

Medical Missionary News

Supporting Christian Mission through Healthcare - Autumn 2014



**Disability
work**

Handing over the Baton

Editorial by Travers Harpur, vice chairman of MMN trustees.



I feel as if I have known Medical Missionary News for a long time! Being brought up in the assembly in Brentwood, South Essex, where Norman Lane was an elder and my Covenanter leader, it could hardly be otherwise. Norman Lane was then director of MMN and made sure the young people at Sawyers Hall Lane Chapel (as it then was) were aware of it, the container work, Zambia and foreign mission in general.

As a student I started links with the Balkans, the Middle East and church life there, and these associations have continued to develop. My first trip to Bosnia, as a teenager, was in 1964, fifty years ago. On marriage and moving to Chelmsford my interests were shared by my wife Jane and we often travelled together. This area of the world is still close to my heart with personal visits being made in the last two or three years to Moldova, Ukraine, Hungary, Romania, Poland, the West Balkans, the Baltic States and Israel, covering a very wide situation of church and medical needs, from the poverty of rural Moldova to different tensions and worries in Tel Aviv.

While attending Tile Kiln Chapel, Chelmsford in the early 1970's I met Bryan Bland who eventually succeeded Norman Lane as director in 1998. In 2002 Bryan was looking for new trustees as a generation was passing or retiring. He wanted those he thought would not be 'yes-men or women' and he picked correctly as trustee meetings often became the scene of healthy debate. I

was then asked to become chairman in 2006.

My first two tasks were to be involved in a review of the work and the pleasure of appointing Bryan's successor, Tony Cox. Now it is my generation who need to retire and I have stepped down as chairman this autumn and plan to retire as vice-chairman and then as a trustee sometime after final trips to Moldova and Ukraine and the passing of my 70th birthday.

This gives me the opportunity to reflect on the last decade and MMN's current role in supporting medical mission.

First, the constant; the desire that our work is firmly rooted in the spread of the Gospel and the support of Christian medical work. The methods and emphasis may change but not the underlying motivation; the communication of the love of God through his son Jesus and the relief of suffering.

Secondly, Geography. A decade ago, Zambia ranked as the largest of our links, and it still does. Central Africa as a whole was and remains the dominant area of our support but the geographical spread of our links has increased significantly in the last few years. Other areas of the world have grown or diminished with changing needs and opportunities. Opportunities in the Indian sub-continent have reduced but lately the needs of the Balkans and former Soviet Union have become more apparent.

As readers will know, in recent years increasing government regulation by the recipient countries as well as in the UK has made container work much more difficult, and in some cases impossible. Add to this the increased cost (even in proportion to the value of the goods) of transport, increased risk of corruption and delay at borders, and you will understand why our review in 2007 emphasised the need to adapt, diversify and change our methodology of helping (but not the desire to help).

The situation has been most acute in our core work of medicines and medical equipment. In 2013 the Ministry of Health in Angola introduced a rule that all imported medicines should be labelled in Portuguese (eliminating most products available in the UK). The supply of good quality, in-date medicines is a key part of our operation, near to our hearts and we have to consider the best way of delivering help. Is it best to help financially with the procurement of medicines within the African country? Are there suitable supplies and is there appropriate quality control? We are exploring this in consultation with users and other stakeholders to find the best way of continuing to help.

We are increasingly looking to help as contributor to projects, helping fund medical work and providing training and courses or the funding of these and bursaries. The Christian Medical Fellowship courses have proved very helpful to many medics from Central Africa, Pakistan and the former Soviet Union.

The recipients of our help, container or financial, are still mainly but not exclusively those affiliated to 'Echoes of Service', a mission service organisation, based in Bath, UK. In some areas of the world the boundaries of ecclesiastical

labelling are more opaque and the term 'evangelical church' covers a wide use. This is especially true in the former communist countries.

We now work with various partners. About a decade ago we developed a valuable relationship with International Health Partners but changes in regulation led this to being reviewed and curtailed. Our link with Aid to Hospitals Worldwide operating from Suffolk continued until they had to cease due to a termination of their supply chain. But our contacts with Echoes of Service, Breadline and many other mission support agencies continue.

Throughout the last generation the definition and understanding of medical and health roles has developed and MMN has adapted and moved with these changes. The days of only supporting mission hospitals and clinics has now widened into prevention and alleviation with public health, clean water and diet increasingly relevant.

I have greatly appreciated working with the team at Wickford (Tony Cox, Keith Watts, Roger Sheldon and the volunteers). They run the office and warehouse so smoothly and I know that the process of managing the containers, shipping, purchasing, invoicing and so on, does not run smoothly without well-oiled machinery and problem solvers. My great thanks to them and to the readers and supporters of the work.

Finally, I wish Peter Gill well as he succeeds me as chairman. Peter, a consultant orthopaedic surgeon, is well suited to the role, given his many years' experience on the mission field in Zambia, and his eight years of valuable service as a trustee of MMN.

