

Medical Missionary News

Christians working with the developing world

Spring 2012



The work of
Emanuil Clinic
in Moldova

“Your people will be my people and your God my God. Where you die, I will die, and there will I be buried.” (Ruth 1:16,17)



An editorial by Fred Holmes, MB, BS, FRCS, an MMN trustee

These verses encapsulate the strong bond that grew up between Ruth and her mother-in-law Naomi, such that, when Naomi had to return to live in Bethlehem Ruth felt compelled to go with her. Although not a complete parallel, these verses can echo the feelings of many a missionary when, for whatever reason, they have to return to their own country. They have made deep friendships with local people, they speak the language and understand the culture, they have been used of the Lord to lead people to a living faith in Christ, and perhaps plant a church and train local people to care for that church. Any parting can be painful.

In the past this situation was even more evident when visits to “home” were rare and many a missionary died in their overseas post, especially in Africa, from one or another of the tropical diseases. For instance, the name of Dr Olley, who pioneered in Nigeria and then Chad for forty years without a break, comes to mind as one who was adopted by the local people as one of them and whose God became their God. As a result, today there is a flourishing church in Chad with some 1200 churches scattered throughout the country. Dr Olley died in Australia in 1956 on his way back to New Zealand for his first and only leave for forty

years. This life-long commitment was repeated in many other countries and situations.

Today we have a “global village” and there is hardly anywhere in the world that cannot be reached in 48 hours from home, often less. Communications have changed the way we work and, our relationships with local fellow workers. When Medical Missionary News first started to support the Christian medical clinics in Chad a two-way message took a month to be answered. Now with internet, cell phone and text messaging the reply can be instant, in real time.

A few weeks ago I was awoken by the telephone at 5.30am. At the end of the line was one of our African partners, who had been admitted to a remote rural hospital in Kenya with dysentery, asking for our prayers and asking me for a medical consultation.

The changes in transportation and communications have opened up the possibility of new patterns of working. For instance Peter Gill (an MMN trustee and a consultant paediatric surgeon working in the NHS, Sunderland) has committed to work alternately for three months at Kalene, Zambia at the hospital and with the nearby hydroelectric project, and then for three months in Sunderland.

There are others who have adopted a “two centre” way of working both overseas and in their own country, discharging their responsibilities at both home and abroad. They need our prayers that they will get the balance right in such circumstances.

It is not just home responsibilities that make such patterns of working necessary but also governments, by increasingly restricting long term visas and resident permits. Again it may be that the mission worker is called to provide some time-limited training or mentoring, leaving when the job is done. In such circumstances it is more difficult to build up long term relationships such that “your people become my people and my people your people.”

To indicate some measure of the prayer needed I would suggest that the longer a



worker has been working abroad the greater the need to pray for that worker, their wife and their family as they return to their base country. MMN, as an organisation committed to encourage prayer for those serving abroad, also has a responsibility to encourage praying for those returning home.

We need to pray for the sadness and grieving that missionaries will feel for colleagues and friends, local and from abroad, whom they leave behind. We need to pray that the Lord will give them peace when they may feel a sense of failure, not having fulfilled all their hopes and aspirations. We need to pray that the Lord will make it clear as to their next step in life's journey, and that He will provide for all their needs. We need to pray that they will be able to deal with “reverse culture shock”, for example, language, television, supermarkets and cultural differences. We need special prayer for their children. I remember vividly how my daughter was bullied at school for not knowing what a pop star was on return from abroad. Church leaders should give them the opportunity to tell of the work accomplished, to continue to pray for their work, and to support them in simple practical ways.

Finally, as a specific example, Dr John Woodfield (photo left) and his wife Rachel will be leaving Kalene to return to New Zealand this summer in order to have their children settled at “home” before the new school year commences. Apart from the challenges mentioned in this article and the needs at Kalene described on pages 18 and 19, they have requested prayer for decisions relating to their children's further education. John also requests prayer concerning his own further surgical training, that his experience in Africa will not be discounted and that he will quickly find a suitable post.

Emanuil Clinic, Moldova

by **Brian Pile**
Executive Director, Breadline

Breadline is a small charity, which has been serving local church partners in the Republic of Moldova in Eastern Europe, since 1996. Our partners, who include ten local churches and associated charities, are passionate about taking the Good News to their communities, and in this process, we have been privileged to facilitate a range of community projects and evangelical initiatives, which demonstrate that Christians really do care. These include: an orphan fostering programme, advocacy and support for disabled people, start-up support for poor farmers and small businesses, family welfare, support for the elderly, work skills training, educational assistance, protection and prevention of “children at risk” from people trafficking and medical support for remote communities. We focus on empowering our partners to nurture and equip the poor, to a point where positive change in their lives becomes a sustainable reality.

With a per capita Gross Domestic Product of £1,106 (compared to the UK’s £26,786) Moldova remains the poorest country in Europe. The majority of people live in rural communities, where unemployment levels of 90% are not unusual



and as much as 50% of the tillable land remains fallow because farmers cannot afford to cultivate it. Many of these communities are still in shock from the total haemorrhage of their former way of life, which, in the days of the former Soviet Union, was completely dependent on state collective farms that were the central focus for each village. Following the collapse of communism in 1991 and the country becoming independent, these farms were rapidly dismantled, leaving people without the resources to develop their communities. Even today, many of these villages lack basic utilities such as gas, running water, or sewerage, and are linked by dirt tracks that are often impassable in the winter. Most people live below the subsistence level of approximately £60 a month.

