

Adventist Health

INTERNATIONAL



2002 ANNUAL REPORT



PRESIDENT'S REPORT

It has been quite a year, watching some of our first institutions mature in their management and finances, nurturing others as they stabilize, and getting several new countries started down the long road toward solid governance and management. Both Guyana and Ethiopia are now doing well in their organizational infrastructure, with few crises emerging. The new hospital at Gimbie is completed, with last minute painting and cabinets being done before moving in. Davis Memorial Hospital in Guyana is financially solid, with plans underway to build a major new health and diagnostic center next to the hospital.

The requests to join AHI continue to mount. We officially added Nigeria and Chad during 2002, including a total of 5 hospitals and 10 clinics.

We have reached the point where we have stretched the volunteer nature of AHI leadership to the maximum. With requests from 13 more hospitals to join, including all of India, we recognize acutely the need for additional assistance. If we agree to add these new facilities, it would bring AHI to 27 hospitals and more than 50 clinics in 11 countries—a significant system in any culture, not to mention some of the most difficult management challenges in the world.

In anticipation of this need, we have formally reached out to the other Adventist hospital systems in the United States. Each has responded with a definite commitment to becoming an active partner with AHI in providing leadership, consultation, and resources to this growing network. We are now developing effective ways to fully utilize their expertise.

In addition to management partners, the growing need for financial resources for all the projects has been a concern. This report features Ingathering: Hope for Humanity, which has become a major contributing organization to AHI during the past several years. Their support has been invaluable.

A new financial partner has now been identified in Canada called “A Better World,” based at the College Heights church of Canadian University College. Led by Eric Rajah, a local businessman, this organization has developed a system of sharing needs with a growing network of Canadians interested in the challenges of developing countries. With connections to ADRA Canada and the government’s Canadian International Development Agency (CIDA), this new partner with AHI will provide valuable connections.

God has blessed these humble beginnings of an organization committed to bringing healing to the world. Thank you for your interest and commitment. We can all stand back and be amazed at what God has accomplished.



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

Front cover: Child being weighed at under-5 clinic

TABLE OF CONTENTS

<i>PRESIDENT'S REPORT</i>	2
<i>FEATURE—GETTING THE EXPERIENCE</i>	5
<i>FEATURE—LETTER FROM THE FIELD</i>	9
<i>FEATURE—PROJECT FIXIT</i>	11
<i>FEATURE—HOPE FOR HUMANITY</i>	13
<i>FEATURE—SIMS-ZAMBIA</i>	18
<i>AHI LEADERSHIP</i>	19
<i>FINANCIAL REPORT</i>	20
<i>AHI PARTNERS</i>	21
<i>AHI NEEDS</i>	23

COUNTRY REPORTS

<i>CAMEROON</i>	4
<i>CHAD*</i>	6
<i>ETHIOPIA</i>	8
<i>GUYANA</i>	10
<i>HAITI</i>	12
<i>NIGERIA*</i>	14
<i>RWANDA</i>	16
<i>ZAMBIA</i>	17

Adventist Health International (AHI) is a multinational, nonprofit corporation with headquarters at Loma Linda University, 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.

*Countries added to AHI in 2002 have additional expanded sections. For expanded information on existing countries, please see the 2001 donor report. All country information provided by The World Factbook, 2002.



Cameroon is one of the countries created by the colonial powers. It united British Cameroon in the west and French Cameroon in the east; hence the tendency to want to say Cameroons, or speak of it in the plural. But as one country, Cameroon has a small English-speaking region and the balance speaking French.

Koza is the oldest and most established of the AHI hospitals. It was built by Swiss missionaries out of local stone and creates the impression of being built to last forever. It is currently led by Drs. Solis, he as a surgeon, and she in obstetrics/gynecology. Koza also serves as the district hospital for the local government, making its effectiveness a critical part of the health-care system in that area.

Batouri Hospital was started in 1991 in an old house and associated primary school building. Under Andre Nda'a, MD, this 25-bed facility is now prospering, attracting patients from around the entire local area and even across the border from the Central African Republic. Mrs. Nda'a is a nurse midwife, and their small staff of 11 is truly united in their service. Recently they have started building a maternal and child health center for providing more effective maternal and child health services, including nutrition rehabilitation for children. World Medics in Loma Linda have helped to fund this building.

Rosemary Mbiru, MD, is an obstetrician/gynecologist from Kenya who is leading out at Buea health center. She has raised funds from the ingathering program several years ago to build a maternity hospital in western Cameroon. This is a lovely site on a major highway, with sufficient room to expand and develop. This building initiative will move forward in 2003.

The dental clinic in Yaounde continues to be *the* place for dental care in the country. Led by Perry Burtch, DDS, it now has added three national dentists and a hygienist. The time has come to try and relocate to a more suitable facility, with room for additional expansion, while adding a medical component.

The final goal in the country is to offer health science training programs at the new university. The government has approved this plan in general and specific plans to start with a nursing school are being considered. This will require additional buildings and faculty. Koza, Batouri, and Buea can all be included in these rotations with careful planning of the curriculum and scheduling.



Developing a mother and child center in Cameroon

GETTING THE EXPERIENCE

There is clearly a growing interest among physicians from around the world in connecting with the health-care issues of developing countries. This is evident through the many medical students who search out international electives, the Loma Linda students who commit to the deferred mission appointee program, and doctors from many western countries who are willing to donate significant time to gain exposure to new diseases and challenges.