Chairmen come and go but the work continues.

"You are living a Gospel"

By Dr Ross Jefferson

I first visited Chitokoloki Mission Hospital, Zambia in 2007. Since then I have made several return visits to Chitokoloki and also to the Copper Belt where, with my UK experience as a neurodisability paediatrician, I have been able to offer support to the Wukwashi Wa Nzambi project. From the end of 2012, I had had an increasing conviction before the Lord that it was his will for me to give more help in the work at Chitokoloki with more frequent 'short-term' visits. The Lord used numerous Scriptures and several of his servants in confirming that this was the right step. Early in 2014, I was able to reduce my NHS working hours and spent three months in Liverpool studying for the Diploma in Tropical Medicine and Health in preparation for the medical work. With the support of my local assembly, I set out at the end of June for the first of these visits. It was good to be able to spend two months in Zambia rather than the three to four weeks maximum stay I had had in the past. Two months seemed

quite a long time when I left the UK, but the weeks went by all too quickly!

Although the main purpose of my visit was to help Dr David McAdam and the team at Chitokoloki, I was able to visit other works for the Lord en route up country from Lusaka. I valued the opportunity to spend a few days with Joyce and Henry Mutembu, the Zambian believers who oversee the Wukwashi project bases on the outskirts of Kitwe and to hold some clinics with them. I was able to assess eleven children at the weekly clinic in Ndeke township. Another day was spent at the Wukwashi School. Henry collected me early in the morning in time for the daily 'school run' in their vehicle. We went round several townships collecting children with a range of disabilities, both physical and cognitive.

One lad with Down's syndrome, whom we picked up early in the run, is extremely attentive to the needs of the others, helping them onto the minibus, making sure they are seated safely and generally looking after them. He is a good candidate for the skills training course at Ndola and Joyce and Henry are hopeful that he will be accepted once he is old enough. During the school



day I assessed sixteen children with a variety of developmental needs whose parents/carers also attended and was able to make recommendations for their management. A significant number of children have cerebral palsy secondary to hypoxia sustained during a prolonged birth process; others have a genetic cause for their difficulties. In a further group, the problem is acquired after birth; cerebral malaria is perhaps the best example of this. Treatment options are more limited than in the UK in terms of medication and there are very few paediatric therapists.

Joyce and Henry are expecting a visit from therapists experienced in 'Appropriate Paper Technology' (APT) which uses basic engineering principles to make strong items like chairs from weak materials such as paper and cardboard which are in plentiful supply. I was able to identify a subgroup of children who would specifically benefit from this kind of input. The school is currently housed in a couple of smaller buildings adjacent

Families greatly appreciate the Wukwashi School and the support offered there.

- 1) Cover photo: Ross at Chitokoloki Hospital
- 2) Photo left: Brass Tacks team with Joyce and Henry Mutembu
- 3) Photo above: Building the new school facilities
- 4) Photo below: Children from Wukwashi school





Photo above: Boys from Kabompo in PET wheelchairs

to the site of what will be a new purpose-built school built with the support of MMN. A team from Brass Tacks was working on the site and the first pouring of cement for the floor of the first classroom took place while I was there.

The new school will provide greatly improved facilities for the children and the volunteers who work with them. I was also able to visit Loloma Mission and spend some time with Dr Nkonde, the Congolese doctor who is based there. He is a competent doctor and provides an excellent service in the locality. From Kabompo, Elva Brooks (Canada/New Zealand) took me to visit two brothers, both with cerebral palsy secondary to severe neonatal jaundice. I had last seen them back in 2007 during my first visit to Chitokoloki. Through Elva's efforts both boys now have standing frames and PET wheelchairs which can be used to transport them around the village. The burden of care for their parents is very heavy. There is no regular therapy such as a similar child would receive in the UK, with only very limited provision of specialist seating and none of the support services that parents over here can count on for equipment supply and respite needs.

Once at Chitokoloki, I rapidly settled back into general paediatrics and was responsible for the day to day running of the pediatric ward. It was the cold season so that there were almost no mosquitoes and very little malaria. However, the ward was full for all of my stay. After the visit of the orthopaedic team at the end of July there were several children admitted for the prolonged course of antibiotics necessary to treat chronic osteomyelitis. Other children were recovering from malnutrition; their mothers watched the twice weekly weighings, hopefully to see if their child was anywhere near the 'goal' weight and therefore ready for discharge home to the village. It is a long wait for some.

By the time I left for the UK at the end of August there were three babies with obstructive hydrocephalus/spina bifida on the ward waiting for transport to Lusaka, to the Beit Cure Hospital where the necessary neurosurgery is provided free of charge.

Two memorable patients both had cardiological problems. One little boy was experiencing with cyanotic spells secondary to right-sided congenital heart disease. The second, an older lad, had congestive heart failure secondary to mitral valve disease post rheumatic fever (his cardiovascular examination had the full house of signs and he would have been snapped up for medical student exams in the UK!). While we could provide medication to prevent the cyanotic spells in the former, there was no access to definitive surgical treatment to effect a complete cure. For the second lad, all we could do was to try and optimise his medication and, sadly, his prognosis is gloomy. In the UK he may have been offered valve replacement or even heart transplant.