These conditions conspire to lock people into poverty, and consequently, from a population of 4.5 million, as many as 1.2 million Moldovans have left their country in search of work abroad. Understandably, the twin impact of severe poverty and migration has had a devastating impact on the communities our church partners serve. The ongoing exodus has meant that the traditional family is disintegrating and children are often brought up by frail and alcoholic elderly relatives, sometimes becoming victims of people traffickers (sex, organ and servitude). Approximately 250,000 children are without any parental care, and thousands remain in state orphanages. In most villages alcoholism is rife, compounding other problems, such as domestic violence and abuse.

From my twelve years of experience in Moldova, one of the issues that causes the greatest anxiety for almost everyone I meet, is the consequence of falling ill and the subsequent difficulties in finding affordable and reliable treatment. The problems are immense, especially for the 59% of the population who live in rural communities, such as the church in Dancu in Western Moldova, a partner we have worked alongside since 2002. In these villages medical needs are especially acute. At least 30% of these people suffer from a chronic disease. The situation for them is severely compounded by inadequate local medical facilities, if any exist at all; corruption, excessive bureaucracy and remoteness from city hospitals. “Because we have no permanent local doctor and medicines

are expensive, poor people who are sick tend to stay at home until it is too late and their illness becomes life threatening. Then, if there is an emergency, we have no ambulance to take them to the hospital, which is forty kilometres away." says Pastor Slavic Duman.

Thankfully, in recognition of these needs, our new partner, the Moldovan NGO "Emanuil Clinic", which was founded in 1992 by fifteen evangelical Christian doctors, has set up a mobile clinic, which, from 1994 to the present day, has held surgeries and provided free treatment for thousands of poor people throughout Moldova. The breadth of Emanuil Clinic's ministry is amazing! In addition to the mobile clinic, it also provides a main clinic in the capital Chisinau, which carries out

between 15,000 to 18,000 consultations a year. It also provides home care services, HIV/AIDS rehabilitation, a pharmacy, spiritual counselling, and medical conferences which introduce non Christian doctors to Christianity, and outreach projects to medical students. "Our team is from various backgrounds, but the one thing we all completely share is our passion to take the good news of Jesus to the lost. This is our central mission. Our work and the corrupt free, highly professional caring service we provide, opens up many opportunities to share the love of Christ with thousands of people every year." says Dr Liviu Gusac - Director of Emanuil Clinic.

I first found out about the work of the clinic in October 2010, when I was asked

if Breadline could contribute towards the mobile clinic programme, but as we were not specialists in this area, all I could do was to promise them that we would pray about it. Then a few weeks later, I received an email from a supporter who had attended a wedding in Germany, where he met Travers Harpur, the chairman of Medical Missionary News and shared about our work in Moldova. One thing led to another and we were absolutely delighted when, in June 2011, MMN offered to partner Breadline, in support of the mobile clinic. Consequently, in the latter part of 2011, MMN kindly funded mobile clinic surgeries to four villages and also contributed to a much needed mini-bus for that purpose and other medically related projects that Emanuil Clinic support.

On 31 October last year, I had the privilege of seeing the very first mobile clinic arriving at our partner's village of Dancu, a mile from the border with Romania. The Christian medical team comprised two female doctors, a pharmacist and a driver/counsellor, who was available to give a listening ear to those in particular distress and to share the gospel. Over a period of eleven hours, working in very primitive conditions, with no running water or sewerage facilities, the team treated 125 patients. Some of them had come from neighbouring villages, and all consultations and medicines were free. Many were elderly, but there were also mothers with sick children, including Audrai, eight years, who is severely visually impaired but has never had a proper diagnosis. It was such a joy to speak to those who were waiting and to learn about their lives and their stories. "I remember the time, in the old communist days," says villager Dumitru aged seventy-five years, "when I went to have an operation, I could see that both surgeons were drunk. They had an argument about where to cut me! It is wonderful to see these doctors from Emanuil Clinic. They treat us with such respect, like human beings." On that day, Dumitru was an exception because the majority of patients were women. This was because their men were mostly away working overseas or had died. The life expectancy of a man in Moldova is about sixty-eight years.

In 2012, Emanuil mobile clinic will continue site visits to villages throughout Moldova and, with the generous support of Medical Missionary News, we feel greatly blessed to be facilitating this process. We are especially pleased because Emanuil Clinic has decided to return on a regular basis to Dancu and to work closely with the church in its mis-



sion to take the gospel to several extremely poor and isolated villages. It has been really encouraging to see these two partners work so well together and to see how the ministry of the mobile clinic has become such an important part of the church's mission programme. It is remarkable how this little church of eighty members has had such an impact on its community of 1,800 people and at least six other villages. Its ministries include: a mobile training team which delivers training in situ to thirty-three churches, an agricultural association which has enabled 700 farmers to make their land productive again, a community dairy that provides an income for over 100 families, a community barn which provides a portion of the harvest to seventy very poor families, numerous children and youth activities i.e. after school special learning needs classes, life skills education, Bible study and summer camps, outreach to prisons, meals on wheels to the elderly and a new Community Centre, which, on the 21 February 2012, was used as the venue for the mobile clinics second visit to Dancu.

On this occasion, the surrounding landscape was covered in a metre of snow and temperatures were as low as -20°C. This did not deter over 200 people from several villages attending the clinic. A number of patients turned up on horse drawn sledges. Others trudged through the snow for hours (cover photo and photo right). All clutched a small booklet which contained their medical records. After each consultation, doctors make a hand written record of diagnoses and treatment.