In this context, Adventist Health International sits on a goldmine of interesting places, with patients demonstrating firsthand the tropical diseases that many have only seen in pictures. Recognizing this potential, Larry Thomas, MD, from Loma Linda, has partnered with AHI to develop a tropical medicine elective (TME) program. Beginning several years ago, this program pays the travel and basic expenses for a licensed physician desiring to spend at least three months in an AHI hospital. While there, they are integrated into the medical team, covering a wide variety of responsibilities, while also being encouraged to conduct some assessment or research project to expand the understanding of tropical medicine issues.

This TME program was first offered to graduates of the Diploma in Tropical Medicine and Hygiene (DTM&H) from the University of London in the spring of 2001. Among the applicants, two were selected—Shane Duffy, MD, an obstetrician/gynecologist from England, and Francesca Zucca, MD, an infectious disease specialist from Italy. They both went to Gimbie Adventist Hospital (GAH) in Ethiopia for three months in late 2001.

Their experience was so positive that both have remained involved with AHI institutions. Dr. Duffy has established a foundation in England to raise funds for a vaginal fistula service at GAH. He has already returned to GAH in August, 2002, finalizing plans for this new program. Dr. Zucca spent another three months at Mwami Hospital in Zambia during 2002, contributing to their capabilities and expertise.

In 2002, another two candidates from London were accepted—John Kelly, MD, a generalist from Australia, and Mae Lee, MD, an infectious disease specialist from Singapore. Both also spent time at GAH. Lejanne den Ouden, MD, from Holland, recently completed a residency in mission medicine and is currently at GAH for a six-month elective.

Dr. Thomas has generously supported this program and has dreams of expanding it to offer up to 20 electives each year. Expansion to other program that train physicians in tropical medicine is occurring, including Liverpool, Brussels, and Antwerp. The goal is to establish housing and support services at each AHI institution to enable them to take TME fellows, matching geographical and disease interests with each candidate. AHI is deeply indebted to Dr. Thomas for establishing and managing this important initiative.



Dr. Larry Thomas



Chad. Or if you spell it like the French, Tchad. A land-locked desert country of central Africa, bordered on the east by Sudan, north by Libya, east by Niger and Nigeria, and on the south by Cameroon and the Central African Republic. One of the economically poorest countries in the world, it is largely dependent on subsistence agriculture, uses a number of local dialects along with the national language of French, and is primarily Muslim. There are less than 2,000 Adventists in the country among its 9,000,000 population. Even the capital city, N'djamena, is a place not heard of by most people.

In the southern part of the country, where the desert starts to give way to occasional trees and scrub brush, there is a small Adventist hospital on the outskirts of a town called Bere. A small but steady stream of missionary doctors have worked there in the past, most recently Peter Kip, MD, from Holland. But for some years no physician has been found willing to accept the isolation and working conditions, so the government has provided a doctor from the Congo to cover the hospital.

Because of Chad's financial situation, the World Bank has taken it on as a special country, developing plans to upgrade various sectors of the economy. When visiting the south, they came across Bere Hospital and decided it was the best place to anchor health-care services for that area. After some discussion with Monita Burch, AHI executive director for the Central African Union, World Bank offered a \$1.5 million contract to upgrade the hospital, purchase new equipment, and provide operating expenses through 2005. Bere Hospital would coordinate the 10 scattered clinics in the area and be responsible for 140,000 people across vast

expanses without communication or transportation.

This challenge requires enthusiastic and dedicated leadership, someone willing to endure difficult working conditions, many frustrations, and great patience for cultural understanding. Without this critical piece, AHI would be unable to accept the World Bank offer. First came the selection of Yenge Yenge Yenge Isaac from Cameroon to serve as administrator. Mr. Isaac is a psychiatric nurse who is currently finishing an MPH from Loma Linda University in the off-campus program in Kenya. Fluently bilingual and enthusiastic, he has been willing to leave



Yenge Yenge Yenge Isaac and James Appel (center, back row) with hospital staff in Bere, Chad



TOTAL AREA: 1,284,00 sq km

Slightly more than three times the size of California

POPULATION: 8,997,237

INFANT MORTALITY RATE: 93.46 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 51.27 years

ANNUAL AVERAGE INCOME: US\$112



Hospital room in Bere, Chad

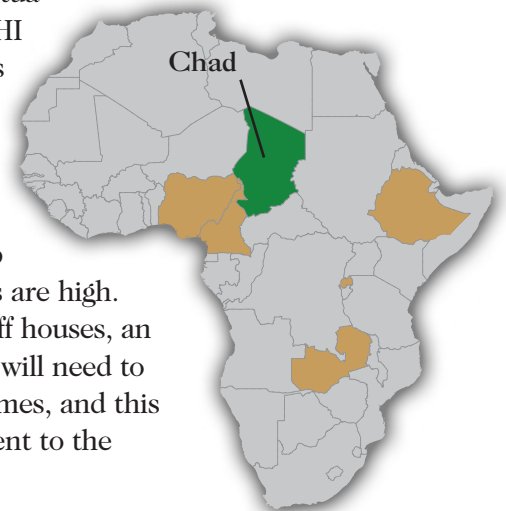
his family in Yaounde to begin this project. Plans are now underway to have his two oldest children go to boarding academy and his wife and youngest will join him at Bere. He has already gained the confidence of the World Bank consultants and the Ministry of Health officials and is ready to move forward.