Another boy's story had a very happy

ending. He had had tuberculosis in both his hips and had been unable to walk for some considerable time. He would spend all the day in bed reluctant to move and complaining of pain, until we gave him a PET wheelchair when the whole picture changed. He was always out and about round the hospital, often where he knew I was and whenever I appeared he would insist that I climb in the back of his chair while he 'transported' me wherever I wanted to go. It must have made a fine sight for the line of wondering outpatients!

Several disabled children attended outpatient clinics and the challenge was to devise a means of helping them with the limited resources available. I found a simple design for a specialist seat which the workshop could make from wood and on the day I left for the UK I was able to trial a seat for one patient. There is also the possibility of making APT seats from an appropriate template. I am looking into this while I am at home, as well as how we might make simple orthotic devices. I shall never forget my feeling of powerlessness in front of a little girl who had travelled all the way up river from Lukulu in a dugout canoe for a consultation. She needed a splint which we could not provide and I had to tell her to return in January. An orthotist is a real luxury in rural Zambia!

During my visit I was able to spend a weekend at the Senior Girls Camp held at the assembly campsite by the Zambezi River. Thirty-two girls attended, many from the locality but some from as far away as the Copper Belt. They heard the Gospel presented clearly by Mrs Sefu, a lovely Christian lady and senior nurse at the hospital. It was a joy to hear subsequently that two girls trusted the Lord as Saviour during the camp and we pray that their profession is genuine and that they will go on for God.

Around the hospital there are many opportunities in general conversation to present the Saviour. There are also more formal opportunities in the daily preaching of the Gospel on the wards and the Friday afternoon children's meeting run by Rhonda Markle (Canada). All the patients are very ready to accept a tract in their own language and with the growing number of patients coming across the border from Angola there is a constant need for Portuguese literature, as well as Lunda, Luvale and English. Some patients are very sick and not far from eternity; how much they need God's salvation! As servants of the Lord, we are not only working to heal sick and injured bodies; our primary purpose is to present the Lord Jesus Christ to them and also to the staff, some of whom are unsaved. I am reminded of a verse I learnt some time ago:-

**'You are living a Gospel,
a chapter each day
by the deeds that you do,
by the words that you say.
Men read what you live,
whether faithless or true.
Say, what is the Gospel
according to you?'**

Please pray for the different aspects of the work I have described and for David McAdam and the team of missionary nurses who lead the medical service at Chitokoloki. The daily demands are constant and great but we have a great God who has promised to supply all our needs according to His riches in glory by Christ Jesus (Phil 4:19). Above all pray that there will be fruit for eternity. God willing I plan to return in January 2015 for another three month visit with the prospect of further visits in the summer and autumn, as the Lord opens up the way.

Moldova - Christ's love in Action

by Di Acaster

The Centre of Legal Assistance for People with Disabilities (CLAPD) in Moldova began in 2006 by a group of people with disabilities, supported by the Christian charity 'Agape'. Their personal experiences confirmed that those with disabilities were among the most socially isolated and disadvantaged in the country. CLAPD aims to promote the human rights of the 180,000 people with physical or learning disabilities living in Moldova, 14,000 of which are children. To this end, they campaigned for Moldova to ratify the UN Convention on the Rights of Persons with Disabilities. They gained the support of sixty-four Non-Government Organisations and in July 2010, the treaty was signed. The executive director, Vitalie Mester, who is himself sight impaired, stated 'It was worth it! I sincerely hope that people with disabilities will now receive the same rights and opportunities as other members of our community'.

However, as the poorest nation in Europe, with a Gross Domestic Product per capita of £2,108 (UK is over £16,000) and continuing political instability, many fear that Moldova has neither the resources or the skills to effectively support proposals for inclusion and the protection of human rights. So, what is the reality of life today for people with disabilities in Moldova?

In 2011, Amnesty International reported continuing unacceptable levels of discrimination against people with disabilities, and identified lack of access to education as one of the gravest challenges faced by children. Of the 15,321 children registered with physical or learning disabilities, only 3,148 were accessing education. UNICEF added that of those 3,148 children, only 1,600 were enrolled in mainstream schools. The rest were in special schools, or receiving home tuition because the school buildings were not physically accessible to them. Both approaches isolate individuals from their peers and community. This trend is gradually improving, as in 2012 the number of children attending mainstream schools rose to 2,300, but this still leaves 12,173 without any formal education.

1) Photo below: Antonina with social workers
2) Photo right: Valentina and David





1) Photo above: Vernon and Anna

I am a trustee of a charity called Breadline, and the above reports are evidenced in many of the projects that we support in Moldova.