Considering the weather conditions the huge response took everyone by surprise and consequently the fifty people who could not be treated on that day were

invited to attend the next clinic on 16th March. The team of five doctors and supporting staff included an Ear, Nose and Throat specialist, a neurologist, gynaecologist, paediatrician, a GP, a pharmacist and a spiritual counsellor, who all worked tirelessly for eight hours. The most common conditions diagnosed on the day included hypertension, spinal bone disorders and diseases of the digestive system.

The clinic and the venue with its excellent facilities were much appreciated by everyone. "I am so grateful that I was able to bring my children to the doctors today. I have been so worried. They have been very unwell. I was so surprised to receive such kind, free treatment. I hope that they will come again because their help is important for us." says Maria. "Thanks to all who organised and supported this very important activity. People in our village have never received such a good and professional treatment." says Elena (Mayor of Cioara). "We look forward very much to our future relationship with Emanuil Clinic and the opportunity which the mobile clinic brings to our mission to surrounding villages. Their ministry will open many doors for us to take the gospel and build good relationships with people." says Pastor Slavic Duman.

I became involved with Breadline in 1999 and shortly after took over the responsibility of running the charity, which I still do today, from my home in Walmer, Kent. I love this work, especially the blessings of building long term relationships with people, for whom I have the utmost respect. People who have given their lives to serving God in extremely difficult and arduous conditions, like the pastors, all of whom are "tentmakers" and who truly live by faith. The daily

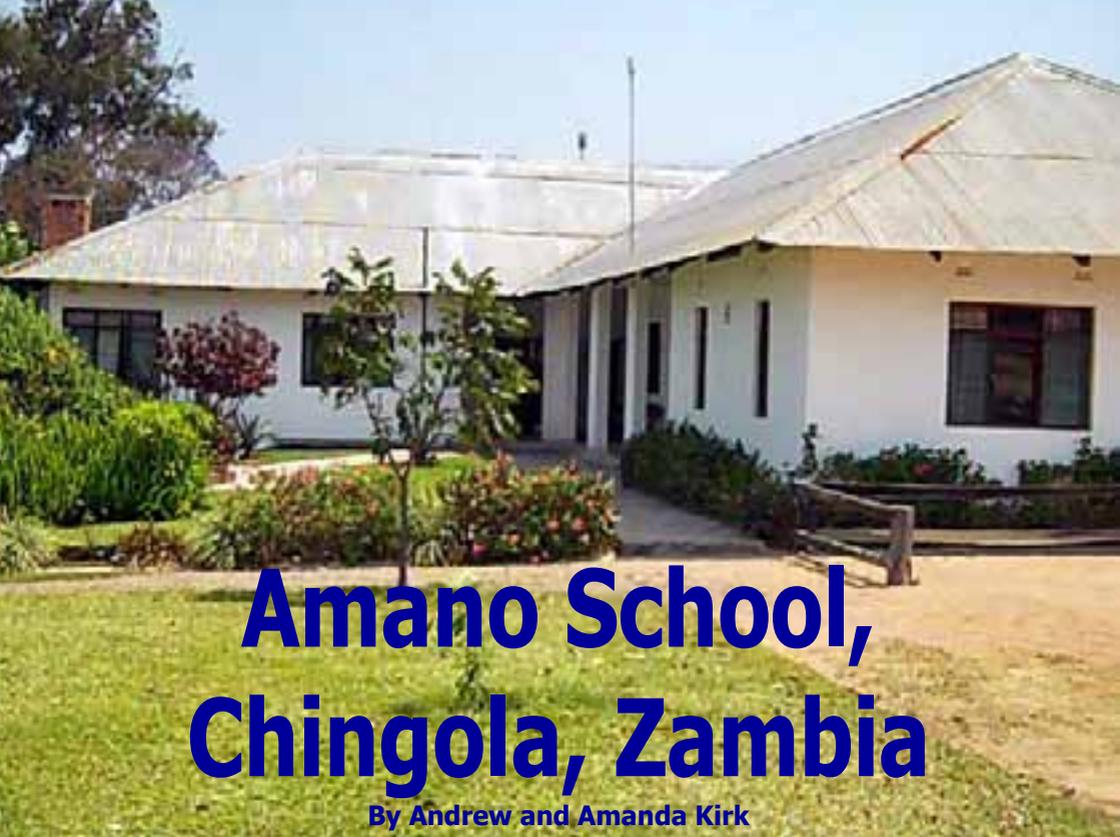


struggles they face in simply providing for their families and the trials of life in a country where there is so much poverty, corruption and hopelessness, are difficult for us in the west to truly understand.

I also thank God for the faith and dedication of the Emanuil Clinic team, many of whom could have taken the easier option of working overseas, for much greater financial rewards, but instead have chosen to remain and serve the Lord in Moldova. In this process, I also praise

and thank God for the way in which He has so sovereignly brought Breadline and MMN together to serve such dear brothers and sisters in Christ. Even though we are relatively small charities, I rejoice that God has made us what we are. He is our strength and we are His co-workers. The mission fields He has sent us to work in, may in the eyes of the world, be insignificant and backward, but to Him they are treasures of opportunity!

Thank you for your kind support.



Amano School, Chingola, Zambia

By Andrew and Amanda Kirk

Amano Christian School is a Christian boarding school situated about 12km from Chingola in the Copperbelt region of Zambia, offering education for children aged from five to eighteen years. From its small beginnings of only a dozen children, during the past eight years it has grown to have over 110 students in 2012. Throughout that time it has served the local Christian community as well as those who are in the mission field, giving the students a well rounded education with Christ at the centre of all that it does.