But could a doctor be found that was willing to live in very difficult circumstances, be solely responsible for all clinical problems coming in the door, and manage a complex set of relationships with other organizations? Without this commitment, there was no chance of success. Then AHI was given the name of a young LLU graduate who would be finishing his family medicine residency in June, 2003, and was on deferred mission appointment. They were able to reach James Appel, MD, in Ventura County Hospital, and he agreed to come out to Loma Linda to talk.

A tall, lanky young man with evidence of time on the beach, James listened with interest and indicated a willingness to consider the options. He had a mission family background

and had traveled extensively, volunteering in both China and South America before medical school. A mission elective was arranged at Ile-Ife Hospital in Nigeria in October, 2002, which would give him the chance to visit Bere and see firsthand the situation. After a second visit to Chad, Nigeria, and Cameroon for AHI board meetings and planning sessions in January, Dr. Appel was ready to commit. He plans to take his surfboard—undoubtedly a first for the deserts of Chad—in case he gets to visit the Cameroon coast while there.

With these commitments in place, the World Bank agreement was signed, and AHI is venturing into a major partnership to benefit the people of southern Chad. Expectations and hopes are high. Needs beyond that covered by World Bank include two new staff houses, an office complex, and establishing a communication system. AHI will need to turn to its supporters to provide these funds. Pray for Yenge, James, and this huge undertaking that Christian compassion may become evident to the people of Chad.





It was nearly five years ago when a group of students from Loma Linda and a few volunteers from Holland started digging the foundation for the new hospital at Gimbie. After hundreds of volunteers, a local crew of between 50 and 100, endless problems obtaining supplies, and countless hours breaking up river rock for cement, the new hospital is ready for occupancy. Milt Peterman has served as volunteer contractor during the past several years and AHI owes a huge thanks for his leadership.

The past year has seen many personnel changes. After several local contract surgeons, Jesse Tabaranza, MD, and his family moved to Gimbie in late 2002 to become the regular surgeon. Two young Ethiopian physicians round out the medical staff. After Nick Walters, MD, departs, AHI-Ethiopia is hoping to find an obstetrician/gynecologist to fill his old position.

A number of others have stepped in to carry on the mission. Mirja Larsen, RN, a young nurse from Norway, has been volunteering for more than a year as matron.

In September, Chandra Baier, MPH, and her husband, Charlie, an environmental engineer, went to Gimbie, with Chandra serving as administrator and Charlie helping with construction and water systems. Chandra, a graduate of Loma Linda, has lived abroad, traveled extensively, and carries a passion for this type of work. She has already helped to dramatically improve relations with the local government officials.

In early 2003, Dick Callis will build cabinets for the new hospital, with plans also for a nutrition rehabilitation center on hospital property. This will provide a place for mothers to stay while learning to prepare quality food for their malnourished children. A proposal for an HIV/AIDS education program is being discussed with the government that focuses on young people in local high schools.

Many thanks to the hundreds who have donated time or money to see this building project through to completion. Remodeling of the old hospital needs to start, providing more efficient outpatient space and a number of support services, including the laundry and kitchen.

God has surely blessed this program mightily.



Dr. Claude Steen, founder of Gimbie Hospital, greeting old friends at opening ceremonies

LETTER FROM THE FIELD

Life on a mission post can often be difficult, filled with clinical tragedies, human pathos, and unmet needs of many kinds. But survival abroad is enhanced when one can see beyond the challenges and enjoy the humor that is evident in all cultures of the world. This letter was hand delivered by one of our rural clinic nurses to Chandra Baier, administrator at Gimbie Adventist Hospital. It has brought enjoyment to many as we share in the human experience. Here it is reproduced as it was delivered. Enjoy!

Date September 2002

To Gimbie AHI Hospital
Administration Committee
Office
Gimbie.

Greetings - in the name of our Lord Jesus christ.

Subject
To Ask admission to buy Asses.
As it is mentioned above our an Ass which was giving
conspicuous service by fetching water from River he
discontinued his work contract forever. It is very comm-
-serated.

For evidence hestail is being sent to show that he
has died. In regard to his death we face pain full problem
of water supply. Because of this we need to buy Asses.
would you please permit us to buy he and she donkey
because they can live together and multiply.

Thank you.
Gulisso SDA Clinic.
Sincerely yours
Abraham Zewdie
In charge of the Clinic.

R. copy Outer clinic head.



As one of the two original institutions joining AHI, Davis Memorial Hospital in Georgetown, Guyana, has made significant progress during the past five years. Perhaps the most gratifying endeavors have been in the educational realm. This started with the Foundation Health Care training program funded by ADRA Canada, now in its third year. This nine-month program has gained nationwide recognition, with some graduates going on for advanced education, while others are hired by local hospitals for their skills. Karen Simpson's involvement in establishing this program with a solid foundation has paid many dividends.

The next educational initiative was also supported by ADRA Canada, now joined by ADRA UK. This was responding to a request from the Ministry of Health to develop a national continuing education program for nurses. Karen returned briefly to launch this new initiative in November, 2002, with more than 20 nurses attending the first day-long program.

The final educational program is just getting underway—our community health educator initiative. Recognizing the high rates of Type II diabetes in the country, approaching a third of the population, AHI-Guyana felt this program was a priority and in direct keeping with its mission. The strategy is to recruit volunteers from local churches and train them in blood sugar and blood pressure screening, as well as nutrition and exercise skills. The Versacare Foundation has joined this campaign by funding recruitment and training.