I have visited the Moldovan Charity Mission for the Disabled on several occasions. Formed in 2003, it is led by Pastor Petru Chirica and his wife Antonina, and supports families who have children with physical and/or learning difficulties. The Chiricas are in no doubt that disability is still a huge stigma in Moldova, and have first-hand experience as their youngest son has Down's Syndrome. During pregnancy, Antonina was urged to have an abortion, and when he was born, pressure was put on her to put him directly into state care as he would be a burden to her family. Antonina is fortunate in having a loving Christian husband and family around her. Many mothers who choose to keep their babies are abandoned by their husbands, leaving them to raise not just the child with disabilities on their own, but often older children as well.

The State allowance is the equivalent of £45 a month, and there is very little child care or schooling. Medical services are often difficult to access, and can be corrupt and expensive. If a child becomes disabled due to negligence or incompetence on the part of the hospital, there is no compensation or call to account of the person responsible. Many mothers have no choice but to go out to work and leave their child with disabilities at home either on their own, with elderly relatives, or being looked after by siblings who should be in school. Simply put, if she doesn't work, there will be no food on the table.

There is also no provision of specialist equipment, and many buildings are inaccessible to wheelchairs anyway. As an occupational therapist, when I first visited Moldova I had grand ideas of what I could advise and what equipment I could source to help children become more independent. I was unprepared

for the challenges that the environment presented. In rural areas, toilets are usually outdoor sheds containing a hole in the ground; hoists, toilet seats and hand rails would be no good there! Streets are uneven muddy ruts, difficult for the able-bodied to walk when it rains, let alone push a wheelchair or use a walking frame. In addition, many homes have no running water and it is collected from wells in the streets. This water is often unclear, posing risks to personal hygiene and health, with Hepatitis A being a real danger.

The towns present their own challenges. Valentina looks after her five year old grandson, David, who has cerebral palsy, whilst her daughter goes out to work. She has to climb seven flights of stairs to get to her flat as there is no lift, and is already struggling to physically manage to carry him outside. On the other hand, those whose children are mobile and able to go out may be greeted with opposition. Anna's son, Vernon, has learning disabilities and is now in his thirties. 'People stop me in the street when I am out with him. They say they do not want to see him, that he should be locked away,' she told me. 'I tell them that their dogs are in the streets, my son has more rights than their dogs!' Such stigma and discrimination, lack of facilities, and the inaccessibility of the environment combine to make families become very isolated and vulnerable.

To combat some of these issues, the Charity Mission opened a centre for children with disabilities who are not in school. It is open four days a week and takes eight children with conditions such as cerebral palsy, epilepsy, autism and Down's syndrome. Antonina oversees the running of the centre, and employs a speech and language therapist who also teaches, and a massage therapist. They prioritise children who would otherwise be

at home alone, thus making a significant impact on the lives of these families. One boy who attends spent most of his time with the dog whilst his mother worked, to the extent that when he first came he behaved and smelt like the dog. Every morning Antonina changes and washes his clothes and gives him a shower. He is gradually learning social skills and integrating well with other children, whilst his mother goes to work reassured that her son is being well looked after.

The charity also runs a summer camp for families with children with disabilities, which can be a life changing experience for them. One parent told me how wonderful it was just to have other people value her child, to talk to him and respect him. Likewise, it was valuable for her to meet other parents to share experiences, advice and support, and to realise she was not alone in her struggles.

Negative attitudes can also come from within the church. Petru was challenged when someone proudly informed him that he had nobody with disabilities attending his church. Petru's response was 'if you don't have people who are disabled, search for them, because without them, your church is disabled'. Inspired by this conversation, Petru and Antonina hosted a conference last year about disability and inclusion from a Biblical perspective, which was attended by Christians from across the country. The response was immensely encouraging.

Other Christians were aware of people with disabilities in their parishes, especially children, and wanted to work with them but had been unsure how. Pastor Slavik in Dancu, near the Romanian border, is one such pastor. He has identified sixty-five people within his parish, fifteen of whom are children and six who have additional learning disabilities. Together with Tatiana, a

social worker, and a team of volunteers, they had been meeting regularly with parents and their children to talk and play, but wanted to offer more. Slavik was delighted when Antonina met with them to share her wealth of knowledge and expertise, and to offer support and guidance to develop their ministry. This is an exciting development for Petru and Antonina. As trainers and facilitators of others, the number of lives that can be impacted will be greatly multiplied across the country. Petru's dream is that the work will extend to day centres for adults too. Last year saw the beginning of such a centre in nearby Capriana, where the church is open every Monday for adults with learning disabilities to socialise and enjoy activities together.