The vision of Amano is:

** To provide a school where the teaching of every subject is influenced by the truths the Lord has revealed in his Word and where the children are pointed to the Lord Jesus Christ as their true Hope and*

Saviour.

** To provide a school where the children of families on the mission field may have an education equal to that available anywhere in the world.*

** To provide a school where Zambian parents can have their children educated to these high Christian standards.*

** To provide a school where at least 10% of admissions are of orphans who are unable to provide for themselves.*

Our family, Amanda, Andrew, Samuel and Joseph Kirk joined the school in April 2009. Andrew is the Secondary Head of the school. When a family moves, lock stock and barrel, to another part of the world, getting all their collective possessions to that destination is critical. This was our first real experience of Medical Missionary News. We had helped pack boxes before but when you are packing

your own duvets, kitchen items and treasured toys you get a bit of an unusual sensation as you wonder when it will arrive at the other end.

The staff at MMN are very helpful and reassuring in all that they do but once the container leaves Wickford it is over to God to ensure all goes well. There is so much that could go wrong once the container reaches the African continent and it is by the grace of God that items packed so lovingly get to Musenga Mission Station, Chingola in the heart of Zambia, where they are sorted and distributed. Normally containers take at least three months to get to Zambia from the U.K. When we sent our big boxes in January 2009 they arrived in March and were waiting for us to unpack in our new home. God is good.

The mission field in Zambia relies a great deal on the generosity of God's people and the provision He supplies through His people all over the world. MMN is a vital link in this supply chain. Amano Christian

School and its missionaries are no different to other mission organisations in this. As the school grows the need increases, as supplies become available locally the need changes, and with each container come purchased goods or donated items that help keep our school running. Of course, there are items that we do not expect and sometimes things that we are able to bless those around us with by giving to them. There are so many groups and individuals who generously give to God's work at Amano that it would be hard to name them, but if you are someone who does, then "THANK YOU". If you can remember what it was like to open Christmas presents as a child then that is how we often feel when opening the boxes that arrive at school, especially when it might be the science or art order we asked for four months ago!

Amano Christian School stands out in the community for many reasons. Firstly, it is because Christ is central to all it does; the teaching tries to be undertaken from a Christian stand point. Science, Geogra-



phy, PSHE (Personal, Social, Health and Economic), and, of course, Christian Foundations (R.E) are subjects that have areas where God has been shut out in the average secular school, whether in Zambia or elsewhere. But at Amano we try to show God and the Bible in all that goes on. We do not always get it right and we have many areas to work on but our aim is always to present a Christian world view rather than anything else.

Secondly, standards are high. We would like to think that the students achieve all that they are capable of and that we are helping them to do their best but we know there are curriculum areas that need strengthening and our facilities and staff expertise need to improve before we will be truly happy. However, in whatever we do at Amano we try to raise the bar above the local standards and show that many things can be done well in Zambia. Along with the missionary groups involved at Amano there are many gifted and hardworking local people. Together the buildings, grounds, pastoral care, cooking, cleaning and teaching try to show what can be achieved if care and effort is given. We hope we can be a model for others to follow.

We can point to many of our students who excel academically but more importantly there are those that significantly develop through their time at our school, changing personally in their faith and character as well as gaining qualifications. Many of our students profess Christ as Saviour whilst at Amano and it is this that we strive for. The realisation of our vision can be seen in some of the school's recent activities.

Primary students in Grades 4, 5, 6 and 7 work on science projects of their own

choosing, producing informative displays and explanations. One morning, parents, students and teachers from other classes were invited to view the projects on display in the school hall. Secondary science teachers diligently graded and assessed the projects. The winning students took their work to the ISAZ Primary Science Fair held at a school in Kitwe. Amano came out with several winners this year. Mwansa, one of the orphan boys (photo right) was awarded a gold award for his project "Floating Eggs".

Amano runs an English curriculum with Grade 12 students taking Cambridge IGCSE exams. We are thankful to MMN for the science equipment and resources they are able to ship out to us. Much of the sports equipment is also shipped via MMN enabling Amano to offer its students a varied, extensive PE curriculum. We are indebted to MMN for the shipping of books needed for the various subjects. School uniforms and equipment in the dormitories are also sent from the UK.

We are incredibly grateful to those who pray for the work of the school. The prayerful support from across the globe is vital and never taken for granted. Although the needs for equipping the school change as the school grows, one need remains constant - staff. Amano receives many requests from people to do short-term voluntary work and we will always welcome them and try to accommodate them. However, in a modern western world that sees waiting two seconds for a webpage to load as 'slow' (two minutes at Amano sometimes!), we need our staff to be prepared to stay years not weeks or months. For the long term development of the school to flourish it is essential that we have teachers, builders and administrators who are prepared to be on the mission field for a marathon

and not a sprint. The staff, trustees and Board of Governors of Amano would eagerly ask you to pray for people who have a long term vision for serving God at the school whether they are from Europe, America or Zambia.

When we look back at what God has done in the past eight years it has been

truly amazing and we have to pinch ourselves and remember that it has only been that long. Thank you again if you have been a part of that work; kindly keep supporting it as you can. If you want to know more we will be glad to hear from you. Please look at our website www.amanocs.org or email sehead@amanocs.org.