With financial stability and expanding programs, the AHI-Guyana board has begun asking the big question—where to next? After careful review of national trends, the decision has been made to build a major new ambulatory care center next to the hospital. A new two-story building has been designed, with the second floor dedicated to classrooms and laboratories to house the growing educational programs. Donors are being solicited for this initiative, which is expected to cost around US\$350,000, including medical equipment. Together with effective support services, including a clinical laboratory, pharmacy, and radiology, this will provide a national model.

The future is indeed bright, and the national leadership for AHI—Bertie Henry, administrator, Mandy Fleur, matron, and Carol Cuffy, business manager—are all to be congratulated.



Davis Memorial Hospital celebrates 35 years

PROJECT FIXIT

Kelvin Sawyer, originally from Australia, has already become a legend. Starting with his “learning” rotation at the clinical engineering department of Loma Linda, it was clear that he had the technical knowledge and uncanny knack for sorting out difficult problems in stubborn equipment. With basic testing equipment and a growing collection of tools, he has been able to rehabilitate everything from generators to washing machines to X-ray units in the remotest corners of the earth.

After a brief stop in Guyana, he went to Zambia in January, 2002, spending time at each AHI institution. An efficient pattern of work soon became clear. Make an initial visit, doing easy fixes while also diagnosing more complicated problems and ordering necessary parts, then move on to the next institution while waiting for the parts to arrive. Kelvin then returns to install them.

After fixing everything possible in Zambia, he headed north. Traveling some of these desolate stretches can be hazardous to both cars and people. His route led him through Tanzania into Kenya, and then across the northern desert into southern Ethiopia. After several months at Gimbie, he had fixed a number of things, including a difficult internal wiring problem of the X-ray unit. He then went south again to Mugonero Hospital in Rwanda before reaching Zambia.

The schedule for 2003 will be equally challenging. With Hope for Humanity agreeing to another year's support, he will spend most of the year visiting the seven AHI hospitals in West Africa. He plans to revisit Zambia, then Rwanda, before returning to Gimbie to help install equipment in the new hospital building. Following that, he will drive north into Sudan, eventually reaching Khartoum. From there he will head south to Chad, visiting Bere Hospital and then into Cameroon and Nigeria.

The other component of Project Fixit are the group projects. After the successful rewiring of Davis Memorial Hospital in 2001, another Project Fixit team spent several weeks in Haiti in early 2003. The team, led by Larry and Jacque Goodhew from College Place, Washington, completed an inpatient wing of the hospital that was left roughed in 22 years ago.

All these volunteers, giving of their time and money, are a vital part of AHI's success in getting institutions back on their feet. Thank you to each one who has participated.



Kelvin Sawyer tests out new equipment



The traditional challenges of Haiti continue unabridged. It still has a struggling economy, difficult political environment, ponderous bureaucracies, and many opportunists looking for willing clients. Within this context, the Hopital Adventiste d'Haiti continues to gradually build a solid foundation for the future.

A number of strategic steps have been identified for providing financial and organizational stability. Peter Rice, the director of the clinical laboratory, is moving the lab to a larger room with more efficiency. He is also upgrading the equipment, with the goal of developing a commercial laboratory at the hospital that can serve the Diquini suburb of Port au Prince with testing services. AHI has advanced funds for this project with the belief that a successful laboratory operation can not only provide a useful revenue stream but also a model of management that can spread throughout the hospital.

One of the major goals is to complete the south wing of the second floor of the hospital. This area was roughed in 22 years ago when the hospital was built, but funds never allowed its completion. A Project Fixit team, headed by Larry Goodhew from College Place, Washington, will spend several weeks there in early February, 2003, to complete the electrical, plumbing, doors, windows, and plastering. This will provide five private patient rooms and three triple occupancy rooms. With more modern conveniences, such as call buttons, private bathrooms, and air conditioning, these new rooms will be a major addition to the hospital services. Several donors, including a \$50,000 gift from Hope for Humanity, has made this project possible.

Perhaps the biggest challenge still facing the hospital is an efficient management system that is able to make their own decisions and move things forward. The new AHI-Haiti board has asked Elie Honore, MD, MPH, MHA, originally from Haiti and now serving as the director of health ministries for the Interamerica Division, to spend up to half time in Haiti during the next six months. As an experienced administrator, he will mentor the local leadership and establish an administrative process appropriate for an institution of this level. While the hospital is financially self sufficient at this time, it is always just on the edge of survival and therefore has no confidence to make any bold moves. Dr. Honore will also identify a young Haitian physician he can train to become a medical director over time, filling another critical need.



The entrance of Hopital Adventiste d'Haiti

HOPE FOR HUMANITY

Many will remember growing up with Harvest Ingathering, an activity every Adventist church participated in each Christmas for many years. Ingathering: Hope For Humanity is the new name for this long-standing program—the oldest Adventist church-sponsored social action ministry.



Millions and millions of dollars have been raised through this ministry since its inception, and it continues to be an important method of developing resources for reaching out to the world with the Adventist message of wholeness, and bringing our own members into relationships with each other and their neighbors.

Ingathering: Hope For Humanity is a ministry of the North American Division, and is under the direction of Pastor Maitland DiPinto, MSPH, MHA, an LLU graduate. Fifty percent of their funds are returned to the geographical area where they were raised, for a variety of humanitarian projects.

The other half is targeted primarily for international projects, and AHI has been richly blessed by some of these funds. Resources from this program have built clinics in Ethiopia, strengthened the nursing school in Rwanda, repaired hospital electrical systems in Guyana, completed hospital wings in Haiti, funded Kelvin Sawyer and Project Fixit in multiple countries, introduced many young people to service abroad, established a new dental clinic in Lusaka, built staff housing at Mwami Hospital in Zambia, and repaired hospitals in Nigeria.

