space limiting its further development, Garwin McNeilus offered to use his one-day church model to develop a “one-day hospital.” With specifications designed for Bere, cement pads were poured and a Maranatha team assembled 14 new buildings in a month. As these new facilities are equipped and opened, they will greatly expand the capacity of this hospital, with plans to begin a school of nurs-



Dedicated staff members at Cooper Hospital in Liberia ▲



Elisa Brown (left), administrative support for AHI, and Allie Evans, an MBA student at Loma Linda University, perform a site visit at Mugonero Adventist Hospital in Rwanda. ▲

ing soon. In less than 10 years, this hospital has grown from a rundown health center to a thriving hospital with a variety of specialty services.

With the arrival of the Netteburgs at Bere, Dr. James and Sarah Appel moved to Moundou, the commercial capital of Tchad, to develop a new facility. With major funding from the National Auxiliary, **Moundou Adventist Surgical Center** was developed and is already full and overflowing. Despite the tragic loss of their son, Adam, to malaria, James and Sarah remain committed to their service in Tchad. They are now home in California to give birth to another child and will return to Tchad in 2013. Their work in Moundou is already impacting the city, developing a solid reputation for the Adventist Church and western health care. This largely Muslim area values our spiritual approach to life and the invitation for God to be involved in their treatment plans.

REQUESTS

Many opportunities remain in this vast west African territory. Consideration is now being given to operating a small hospital in Mauritania. Niger continues to request assistance. Other Sahelian countries with great health care needs exist across the continent, waiting for sufficient personnel and resources to open new health care activities.

EAST-CENTRAL AFRICA DIVISION

Ethiopia—The church leadership in Ethiopia has chosen to manage their hospitals without AHI, so we have suspended involvement in that country.

Rwanda—Now one of the fastest developing nations in Africa, Rwanda is becoming a showcase for economic growth. The Adventist Church continues to expand, with more than half a million recorded members, and more than a million identifying with the Church in national surveys. The Adventist University of Central Africa (AUCA) is now located on the outskirts of Kigali on a beautiful new campus. A science and technology campus of AUCA is also being constructed for health science programs. **Mugonero Hospital**, located four hours to the west overlooking Lake Kivu, is the only Adventist hospital in the country. Dr. Jean Mfizi is leading this institution and has guided its continued expansion, with Dr. Jesse Tabaranza serving as surgeon. Plans for a new School of Nursing at AUCA will require clinical rotations at Mugonero, so the dormitories and other facilities are being upgraded. Relations are also developing with King Faisal Hospital in Kigali, the national hospital. **Kigali Dental Clinic** is thriving under the direction of Drs. Jesse and Sheila Agra. Dr. Tommy Wuysang is developing the **Kigali Adventist Polyclinic**, also in Kigali. These institutions hold great promise for service in this vibrant country.

REQUESTS

The country of Burundi has obtained land for the development of a hospital in the capital of Bujumbura and is requesting AHI assistance in this project.

SOUTHERN AFRICA-INDIAN OCEAN DIVISION

Malawi—This small country is developing into a major health professional training complex for the Church in southern Africa. With the 200-bed **Malamulo Hospital** and its **College of Health Sciences** anchoring this initiative,

clinical faculty from **Blantyre Adventist Hospital** assist in various programs. The Loma Linda University department of surgery has begun a two-month rotation for its fourth-year surgery residents at Malamulo, under the direction of Dr. Ryan Hayton. This is considered a highlight of the Loma Linda program. Plans are now being laid to have Malamulo become a training site for the Pan-African Academy of Christian Surgeons, which will make residency positions available for graduates of African medical schools. Dr. Cristy Shank continues as medical director at Malamulo, and Dr. Jamie Crouse has now joined the clinical staff. A new women's center has been developed, roofs are being repaired, and new staff housing is being built.

The ICU at Blantyre is now fully functional with eight beds, led by Dr. Tiffany Priester, a cardiologist. This unit has gained a solid reputation as one of the best in the country. Dr. David Saunders has joined the staff as an infectious disease specialist. Both David and Tiffany provide regular clinical coverage at Malamulo as well as giving lectures at the national College of Medicine in Blantyre. Kirby Kasinja and Dr. Emma Varona continue to provide leadership in Blantyre. With funds from the National Auxiliary and LLU School of Medicine class of 1947, an oxygen-generating machine is being purchased to provide medical grade oxygen for Blantyre and Malamulo Hospitals.