Emanuel Clinic is a Christian clinic supported by MMN through Breadline based in the capital of Chisinau. They have daughter clinics around the country, operate mobile clinics to poor rural areas, run home care services and operate HIV/AIDS clinics. They work with people who have mostly become disabled during

their adult life, but their struggles and challenges are very similar to those of the children's; discrimination, lack of facilities, no specialist equipment, access to buildings, social isolation, cost of medical care, and deprivation of opportunities to contribute to society. Iuri, for example, was working as a builder when he fell and became paralysed from the waist down at the age of twenty-two. He subsequently contracted HIV from a blood transfusion given to save his life. He has spent the last sixteen years on a mattress on the floor of his 5th story flat being looked after by his father, who built the framework around his bed to help him to change his position. Unlike many, he is computer literate so feels in contact with the outside world, but is deeply grateful to the support both spiritually and materially that he receives from Dr Gusac and his team at the clinic, as he has little social contact otherwise.

Three ladies I met in 2013, I visited again this year. One had multiple sclerosis, another had a leg amputated due to diabetes, and another had been

paralysed from the waist down due to an operation in 2008. I considered all the things I had done since seeing them last, and found it distressing to know that they had not moved from the bed they were in. This was primarily because they had not got the assistive equipment needed to get out of bed, and even if they had, their rooms were too small to use them. It was no wonder that some of them were showing symptoms of depression that I had not seen last year.

This imprisonment in their own home not only makes people socially isolated and dependent, but it also deprives them of work and of the vote, as they would have to physically attend a polling station. Their voices, therefore, are not heard when the rest of society are making decisions about policies and leadership.

Viki has cerebral palsy and has often acted as an interpreter for me. She receives home tuition because she cannot access her school.

It has been four years since the ratification of the UN Convention on the Rights of Persons with Disabilities. Whilst being politically significant, change takes time and does not appear overnight. On the positives, there is a new Law of Social Inclusion for Persons with Disabilities (2012), which upholds the rights of disabled people to social inclusion in all areas of life without discrimination. Construction companies now have to include ramps when designing new buildings, local authorities are obliged to issue permits and allocate 4% of parking spaces to those with disabilities, and transport agencies must provide vehicles adapted for those with special needs.

However, CLAPD undertook research which identified that social services are meeting the basic needs of people with disabilities such as food, shelter and

clothing, but that policies surrounding access to social security, employment, health care, education, and participation in civic and cultural life still need reforming to comply with the UN convention.

I have not had the time to investigate what other organisations might practically be doing in Moldova to ensure the human rights of those with disabilities, but I do know that in many areas, Christians are leading the way. What a fantastic example of Christ's love in action! I hope and pray that this, combined with the work of organisations such as CLAPD, Amnesty International and UNICEF will see the life chances and inclusion of those with disabilities continually improving until they take their rightful place in society.

1) Photo left: Iuri and his father
2) Photo below: Vicki



Potter's Village Crisis Centre

by Sue Hughes - Director



Potter's Village Crisis Centre is located in Kisoro, a small and dusty town in South West Uganda near the borders of Rwanda and Congo. The Centre, which started in 2007, takes in new-born babies whose mothers have died in childbirth as well as a few abandoned babies, and babies whose mothers are too mentally ill to care for them.

The medical centre opened eighteen months ago. There are two aspects to it: a premature baby unit and a twenty-four hour access outpatient facility for any child in the community under the age of twelve years. Attached to this is a ten-bed ward. The centre is staffed by a UK volunteer Doctor, Dr Mike Hughes, a specialist neonatal nurse volunteer Rosie Brown who set up the neonatal unit, a neonatal nurse from New Zealand who is with us for five months, and eight Ugandan staff.

Thanks to the generous donations of equipment from overseas the unit now has three incubators, three oxygen

concentrators, a phototherapy unit and a CPAP (continuous positive airway pressure) machine. Once the babies can maintain their body temperature they are transferred into polystyrene boxes bought from the local supermarket.

Between January and July of 2014, sixty-three babies passed through the unit. This is only a fraction of the premature babies born into the community. The incidence is very high and sadly twenty-six of these died. Often the babies are too cold by the time they reach us. Some are so severely asphyxiated that they fail to develop a swallow reflex. Others are too underdeveloped, have congenital abnormalities or develop infections and sepsis. Little Maureen, was brought in weighing 800 grams. Without the CPAP machine (immature lungs can be sticky and this machine helps keep the lungs inflated) she would not have survived. She was adept at pulling out the nasal prongs from the start. They would be taped in place but a minute later she had them in her mouth or blowing into an

eye. Now, seven weeks later, she weighs over one kilo and has transferred into a polystyrene box to make way for another baby.

Numbers attending as outpatients are continuously rising as word and reputation spreads. In the first six months of 2014 there were 1,475 outpatients, sixty-three of whom spent some time as inpatients. The most common reasons for admission

are pneumonia, malaria, diarrhoea and vomiting, malnutrition and associated diseases and infections. It is a small ward but the children on it are very ill. We have handled misdiagnosed tetanus and numerous results of the practices of local healers. The most common of these is called a local tonsillectomy. For a

1) Photo above: Potter's Village Crisis Centre
2) Photo below: Medical staff



small fee the healer uses a bicycle spoke or stick and punctures the tonsils to 'let the badness out'. As a result the babies and children often inhale the blood and add aspiration pneumonia to whatever they were already suffering from. As the healer does not clean the stick or spoke between patients it is an effective way of spreading HIV. Bizarrely, they sometimes wear medical gloves to give the impression of hygiene but again, stick their fingers into every mouth. Recently, a two week old was brought in to us in a coma. The mother thought he wasn't feeding well enough and took him for the procedure. For sure, he was not going to feed better after that! Fortunately he improved with intravenous antibiotics but recovery was not certain. Small babies can lose too much blood from the procedure and come in with severe anaemia and dehydration. It is frustrating when that is the cause of death.