Almost \$500,000 has been received from Hope for Humanity in the past two years for AHI projects. This has been absolutely crucial for the wide variety of projects that AHI has undertaken in its member institutions. The next time you hear about Ingathering: Hope For Humanity, remember all that it accomplishes and look for ways to participate in its important ministry.



Laparoscopic surgery in Guyana after electrical systems are repaired

NIGERIA

Nigeria has always been considered the giant of Africa. With more than 100 million people, massive oil wealth, and an aggressive national personality, its potential is visible to all. But the usual challenges of government bureaucracy, corruption at all levels, and considerable political instability have always held it back.

Within the Adventist church, there are now around 150,000 members, with plans to split into two unions, both aiming at financial self-sufficiency.

There are four Adventist hospitals—Ile-Ife, Jengre, Aba, and Inisha, though the latter is technically owned by the community and managed by church members. Ife Hospital was returned to church ownership just 10 years ago, after 17 years of use and lack of maintenance by the local government. In addition to these hospitals, there are 10 clinics, mainly scattered around Jengre Hospital in the north.

The dream of Greg Saunders, MD, and the gradually growing group of colleagues in Nigeria, was to establish a post-graduate residency program that could provide quality training in a Christian context to the Adventist medical students graduating each year. With Randy Skau, MD, and his wife, Melinda Skau, MD, anchoring Jengre, and Herb Giebel, MD, joining at Ife, this team has struggled for years to meet government regulations, recruit the appropriate specialists, and then convince

potential residents to come for training. Through the years, it has seemed that Ife could never get all these factors right at the same time.

Finally, two years ago, just as Nigeria was joining AHI, the decision was made to finally start the residency program. Encouragement was given when some of the government teaching hospitals also asked to rotate residents at Ife, recognizing the quality of specialists that were there. The first resident dropped out after



A patient at Ile-Ife Hospital



TOTAL AREA: 923,768 sq km

Slightly more than twice the size of California

POPULATION: 129,934,911

INFANT MORTALITY RATE: 72.49 deaths/1,000 live births

LIFE EXPECTANCY AT BIRTH: 50.59 years

ANNUAL AVERAGE INCOME: US\$244



a few months due to family reasons, but the second has stayed, and is now being joined by another.

The government has also approved an internship program, and four new interns will start in early 2003. With a growing medical library and regular teaching conferences, Ife is starting to feel like a real academic health center.

Growth has occurred in the School of Nursing as well. With the tremendous desire for education in the country, the nursing applicants have escalated, with 120 new students. Ed and Irene Moon, retired alumni from Loma Linda University's School of Nursing, are providing leadership after the retirement of Mrs. Awoniyi. The government has also mandated that diploma programs in nursing must convert to either another advanced level, or the full bachelor of science in nursing for 2003 entrants. The School of Nursing plans to move to a four-year bachelor's program in response.

Hope for Humanity responded to these initiatives with \$55,000 to upgrade the facilities at both Ife and the other affiliated hospitals in the country.

AHI-Nigeria is now led by Tayo Odeyemi, executive director; Danjuma Daniel, associate director for finances; and Randy Skau, MD, associate director for medical affairs. This strong team has put processes in place, expects accountability, and has aggressive plans for the future.

There are still tremendous needs—further facility upgrades, development of a private ward at Ife, additional specialty staff, a bus for transporting nursing students to their clinical rotations at other hospitals, and the list goes on. But the giant is stirring, and it is gratifying to sense the potential starting to assert itself.



AHI-Nigeria leadership, from left, Danjuma Daniel, Randy Skau, Richard Hart, and Tayo Odeyemi





Rwanda has had its share of suffering during the past decade, so it is exciting to see progress in the various AHI institutions. The Polyclinique Adventiste de Kigali (PAK) is starting to stabilize financially, with the clinical skills of Venancio Ang, MD, and the addition of a dental service at PAK. Dr. Ang, and his wife, Janet, a dentist working primarily at both PAK and the Kyaciru Dental Clinic, have been a great addition to our staff in the country.

Word has been received from Nagi Khalil, ADRA director for Rwanda, that DANIDA, the Danish Government aid agency, has

approved the proposal to upgrade health services in Mugonero District. This US\$1.2 million grant will clearly benefit Mugonero Hospital, which serves as the designated district hospital for the area. It also means that each health center in the district, including several AHI clinics, will be strengthened with improved equipment and staff. The primary thrust of the grant is to enhance reproductive health care throughout the district through the network of primary health services.

The greatest encouragement comes from watching the changes at Mugonero Hospital and Nursing School. Under Ose'e Ndahiro's leadership, the nursing school is now financially stable and has succeeded in paying off 90 percent of its outstanding debt that had built up during multiple years. This will soon enable the school itself to start investing in the future with operating funds. ADRA has also assisted in upgrading their library and cafeteria.

The arrival of Mark Ranzinger, MD, at Mugonero as medical director became the catalyst for many changes. Qualified in both surgery and family medicine, Mark is also finishing his MPH from Loma Linda University in the Africa program. He is establishing effective communication and transportation links, and integrating the nursing students into the hospital experience and clinical services. The Union leadership agreed to forgive the past indebtedness they were carrying on their books for the hospital, giving it some needed flexibility.

Ludy Pineda has indicated that she will be leaving the Kacyiru Dental clinic in early 2003. She has been instrumental in helping the dental clinic pay off a large debt to the Africa-Indian Ocean Division incurred years ago. This now enables the clinic to start expanding its services to additional sites, including PAK and Mugonero.