Land for a new clinic in Limbe, on the outskirts of Blantyre, has now been purchased with funds from the National Auxiliary and the Allan Munroe Memorial Fund. This will eventually provide a modern multi-specialty clinic that will be supported by both hospitals and provide inpatient referrals. The reputation of both Blantyre and Malamulo makes an additional outpatient site attractive for patients.

The **Adventist Health Center Lilongwe (AHCL)** is under the leadership of Dr. Gift Banda and is gradually developing an inpatient unit. Kirby Kasinja is administratively responsible for AHCL, in addition to his Blantyre responsibilities, until a full-time administrator can be found. **Adventist Health Services** and its 17 health centers are doing well under the leadership of Florence Chipunga. The **Soche Clinic** in Blantyre has now completed a major remodel and expansion.

Zambia—Mwami Adventist Hospital, in the northeast corner of the country, is a major health care and educational facility. Its school of nursing is considered

one of the best in the country. Enock Chitakwa and Dr. Ron Ang have led the institution for many years and provide continuing stability. The Mwami Gardens project now provides additional income from the maize crop, banana grove, and fish ponds. The hospital is also developing a city clinic in nearby Chipata.

Yuka Hospital is located in the far west of Zambia, near the Angolan border. It serves a largely rural population up and down the Zambezi River. Maintaining vehicles for transportation is always a challenge at Yuka, due to the deep sand in the area that wears out gears and transmissions. Boats are also a necessity to cross the Zambezi for most of the year to obtain necessary supplies. Improvements still need to be done on the water system and buildings to maintain a quality institution.

Lusaka Eye Hospital is on the outskirts of Lusaka, the capital city. Dr. Janie Yoo serves as medical director and has introduced new ophthalmological techniques to the country, including corneal transplants. Most procedures are now done as outpatients, with cataract removal still the most common need. The National Auxiliary has provided funds for an eye ultrasound machine to determine retinal damage and a portable automatic keratometer to determine corneal curvature in children for appropriate lens replacements. The Lusaka Eye Hospital has become a favorite training site for ophthalmology residents from the national hospital.

In addition to these hospitals, the **Lusaka Adventist Dental Service** serves the city, with dental care provided by Dr. Paul Yoo. Dr. Phillip Mubanga is leading out in the expansion of the **Lusaka Adventist Clinic** in downtown Lusaka. The 10-acre piece of land donated by the city for development of a new multispecialty clinic in the suburb of Woodlands is still awaiting funds to realize this important project.

SOUTHERN ASIA DIVISION

REQUESTS

Several requests are maturing from India and Nepal. Ottapalam Adventist Hospital in southwestern India is developing a BS-level school of nursing, including a major new classroom building. Simla Adventist Hospital, on the slopes of the Himalayas in northern India, conducts clinical trips into the remote mountain ranges. Finally, Scheer Memorial Hospital in Nepal is undergoing a leadership transition and is requesting assistance. AHI is considering how best to work with these additional institutions.

FINANCIAL | REPORT

2012 financial statement

Statements of financial position

	(unaudited) 12.31.12	(restated) 12.31.11
Assets:		
Cash and cash equivalents	\$ 869,012	\$ 998,590
Other receivables	103,041	253,852
Other current assets	0	1,350
Property and equipment, net	0	0
Other assets	70,646	70,646
Total assets	\$ 1,042,699	\$ 1,324,437
Liabilities and net assets:		
Accounts payable	\$ 73,933	\$ 165,875
Long-term liabilities	64,247	64,247
Total liabilities	138,180	230,121
Net assets:		
Unrestricted	1,650	78,093
Temporarily restricted	902,869	1,016,223
Total liabilities and net assets	\$ 1,042,699	\$ 1,324,437



Statements of activities

For the years ended December 31, 2012 and 2011

	Unrestricted	Temporarily Restricted	2012 Total	2011 Total
Support and revenue:				
Contributions	\$ 200,905	\$ 761,143	\$ 962,048	\$ 1,029,141
Interest income	19,582	8,515	28,097	32,951
Other income	29	28,298	28,326	116,868
Total support and revenue	220,515	797,956	1,018,471	1,178,960
Expenses:				
International programs	13,000	1,104,290	1,117,290	929,583
General and administrative	84,700	0	84,700	142,899
Fundraising	6,279	0	6,279	5,974
Total expenses	103,978	1,104,290	1,208,268	1,078,456
Net transfers	(192,979)	192,979	0	0
Change in net assets	(76,443)	(113,355)	(189,797)	100,504
Beginning net assets	78,093	1,016,223	1,094,316	993,812
Ending net assets	\$ 1,650	\$ 902,868	\$ 904,519	\$ 1,094,316

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.



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(909) 558-4540; ahi@llu.edu

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