Another practise is to remove the canine teeth from the gums. This can also cause

severe bleeding as well as making sucking the breast very painful. Frequently we are told by the nurses that parents want to take their child away in order to have a local tonsillectomy. The reason for this is that if western medicine does not cure the problem immediately then you have failed or you do not know what the problem is. It does not matter that you explain that treatment with antibiotics will take three days before any signs of improvement. It has been known for a child to be taken off the ward without permission, go for a local tonsillectomy and return to the ward later in the day without acknowledgment of what has occurred. The mothers know their actions will not be approved of but they want to speed things up.

Some inpatients are transferred from the local hospital. They refer some of their critical patients knowing they will get good intensive care. The local hospital

1) Photo below: Maureen
2) Photo right: Mabel





1) Photo above: Jackson

has three doctors and several clinical officers (having completed three years of medical training) but the number of nurses is woefully inadequate. We also have a generator so continuous oxygen can be assured during a power cut. All this is very expensive to run of course. MMN supported us greatly in buying the new generator and it has made such a difference to the level of care we can now give our patients.

Parasite infections are very common and the unit has a small laboratory with a microscope. What might be diagnosed as asthma in other countries, takes on a different light when the patient vomits up a mass of worms. A quick look and you know that the lung irritation is caused by migrating larvae. A dose of albendazole is much more readily available than an

inhaler! Thanks to a centrifuge, basic tests can be done including bilirubin and typhoid. A portable ultrasound scan is next on the wish list as this would be very useful in determining heart problems and abdominal problems.

Mabel's story is fairly typical of what is seen in outpatients. Mabel came, suffering from extreme malnutrition. It transpired she had been part of a nutrition programme at the local hospital but despite the education given to her parents, she kept slipping back again. We sent our social worker to do a home visit. The mother and husband lived on an infertile plot of land. As is the custom, this land was given by the husband's parents but, as the son was lazy and

had caused them to sell land in the past to pay for his thieving fines; they were disenchanted and deliberately gave him poor land. The wife would dig on other people's land for money. With this money she would buy potatoes and this was all the girl ate. She very rarely got any protein or vegetables. The social worker explained again the need for a balanced diet, without which the child could die. She showed the mother how to use her money for potatoes and a handful of beans or potatoes and a poor cabbage from which she could rescue something edible. Bruised avocados or overripe tomatoes cost very little. We can only hope that when Mabel comes back for a check-up, this time the mother will be following the advice.

Potter's Village has gained the respect of much of the community for providing quality healthcare at affordable prices. The word 'affordable' is relative. If you have nothing then 'free' is the affordable cost. It would be impossible to sustain the medical centre for free. The only aid from the Government is TB medication and immunisations for community children. The project as a whole is run as a charity that receives funds predominately from the UK and is linked to the local diocese of Muhabura from which there is no funding. A minimal charge equivalent to 25p is asked as a consultation fee. Drugs are bought wholesale and sold with a minimal profit. Patients are kept on the ward for the shortest time possible. It is routine for families to say they cannot pay. It is hard to determine the truth of that but no patient is ever denied treatment for lack of funds. We want to thank you for your support and prayers. Over 90% of the charities income comes from wonderful individuals who feel they can support us and for that we are extremely grateful. This outreach has been shaped by the needs of the local community for the community.

In previous MMN articles about Potter's Village we have mentioned the progress of one of our oldest children, Jackson, who recently reached the age of six. As you may remember, Jackson suffers from both cerebral palsy and epilepsy and his severe disability means that the Potter's Village staff were reaching the limits of what they could provide for him, in terms of high quality care. Throughout 2013 many people were praying for this situation, to ask what we could do to provide for Jackson's future. It has not been a quick solution but God has provided more than most of us could imagine. With help from the UK, Debbie Drew and her family (Jackson's long term sponsors) and partnership with ROPE (Charity No. 1069608), we have been given funding that meant Jackson could attend a specialist school near Kampala.

He started school in January and since arriving has grown and developed well. The school has great facilities and experience of supporting children with such difficulties. He is doing really well, he is happy and he is now eating more solid food. The photograph of him shows what a cheerful boy he is. We are praying that we find financial support to make sure he can continue to attend the school again next year.

In conclusion may I share with you the following prayer requests:

- Please pray for the medical centre team, that they find strength and patience every day to deal with terribly sick and fragile children.
- Please pray for the Potter's Village leadership that they can continue to shape the project to the needs of the most vulnerable.
- Please pray for Jackson, that he will continue to grow and enjoy his new school.