Karen Simpson with staff at Mugonero Hospital



After Nigeria, Zambia has the most hospitals of any AHI country. From Mwami Hospital in the far northeast, to Yuka Hospital across the flood plains in the west, to the new Lusaka Eye Hospital in the capital, together with six health centers, the AHI facilities span the country. Major progress on building new staff housing is underway at Mwami. Several external grants have made this possible, including US\$44,000 from Hope for Humanity. Project Fixit has repaired much of the equipment at Mwami and Yuka, including generators, washing machines, and vehicles.

The new Lusaka Eye Hospital continues to actively build a very positive reputation



Entrance to Yuka Hospital in Western Zambia

throughout the country and beyond. Bo Wiafe, MD, medical director, who also serves as AHI executive director in Zambia, remains very busy, but has had a number of short term ophthalmologists come to assist him. This 40-bed eye hospital really needs two full-time ophthalmologists, so AHI is aggressively seeking to recruit another one into the open budget available.

Part of the strategic plan for Zambia from the beginning has been to develop a medical and dental clinic in the capital of Lusaka. An attractive facility could provide a base for Adventist nationals to establish a multispecialty practice which

could be completely self-supporting and provide a valuable health service to the country. It could also provide an anchor and training base for young professionals seeking to become involved with the church.

After considerable negotiation, it was decided to purchase a five-acre parcel of land, with a large house on the property, adjacent to the Lusaka Eye Hospital. This will concentrate Adventist services in one area and provide considerable economies of scale for management purposes. Plans call for remodeling the house into a dental and medical clinic, with common reception and support areas. As the practice grows during the next several years, plans will be laid for building a completely new facility on this property that can enable AHI-Zambia to realize its dreams of creating a new model of health care in the country. AHI is particularly indebted to the National Association of Seventh-day Adventist Dentists (NASDAD) and Hope for Humanity for the funds to obtain this property and establish the new clinic.

SIMS-ZAMBIA

During the AHI-Zambia board meeting in Lusaka in August of 2001, a comment sparked a new initiative. After the meeting had concluded, someone mentioned that there were perhaps 100 Adventist medical students studying at the University of Lusaka. Each of them would need to spend several years in clinical rotations as part of their training.

Despite the fact that they were all Zambian citizens, most had never visited either of the two Adventist hospitals in the country, Mwami and Yuka, because of their very rural locations. A meeting with the students confirmed the desire to see the hospitals.

Those from Loma Linda that were present immediately thought of our SIMS program—Students for International Mission Service. For many years, Loma Linda University has had an extensive program enabling its students to experience various hospitals and other health projects in different countries. Why not have a SIMS-Zambia? Why shouldn't Adventist students in Zambia benefit from exposure to their own Adventist hospitals? A quick decision was made to send US\$1,000 to AHI-Zambia for use by local students to travel to Adventist hospitals throughout central Africa. The local union and division were encouraged to match the donation.

Because local transportation is so cheap, this would enable a number of students to travel by train or bus to one of the hospitals.

The results were overwhelming. Many students responded to the offer, with local church entities agreeing to match the AHI donation. A total of 11 students eventually spent time last year at a wide variety of Adventist hospitals from Zambia to Botswana.

Several of the students spent a month at Yuka Hospital and enjoyed it so much, they came back later on their own for a second rotation.

So far this year, 33 students, including some from other churches, have applied to participate in SIMS-Zambia. Twenty-two have already worked out their schedule for rotations during the year. Clearly, this program has become a major recruitment experience for Adventist students as they experience the satisfaction of becoming part of an Adventist health team.

As funds become available, AHI would like to start SIMS programs in many other countries and would like to expand it beyond medical students to include many other health disciplines. What better way to develop an interest and commitment to the health work of the church?



Dr. Bo Wiafe (center) with SIMS-Zambia students at entrance to Lusaka Eye Hospital

AHI LEADERSHIP

BOARD MEMBERS

Lowell C. Cooper, MDIV, MPH, *board chair*
Matthew A. Bediako, MA, MSPH
B. Lyn Behrens, MBBS
Mardian Blair, MA, MSHA
Frank Dupper
Allan R. Handysides, MBChB
Harold L. Lee, DMin
Juan R. Prestol, MBA
Donald G. Pursley, DBA
Charles C. Sandefur Jr., MDIV

REGIONAL VICE PRESIDENTS

Elie Honore, MD, MPH, MHA
Inter-American Division

George Sanz, MD
Western Africa Division

Fesaha Tsegaye, MD
Eastern Africa Division

AHI HEADQUARTERS

Loma Linda University
Magan Hall, Room 111
Loma Linda, California 92350
(909) 558-4540
E-mail: ahi@llu.edu
www.adventisthealthinternational.com

MANAGEMENT TEAM

President
Richard H. Hart, MD, DRPH

Chief financial officer
Jimmy E. Gillespie, CPA

Secretary
Donn P. Gaede, MPH

Dental services
James M. Crawford, DDS, MPH
Quint P. Nicola, DDS

Disaster and humanitarian services
Emmanuel M. Rudatsikira, MD, MPH

Equipment procurement and maintenance
Jerry E. Daly, MA, MSLS

Facility/construction and maintenance
Kenneth J. Breyer, ME

Financial management
Daniel E. Fontoura, MPPM
Llewellyn L. Mowery Jr., CPA

Legal services
Kent A. Hansen, JD

Nursing services
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

*F*INANCIAL REPORT

Statements of financial position (unaudited)		
	2002	2001
Assets		
Cash and cash equivalents	\$ 141,846	\$ 38,463
Property and equipment, net	13,786	-
Total assets	\$ 155,632	\$ 38,463
Liabilities and net assets		
Accounts payable & accrued liabilities	\$ 1,312	\$ -
Due to affiliate	124,128	14,108
Total liabilities	125,440	14,108
Net assets:		
Undesignated	13,331	(18,571)
Designated	16,861	42,926
Total net assets	30,192	24,355
Total liabilities and net assets	\$ 155,632	\$ 38,463