The work at Wukwashi Wa, Zambia

by Dr Ros Jefferson

It was a joy and a privilege to visit Zambia again in the early part of this year, along with John and Becky Wright, to support the work of Wukwashi Wa, Zambia among disabled children. Since my previous visit three years ago there has been notable progress both in the groups themselves and in the opening of the Wukwashi school on the site outside Kitwe in late 2009.

The school caters for around twenty children with special needs who would not be accommodated in the normal government education system and there is now a waiting list for places. In addition to providing the children with appropriate special education, the school furnishes their parents with much-needed respite.

The regular groups have continued and consolidated their work in their various

locations. Currently there are six groups meeting weekly in townships around Kitwe, with a further two groups in Chingola and one, rather more isolated, at Chitokoloki. Two new groups have been established, one at Chambishi township near Kitwe, and the other on the outskirts of Chingola. We were able to visit all but two of the six. Children from one unvisited group attended the clinic at another nearby group. All groups are overseen by local volunteers while Joyce and Henry Mutembu from Kitwe have the responsibility for the running of the project. Their commitment is commendable.

Interest in the needs of children with developmental delay and disability is increasing. We were encouraged to make contact with a group in Kabwe, linked with the Operation Mobilisation ministry there, who are working with disabled

children in their local community. The group commenced as a result of a presentation by Joyce and Henry Mutembu at the Love Africa conference in Kabwe back in 2009. Current group attendees number around ten and the group is able to provide limited amounts of physiotherapy and occupational therapy as well as life skills training for adolescents and support for parents. To date they have been working alone, but have expressed an interest in linking up with the Wukwashi Wa project. We were pleased to provide a short training session for volunteers when we were en route to Lusaka at the end of our trip.

Our visit commenced with a week at Chitokoloki where I was able to give some help at the hospital during the mornings, as well as work with the Wukwashi Wa group in the afternoons. Becky Wright provided several basic training sessions for the volunteers which were felt to be useful. Volunteers joined us for the very practical afternoon sessions when we assessed the children and demonstrated some of the skills we had discussed. We were able to provide much needed specialist seating for two children, as well as several pairs of special shoes, thanks to my local orthotics department in Reading, UK.

When we returned to the Copper Belt, we were joined by Marianne Westwood, an occupational therapist from Taunton and former colleague of Becky. We all enjoyed her company and benefitted from her expertise. We held a two day training session for volunteers, thirty of whom attended. We covered a wide range of topics such as postural management, feeding, sensory difficulties and autism. Interestingly, in contrast to the UK, autism seems to be much less prevalent in Zambia, and in the groups we saw very few children with autistic-type behav-

ours. Group sessions were lively and entertaining for both facilitators and volunteers; we often had to mimic the conditions we were discussing and, reciprocally, the volunteers treated us to some beautiful singing.

A total of seventy-five children were assessed in the clinics where we saw a range of orthopaedic and neurological



problems. Several had suffered developmental regression secondary to cerebral malaria. Parents grieve the normal child they have lost and struggle to come to terms with the major disability which results, as well as the burden on their limited resources. The most significant need in the children with cerebral palsy was for postural management; supportive seating and standing frames. Some of these are sourced from the UK, via Medical Missionary News, while most are produced locally using recycled cardboard papier mâché from which a strong supportive mould can be produced cheaply. Twenty-nine children were found to have unmet seating needs, and these are being addressed as equipment becomes available. One lad was diagnosed with muscular dystrophy and with the support of a local doctor we were able to start him on a trial of oral steroids which will hopefully prolong his period of independent ambulation. His mother had no understanding of his underlying diagnosis nor of its inevitable long term prognosis, and the explanation required time and sensitivity. Eighteen children were referred on for consideration of orthopaedic surgery. This is provided free of charge by the team at the Beit Cure Hospital in Lusaka. Since my last visit they have commenced regular outreach clinics in Kitwe and Chingola and are looking to commence a further similar clinic in Kabwe. These clinics reduce transport costs for families as children are assessed locally

and only need to travel to Lusaka for surgery should this be deemed necessary.

The management of childhood epilepsy in Zambia is a very significant issue. Parental understanding of the problem is low so that compliance with medication is poor as they think that one course of medication will provide a lasting cure. It is difficult to get an accurate history. Access to investigations through, for example, an electroencephalogram is very limited, and there are only two anti-epileptic medications readily available in the government hospitals. Other medications are

available in the private sector, but the cost is way beyond the means of most of the families we saw in our clinics. Knowledge of emergency management of seizures is also low; volunteers thought the most important first-aid issue was to ensure that the seizing child did not bite their tongue. During our short stay in Lusaka at the end of the trip we were able to meet up with Anthony Zimba, a medical officer who has a specific interest in epilepsy and heads up Epilepsy Action Zambia. He is keen to develop basic epilepsy training for community health workers (clinical officers and nurses) to improve management of paediatric epi-