Medical help for the poor in Cluj, Romania

by Tim and Jenny Gooding

Here in Gilau, just eighteen kilometres outside of the city of Cluj-Napoca, we are still surrounded by a large number of poor families, many of them living in unfinished concrete block or wooden houses with poor insulation and badly fitting doors and windows. Unemployment is extremely high and many of these folk only earn occasional money seasonally by working the fields or by collecting mushrooms from the forest to sell back in the villages. Some of them have the opportunity to go and work for a month or two in a foreign country, usually picking, for example, fruit and vegetables. Unless they are disabled, there are no state benefits for

unemployment and so many families live hand to mouth all the year round.

There is no National Health service here in Romania and everything has to be paid for. Naturally, people neglect their health care as they have to prioritise the little money they have on food and paying utility bills. With the help of gifts we receive from MMN we have been able to support a number of people over the years with medical assistance for operations or treatment to remedy their health problems.

Recently Brother Naşu had cataracts removed from both eyes allowing him to see after months and to be able to read his Bible again. He is so thankful to all who made this possible. Baby Patrick was born sixteen months ago with a kidney problem and has been operated on to help relieve his situation. Conditions in the hospitals are still grim and the parents are expected to sit with their children to help care for them, yet no beds or food are provided for them whilst they

stay there. Jenny has been very much involved with this family who live well below the bread line with neither parent able to work and four children to care for.

As prevention is always a better option than cure, we have been able to buy enough vitamin tablets to help thirty children for six months. The winters here are very severe, often with temperatures below -15° Centigrade. Children's colds become influenza or worse and so these vitamins should supplement their daily food to help them resist the winter illnesses.

Our local pharmacist, Radu is very helpful and managed to locate the vitamins at a good price for us. He has often wondered why we should leave England and come and live here in Romania helping poor families and gypsies. We have told him of our faith in God and about the love our Lord Jesus had for poor people, but he cannot understand this. Please pray for him and his family.

1) Photo left: Patrick 2) Photo right: Naşu
3) Photo below: Radu





“Come over.....and help us” (Acts 16: 9)

by Jonathan and Ruth Singleton

We are now coming to the end of our eighth year visiting and helping in the Lord’s Work in Angola. We have been based in the Lunda Sol province where Ruth Hadley has been serving the Lord full time for the majority of the past thirty-two years. It has been a privilege to serve alongside her, sharing in the burden of the practical work required predominantly in the upkeep of the missionary houses, building of a workshop, maintenance of vehicles, building and maintenance of Gospel Halls and four new classrooms for a mission school. During this time the Lord has also enabled us to be involved with the installation of four water pumping systems fitted into valleys where there are springs; then piped up to three mission stations and a leper colony.

The majority of the tools and all the pumping systems have been shipped via

Medical Missionary News to Angola, along with other items not able to be sourced within Angola including food and all the Landrover tyres and accessories. Over the last few years, although more costly, more equipment has become available in Angola such as roofing materials, steel, plumbing fittings and basic food stuffs such as potatoes, pasta, rice and other foods in the city supermarket.

Since 2011 we have had to plan to be in the UK for three or four months a year due to health problems and to attend clinics, hence we are still very much based in the UK and travelling out on a visitor’s visa (maximum ninety days) each trip. We are very grateful for the help given by those who have travelled

- 1) Photo above: New Gospel Hall
- 2) Photo right: New water pump



**“they signalled to their partners
.....to come and help them,
and they came” (Luke 5:7)**



with us on the trips to Angola from the UK to help in the work there. To be able to spend up to six months in a year out there has meant doubling and tripling on some visits to achieve the amount of work needed to be done.

During more recent visits much of the time has been spent at Biula on the construction of a new Gospel Hall in which the local believers gather together (the old hall becoming increasingly unusable). It has been a pleasure to work with national believers (normally we would take with us up to four regulars who now have building skills, from the Saurimo area) and then also joined by the local Christians at Biula. Running alongside the Gospel Hall project was also the installation of a water system at Biula to provide a good supply of clean water to the mission station houses and

the village of Biula, and, God willing at a later date, to the medical centre there.

Last year, whilst based in the Lodge in Camundambala preparing the roof trusses for the hall at Biula, Ruth Hadley had an inspiration and gave our daughter Abigail the opportunity to paint John 3:16 on the outside school wall, a clear public display of the Word of God not seen by us anywhere else during our eight years of travelling in the country.

'For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life.'
(John 3:16)

During June and July of this year we concentrated on furthering the renovation of a mission house in Biula which Ruth

Hadley started several years ago which had no doors (goats lived in it), windows, electricity or plumbing and a leaking roof. An extension was added and the water piped into the bathroom (the first flushing toilet there since 1991) and kitchen in order that the Simonyi-Gindele family from Canada might move in.