Statements of activities (unaudited): 2001–2002 years ended June 30

	Undesignated	Designated 2002	Total
Support and revenue:			
Contributions:	\$ 42,112	\$ 385,947	\$ 428,059
Net assets released from restrictions for program services	413,042	(413,042)	-
Interest	8,098	1,030	9,128
Total support and revenue	463,252	(26,065)	437,187
Expenses:			
International programs	424,243	-	424,243
General and administrative	4,547	-	4,547
Fundraising	2,560	-	2,560
Total expenses	431,350	-	431,350
Change in net assets	31,902	(26,065)	5,837
Net assets, beginning of year	(18,571)	42,926	24,355
Net assets, end of year	\$ 13,331	\$ 16,861	\$ 30,192
		2001 (restated)	
Support and revenue:			
Contributions:	\$ 17,600	\$ 160,857	\$ 178,457
Net assets released from restrictions for program services	200,316	(200,316)	-
Interest	4,553	761	5,314
Total support and revenue	222,469	(38,698)	183,771
Expenses:			
International programs	200,414	-	200,414
General and administrative	1,406	-	1,406
Fundraising	-	-	-
Total expenses	201,820	-	201,820
Change in net assets	20,649	(38,698)	(18,049)
Net assets, beginning of year	(39,220)	81,624	42,404
Net assets, end of year	\$(18,571)	\$ 42,926	\$ 24,355

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.

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

AHI PARTNERS

Anderson, Frankie Sanders
Anholm, John Milford
Anonymous donor
Banks, E. Ruth
Beltz, Joy
Bergmann, Vera M.
Bogan, Damon
Boyatt, C. Edward
Burtch, Monita Bass
Calimesa Seventh-day
Adventist Church
Castro, Daniel
Christensen, David
Christenson, Rick Gean
Crawford, Denelda E.
Cutting, Jane Ellen
de Alwis-Chand, Shirani
Christine
Dennis, Glenda
Djernes, Michael R.
Dyke, Robert
Earl, Catherine
Fisher, Deo Flaiz
Flaiz, Richard Allan
Flaiz, Theodore S.
Fontoura, Daniel Elbio
Force, Michael
Foster, Ray Lyon
Fuller, Forrest LaVerne
Geleta, Samuel
General Conference World
Headquarters—Seventh-day
Adventist Church
Gillespie, James Earl
Gimbel, Twyla D.
Grace, Loranne
Hagen, Helen G.
Hagen, James Raymond
Hall, Donald Ray
Ham, Lyle Bruce
Hannah, Steven Michael
Hansen, Kent Allen
Hansen, Leilani Kathleen
Hart, Lewis Henry
Hart, Richard H.
Hess, Gary

Hessong, A. George
Hixson, Eugenia
Hixson, Gerald E.
Hope for Humanity
Houmann, Carl Jorgen
Houmann, Paul Erik
Inouye, Steve
Jahn, Keith
Jahn, Phyllis
Jahn, Rosalie
Jimenez, Isabel
Job, Jayakaran Sownderaj
John Day Seventh-day
Adventist Church
Johnson, Bernarr B.
Jordan, Bob
Kennedy, Loella May
Lamberton, Dale Francis
Latta, Alan Richard
Lee, Darla A.
Lee, Mary
Long Creek Seventh-day
Adventist Church
Lytle, Eleanor
Martin, John
Martinson, Elmer James
Mattison, Eloise Mae
McLean, Orlin R.
Merkel, Nathan M.
Messenger, Gilbert C.
Miller, Nicholas Patrick
Miracle, Max Vernon
Mittleider, Kenneth
Moore, P. J.
Northern California
Conference, Seventh-day
Adventist Church
Neall, Kerry Lennard
Odermatt, Aina G.
Ojala, Susan
Petersen, Floyd Fred
Petsch, Lonna K.
Pierson, Kenneth Wayne
Prell, Mark
Price, Chris
Ramirez, Johnny
Ratto, Jennifer A.
Redford, Steven E.

Rigby-Finkbiner, Arline
Robinson, Doris C.
Rockwood Church
Rodier, Emma
Rose, Grover A.
Rose, Kenneth D.
Rue, Michael A.
Runge, Joyce Beatrice
Sandstone Chapel Seventh-day
Adventist Church
Saxby, Doyle B.
Schafer, Donald Wilfred E.
Scott, Beverly
Sidwell, A.
Smith, Rosemary
Soule, Pia A.
Spear, Horace Leslie
Steen, Claude E.
Steen, David A.
Stevens, Harold Glenn
Stevenson, Erma
Sundin, Peter
Thomas, D. H.
Thompson, Gordon Wallace
Thompson, Ralph James
Thornton, Phillip T.
Tichy, Alexander
Tirkana, Olana
Upper County Seventh-day
Adventist Church
Versacare, Inc.
Village Seventh-day Adventist
Church
Voivodas, Steve
Walnut Street Community
Seventh-day Adventist
Church
Walters, Clifford Allen
Walton, Brad E.
Watley, Thelma
Watson, Charles
Wical, Charles Leonard
Wical, Joy
Wilkins, Carl
Wilson, Robert Darryl
Wright, Dolores
York, Mervin B.
Zambrano, Eusebio A.
Zumwalt, Janice R.