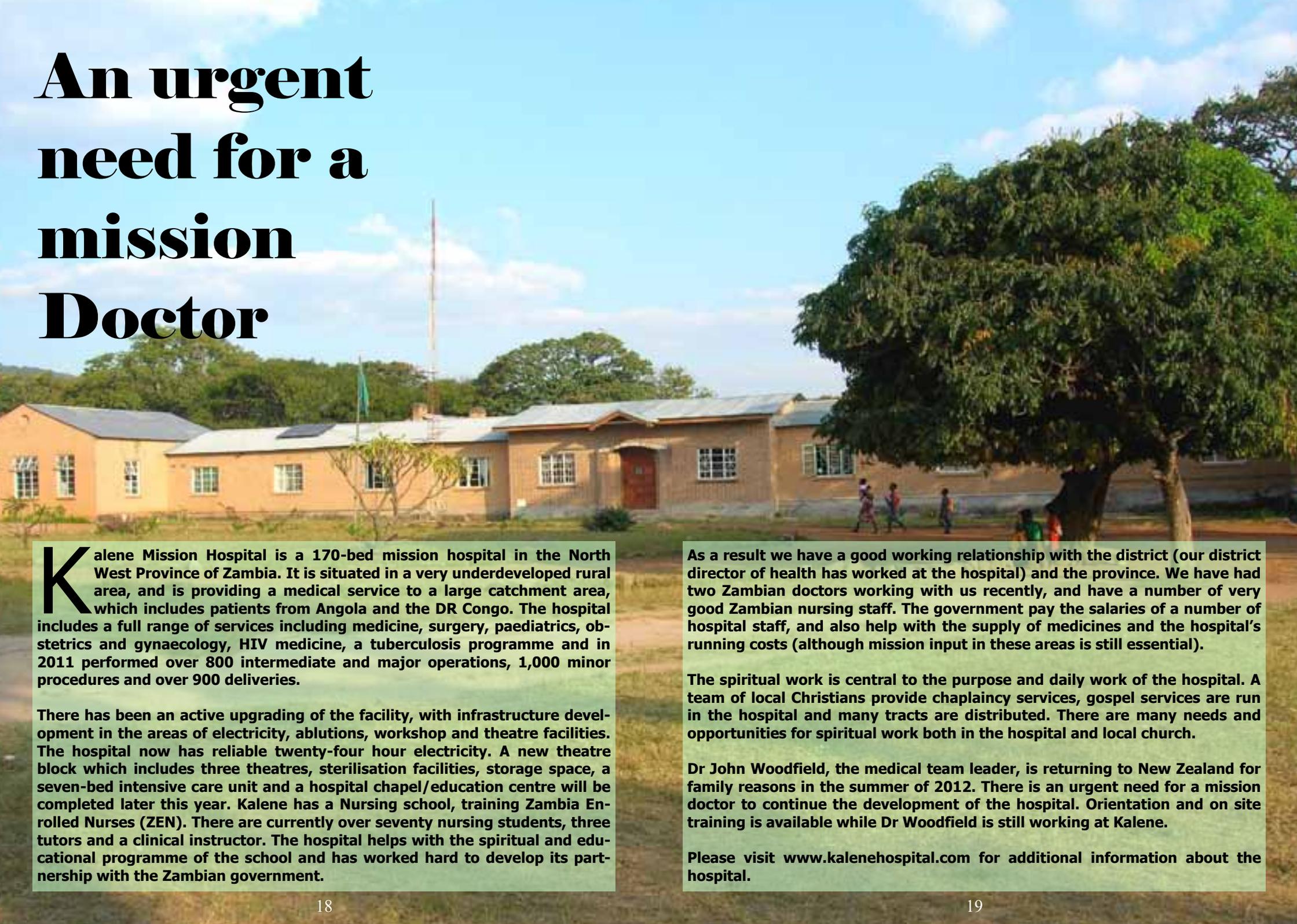
lepsy, and this is something we hope to take forward jointly in the future.

One of the highlights of the trip was the opportunity to review children seen on my previous visit and to observe their progress. One little girl with Apert's syndrome had undergone plastic surgery at Kalene to separate her webbed fingers (performed by Winston McEwan from New Zealand during his visit to Zambia in 2009) and now has very nice manipulative function. Sadly, one little girl with severe cerebral palsy died shortly before my visit. Other highlights were the opportunity to give a presentation to the doctors at Kitwe Central Hospital, as part of their regular weekly professional development programme and the warm fellowship both with missionary brethren and sisters passing through the guest house in Garneton (where the hospitality was second to none!) and in the local African assemblies.

In all of the medical work it is important to remember that we have a responsibility to reach these people with the Gospel of our Lord Jesus Christ, and that all that we say and do should be a testimony to Him. Many different voices clamour for their attention; traditionalism is strong and false cults abound. Each group session closed with a short Bible story in which the Gospel was presented and it is our prayer that from this work there will result fruit to His glory.



An urgent need for a mission Doctor



Kalene Mission Hospital is a 170-bed mission hospital in the North West Province of Zambia. It is situated in a very underdeveloped rural area, and is providing a medical service to a large catchment area, which includes patients from Angola and the DR Congo. The hospital includes a full range of services including medicine, surgery, paediatrics, obstetrics and gynaecology, HIV medicine, a tuberculosis programme and in 2011 performed over 800 intermediate and major operations, 1,000 minor procedures and over 900 deliveries.

There has been an active upgrading of the facility, with infrastructure development in the areas of electricity, ablutions, workshop and theatre facilities. The hospital now has reliable twenty-four hour electricity. A new theatre block which includes three theatres, sterilisation facilities, storage space, a seven-bed intensive care unit and a hospital chapel/education centre will be completed later this year. Kalene has a Nursing school, training Zambia Enrolled Nurses (ZEN). There are currently over seventy nursing students, three tutors and a clinical instructor. The hospital helps with the spiritual and educational programme of the school and has worked hard to develop its partnership with the Zambian government.

As a result we have a good working relationship with the district (our district director of health has worked at the hospital) and the province. We have had two Zambian doctors working with us recently, and have a number of very good Zambian nursing staff. The government pay the salaries of a number of hospital staff, and also help with the supply of medicines and the hospital's running costs (although mission input in these areas is still essential).