This also meant that renovation of another mission house has commenced as it is needful for future use so that Ruth, ourselves and other believers also have a place to stay for ongoing projects (building, school and medical centre) and preaching and teaching in the area. This requires running water, toilet, sink, shower, kitchen, internal doors, windows, electric wiring, plumbing, ceilings as it had all been stripped out during the war years. Also required will be cement plastering of vast cracks in the walls which stretch from floor to ceiling up to two inches wide both inside and outside, along with window bars.

Last year MMN shipped out a container for us which we had been able to fill with tools and equipment for the agriculture/horticulture projects. This included a tractor, plough, cultivators, seed drill and a small digger anticipated to be used for the Camundambala mission station. We praise God for its safe arrival and, God willing, during our next visits, we hope to commence work to set up the polytunnel for the horticulture programme and agricultural project.

Although the majority of our work is of a practical nature, whenever the opportunity arises, Bible stories are read and the singing of hymns and choruses are enjoyed with the groups of children who love to 'hang around the house' wherever we are. When an interpreter (usually Ruth Hadley) is available then we have the privilege of preaching the Gospel or ministering from the Word of

God at the request of the local believers.

When we return to Angola next time our entry will be via Zambia where we will meet Ruth Hadley, and travel with her into Angola. We look to use this opportunity to purchase a quantity of fruit trees and plants for Camundambala as they are difficult to source in Angola.

We continue to look to the Lord for His guidance and help in the work He has called us to, realising the need of His wisdom in the many decisions which need to be made and His strength to carry them through.

1) Photo left: the text on the Gospel Hall wall
2) Photo below: Ruth Hadley



Support for Romania

by Alan Penrose

Support for Romania is a Christian charity that has been taking trucks of aid to Romania since 1990, making 145 visits over the intervening years, taking convoys of large trucks with many clothes, shoes, bedding, food and medicines, medical aids and furniture. For the last few years the charity has not taken the large trucks but now take easter eggs at Easter and sweets at Christmas together with financial aid for many projects. However, occasionally we will take baby milk and medical aid as the costs of these are much more expensive in Romania. We were so grateful to receive from Medical Missionary News a gift to be used to buy the baby milk and medical aid for our trip in April.

We support a number of places with the provision of medical aid but in April we took some to Emanuel Hospice, Oradea and Bethesda Medical Centre, both being part of the local Church. We took baby milk to two Christian organisations working with mothers to prevent

abortions, one called Iochebed Suceava and another Primul Pas Iasi. We spent time with the mothers and children in April and it was a joy to meet them. A number of these mums and dads have become Christian believers as the leaders of these organisations not only help them with goods, but share the Gospel with them. We thank the Lord for all that has been accomplished over the years.

We also support some churches and on the April 2014 trip we were thrilled to see three new churches completed. We were able to join one at the beginning of a midweek meeting. Another of the new churches was a church/café in a district of Brasov. We also visited a couple who have moved to a new area and they have opened a new church in their house. We thank the Lord for all these new places of worship in a country where the spiritual life is far more important than being eager to have possessions. We called on one family and they told us that on the previous Sunday twenty-six people were baptised and at the service another ten were converted! Praise the Lord!

We thank the Lord for the wonderful support from Medical Missionary News which enabled us to help these poor people on our last trip.

Medical Advisor

by Tony Cox, MMN Director

We are very grateful to Dr Jane Harpur for the many years' service she has given MMN in her role as Medical Advisor. Jane is now retiring but her experience and knowledge has been very helpful in ensuring that MMN operates within acceptable medical guidelines and protocols.

Jane has reviewed all medicine orders received from overseas hospitals, clinics and individuals and used her expertise with the help of, for example, the British Medical Journal and World Health Organisation, to recommend alternative products and best practice ideas where appropriate. We have also appreciated her regular visits to the warehouse to check, sort and distribute donated medicines.

We are thankful to Dr David Keith, a MMN trustee, who succeeds Jane in this task.



MMN Accounts Summary

Incoming Resources	Yr. ended 31 Mar 14	Yr. ended 31 Mar 13
Donations:		
<i>Personal</i>	78,319	70,304
<i>Churches</i>	90,678	65,414
<i>Trusts</i>	47,529	83,743
<i>Corporate</i>	5,360	85
<i>Gift aided</i>	79,027	82,573
<i>Gift aided tax recoverable</i>	19,757	21,393
Sub Total	320,670	323,512
Legacies	137,848	177,446
Reimbursements from Missions	359,663	273,149
Other income	13,264	15,268
Total Income	831,445	789,375
Resources Expended		
Gifts to missionary organisations	288,333	219,141
Equipment and medical supplies	368,430	264,979
Container costs	133,221	131,881
Deputation and publicity	14,768	16,718
Warehouse and office expenditure	99,621	100,781
Total Expenditure	904,373	733,500
Net Incoming/ (Outgoing) Resources:	£(72,928)	£55,875

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Please send stamps and coins to the MMN office or directly to Alex Grimson at;

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Medical Missionary News

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