ADOPT-A-BED PARTNERSHIP PROGRAM



Adventist Health International has now expanded to include 14 hospitals and 40 clinics in 8 countries. Most of these facilities are located in the rural areas of developing countries where the local people have very limited resources to pay for health care. This is particularly true for women and children. To enable our hospitals to provide services for these victims of poverty and neglect, AHI has started an adopt-a-bed partnership program. This provides an opportunity for those interested in supporting this work to take financial responsibility for one or more beds. In most of our institutions, \$1 per day, or \$30 per month, will provide all the local costs associated with caring for the patients who are in that bed each month.

You may provide your support to AHI in general and let us distribute the money as necessary, or you may select the country and/or hospital you wish to assist. Each year, Adopt-A-Bed Partners will receive the Annual Report from AHI that provides pictures and reports from the various institutions. Fascinating stories and videos will also be sent to you from time to time about the staff and patients working in “your” hospital.

The AHI countries and hospitals are listed below. Please check the country or hospital with which you wish to partner. All donated funds will be used for that institution to provide health services for those who cannot afford even basic care.

Unrestricted: Apply to AHI program in greatest need.

Cameroon

- Koza Hospital
- Batouri Hospital

Chad

- Bere Hospital

Ethiopia

- Gimbie Hospital

Haiti

- Port-Au-Prince Hospital

Nigeria

- Aba Hospital
- Ile-Ife Hospital
- Inisha Hospital
- Jengre Hospital

Guyana

- Davis Memorial Hospital

Rwanda

- Mugonero Hospital

Zambia

- Lusaka Eye Hospital
- Mwami Hospital
- Yuka Hospital

While we encourage you to sponsor a bed for a minimum of one year (\$30/month or \$360/year per bed), any donation is greatly appreciated. You may donate monthly, annually, or in any other way that is easiest for you. All donations are tax deductible through Adventist Health International. Please provide your name and address and indicate your intended method of donating. Keep one copy of this sheet for your records, and return one to AHI. Receipts will be distributed annually to cover all amounts during each year.

(Please print)

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

Donation method: check credit card
Credit card #: _____
Credit card expiration date _____
 automatic monthly withdrawal of \$ _____
From _____ To _____

*For inquiries or questions, send e-mail to <ahi@llu.edu>
or visit the AHI website at <adventisthealthinternational.com>.*

AHI SUPPORTING OPPORTUNITIES

FUNDING NEEDS (US DOLLARS)

AHI-Cameroon

- Construct and equip a maternity and child health center in Buea. Balance needed: \$25,000.
- Establish a nursing school at Cameroon Adventist University. Needed: \$200,000 (estimate).
- Refurbish and repair four rural health centers in Cameroon. Needed: \$7,000 (each).

AHI-Chad

- Build two new senior staff houses at Bere Adventist Hospital. Needed: \$25,000 (each).
- Build small office complex for project administration. Needed: \$15,000.
- Build block fence surrounding property for security. Funding from World Bank.

AHI-Guyana

- Build new primary care and education center at Davis Memorial Hospital. Balance needed: \$250,000.
- Upgrade surgical suites and delivery area. Needed: \$25,000.
- Construct new staff duplex at Davis Memorial Hospital. Needed: \$100,000.

AHI-Haiti

- Upgrade clinical laboratory. Balance needed: \$35,000.
- Upgrade surgical suites and purchase new equipment. Needed: \$40,000.
- Repair water and electrical systems, add new generator. Needed: \$45,000.

AHI-Ethiopia

- Repair and equip 10 rural health centers. Balance needed: \$5,000 (each).
- Purchase four-wheel-drive vehicle for clinic supervision. Needed: \$30,000.
- Establish a maternal and child nutrition rehabilitation center at Gimbie. Needed: \$12,000.

AHI-Nigeria

- Continue repair of hospital facilities at Ile-Ife and Jengre Hospitals. Balance needed: \$70,000.
- Purchase additional used 20-passenger buses for Ile-Ife Nursing School. Needed: \$7,500.
- Establish student computer lab at Ile-Ife. Needed: \$40,000.
- Enhance water system at Ile-Ife campus. Balance needed: \$15,000.
- Establish VSAT communication system at Ile-Ife. Needed: \$75,000.

AHI-Rwanda

- Refurbish Mugonero Hospital and two health centers in Mugonero district. Funded by DANIDA.
- Repair three senior staff apartments at Mugonero Hospital. Funded by Canada.
- Build a new senior staff house at Mugonero Hospital. Needed: \$20,000.
- Refurbish and equip four rural health centers. Needed: \$7,000 (each).
- Build new urban health center in Kigali. Needed: \$300,000.

AHI-Zambia

- Construct staff housing at Mwami Adventist Hospital. Balance needed: \$39,000.
- Support mission hospital electives for Adventist students. Needed: \$5,000 (annually).

Back cover: New Gimbie Adventist Hospital



Adventist Health

INTERNATIONAL

LOMA LINDA UNIVERSITY

Magan Hall, Room 111, Loma Linda, California 92350
(909) 558-4540; ahi@llu.edu

www.adventisthealthinternational.org