The spiritual work is central to the purpose and daily work of the hospital. A team of local Christians provide chaplaincy services, gospel services are run in the hospital and many tracts are distributed. There are many needs and opportunities for spiritual work both in the hospital and local church.

Dr John Woodfield, the medical team leader, is returning to New Zealand for family reasons in the summer of 2012. There is an urgent need for a mission doctor to continue the development of the hospital. Orientation and on site training is available while Dr Woodfield is still working at Kalene.

Please visit www.kalenehospital.com for additional information about the hospital.

Hope and a Smile for Children with Cancer

by Robert Kirby-Maynard,
Bible Society

Nicaragua's Hope and a Smile for Children with Cancer project has made remarkable progress since January 2011, achieving much more than expected. More than 100,000 people have been reached with the Bible's life-changing message, and the project has had a profound impact on children, their parents, volunteers and medical staff.

Every week, 150 children with cancer receive treatment at La Mascota hospital in Nicaragua. It is the only hospital in the country that can treat them. These children are sick, scared and often a long way from home. Their families too are anxious and fearful.

Bible Society in Nicaragua works to support these children and their families by providing Bibles, training volunteers to pray with and counsel them and offering help with transport costs, food and ac-

commodation. The impact of the Bible's message in this context is profound. Since the project began in 2009, many families have been touched by God's Word at this difficult time of their lives. For children and families, treatment at La

Mascota is a time of anxiety, pain and suffering. Families travelling from rural areas often cannot afford to pay for transport, and cannot afford accommodation in Managua. They are away from home, often for long periods of time.

Bible Society's response is to meet the need on two levels; firstly, they provide spiritual and emotional support to children and their families. Volunteers visit the hospital on Mondays, Wednesdays and Fridays to pray with the children and



their parents, and run Bible studies. Every child receiving treatment for cancer receives a children's Bible and/or relevant Scripture booklets, dealing with health and anxiety. Parents, volunteers and medical staff also receive Bibles.

Secondly, Bible Society provides practical support to complement the provision of Scripture. This includes running a shelter with eleven bedrooms, where children and families from outside Managua can stay overnight while receiving treatment, payment for transport for poor families who cannot afford the cost of the journey to Managua (since Bible Society started

doing this, the number of children who fail to complete their course of treatment has fallen dramatically) and the provision of food and toiletries for children and families in the shelter.

Ashley Florez Dominguez, four, (photo page 20) likes to take part in the art classes run by Bible Society volunteers while she is receiving treatment for leukaemia at hospital. Her mother, Lorena Dominguez, said, "I have learned to be more patient and trust in God. He will act in the life of my little one. It has been two years since my daughter was diagnosed. Although this was really sad news,

the spiritual support that Bible Society gives through its volunteers has filled me with strength and trust in God. When we go home, we always have devotionals as a family. It's important to feel that support, since we endure difficult times in hospital where only God can give us the strength to bear it. Because of this, we thank you for the encouragement we've received from volunteers and Bible Society."

Four-year-old Keyrin Suarez Gonzalez, from Matagalpa, was diagnosed in April 2011 with cancer in her muscles. She has been receiving chemotherapy since May

2011. Her mother, Mariluz Suarez, said, "This has been a very strong experience for my life, my daughter, and all of my family. Despite everything that we have gone through in the hospital, we have been blessed through your project. I thank each and every one of you for your visits, your prayers and the Bible you have given to my daughter. You do an important job by sharing with us the Word of God. I have learned many Bible stories that have given me strength and encouragement. Thank you very much."

Edwin Alfaro Morales, 13, from Esteli, had to have his leg amputated after being diagnosed with bone cancer. He said, "I feel very happy for being alive, although I lost my leg. God has guarded my life. Now I am in a recovering phase, where I understand that God has a purpose for me and my family. Thank you for the Bible you gave me. With it, I have been able to be more patient and let God act in my life. One of the Bible verses that impacted me most was Psalm 91.1, "He who dwells in the shelter of the Most High will abide in the shadow of the Almighty." Without God, nothing is possible. Now, when I return home, I will be an active member in my church. That will be my act of gratitude for saving my life."

Four-year-old Edualing Lagos, from Rio San Juan, is receiving treatment for leukaemia. As well as benefiting from spiritual support, he has enjoyed improved hospital food thanks to Bible Society's contribution, and his family has received help with transport costs. His mother, Rosa Maria Pineda, said, "I thank God for the support not only found in the Bible, but with food and transport costs. That has been really important, because my son has not missed his appointments. I thank God for the meals each day. They are more nutritious and my son enjoys





them. But above all I thank God for the prayers and love that is given to us. For me, you are like a family that accompanies me in difficult times."

Uriel Perez, six, (photo page 22) lives in Managua and has been attending hospital for treatment for leukaemia. He had to give up school, and his mother Abigail Calero has stopped work in order to care for Uriel. He is her only child. Abigail said, "Watching our child suffer and being unable to do anything, we have found strength in the Word of God. Each day, the volunteers of Bible Society share with us his Word. Each day, we pray and sing with our son so that he may learn that God is our doctor. At the same time, I have learned to be more patient. My husband comes every day to the hospital. We are more united since Uriel has been diagnosed with this sickness. When we heard the tumour had stopped growing, we thanked God for the miracle he made in the life of our son."

Maria Martinez aged fifteen (photo left) received a Bible when she came to La Mascota Hospital. The Bible gives her strength to go on with her treatment. She says "you have given me the best and most beautiful gift". Maria's parents, were told her leukaemia was terminal but, in fact, she has improved.

More than 6,000 children and their parents received free copies of the Bible, 744 children were helped with the cost of travel to and from their life-saving treatment, 89,957 children and relatives who visited the hospital for outpatient care received a Bible portion about God's love, hope and comfort and 2,046 parents gave their lives to God and joined a church near their homes.

Leonora Majorga is Clinical Secretary of

La Mascota Hospital, and has been treating children there for fifteen years. Over the last year, she has taken part in Bible Society devotionals. She said, "Now that I take part in Bible studies I understand what God does in the lives of many children we care for. Now I can give words of strength and comfort to children and their families. We don't promise that children will be cured, but we invite them to pray and draw close to God and hope in his holy will, and we as doctors will do our best to treat their cancer. For some doctors this is very simple. But it brings peace and consolation, not only to children and their families, but to all of us who have learned to trust in God."

The project is well supported by the hospital authorities, who say that children accept treatment more readily and get better sooner. It is bringing God's Word to children and families at a critical time of their lives. It is reaching thousands of people with the Bible's message of hope and comfort, brought to them alongside the love and care of an army of volunteers and practical support to meet their everyday needs.

We want to thank Medical Missionary News for supporting this project with a generous gift. Thank you also for your prayers which are equally important. Your support is releasing God's Word into people's lives, and is making a real difference to families at a desperate and difficult time.

Please continue to pray for this project. Pray for the children, to receive healing and comfort through God's Word. Pray for parents, to be strengthened with hope. Pray that the doctors will treat the children better. Pray for volunteers, that they will have the energy, wisdom and sensitivity to care for these children.

Medical Missionary News was one of the first charities we worked with when we began in 2005" says IHP President Anthony Dunnett. "International Health partners (IHP) is a group of committed Christians and, by God's grace, we are now the single intermediary between the pharmaceutical industry and charities in the UK who seek to serve those without access to medicines in all parts of the world. Our mission is to "serve the servants" and we are privileged to serve the doctors and nurses in the countries MMN supports, notably in Zambia. In the past four years, we have been able to send some £400,000 worth of product to hospitals and clinics supported by MMN."

IHP was launched in the wake of the 2004 Boxing Day tsunami and disaster response is one of its four programmes. In the years since its inception, IHP has responded to twenty-one disasters, coordinating medicines and supplies from the pharmaceutical industry initially in the UK, and now across Europe. In 2011, conflicts in Tunisia, Libya and Syria, famine in Kenya and Somalia and floods in Sindh all triggered IHP's disaster response.

Since every disaster is different, response is tailored accordingly. One of IHP's roles is to ensure that only the right medicines are sourced, stopping the wrong medicines clogging up ports and airports. In the wake of the Pakistan monsoon floods, IHP supported British dentists in mobile camps in rural Pakistan who were able to treat more than eighty patients a day, tackling a lack of general hygiene, chronic abscesses and lots of decay. "Of the products that were sent, nothing was wasted or surplus", says Dr Atif Bhatti. He remembers one patient in particular, a twenty-seven year old man with a huge abscess half the size of his face. "He had



International Health Partners

by Pauline Chandler, Communications, IHP

been told it was some sort of cancerous lesion and he was much stigmatised because of it. In fact, it was an impacted wisdom tooth. We removed the wisdom tooth and, within a day, the swelling had disappeared."

Another programme is to help address one of the major challenges in the developing world, that of improving health-care. While much attention has been given to uplifting frontline services and increasing the availability of and access to medicines, if the underlying health service is broken a lot of medicines are wasted. The health care industry and health service professionals in Europe and North America are highly skilled and many want to help restore the health services in the developing world which have been decimated by their health workers leaving to work in the West.

One of IHP's country programmes is in the Gambia, bringing together companies and health professionals to work with

country, using mobile phone texts. The Gambia now has an outline plan to meet its health Millennium Development Goals by 2015 and IHP has been the catalyst to provide some of the resources needed.

One of IHP's African partnership projects with MMN is supplying drugs and travel packs, mainly to hospitals and clinics in Zambia for the alleviation of local medical and surgical needs. MMN receive regular medicine availability updates from IHP, enabling them to more proactively source the product they need.

Recently MMN was delighted to receive a supply of ceftriaxone vials which are often in short supply. To quote one of the Doctors in Zambia: "it is life-saving in many situations such as meningitis and we have to be very frugal with it, so this was a very welcome donation."

IHP's Doctor's Travel Pack (DTP) programme supports UK health professionals who undertake voluntary overseas service. A DTP is essentially a mobile pharmacy of a thousand treatments for adults and children. Each pack comprises two boxes with over fifty lines of medicines, together weighing approximately 32kgs. Thanks to IHP's special relationship with British Airways, they can arrange for an additional free baggage waiver for doctors and health professionals travelling with BA. Many of IHP's donations to the hospitals supported by MMN are made up of Doctor's Travel Packs.

Feedback from health workers out in the field is very important; one of them writes:

"Everything arrived useful and undamaged. As usual, all items are of use to us, but sometimes the timing of the goods arrival reinforces that it is God who supplies the needs of the hospital even before we know of them. continued....."

The boxes arrived a day before the arrival of a Specialist Eye team who come twice a year to do cataract surgery. They hold a clinic and anybody with eye problems can attend. Usually there are a lot of people presenting with glaucoma and eye infections and usually we do not have enough medicine for them all. But this time, thanks to your donations, we did have enough.

There were Liquifilm tears for irritated eyes, antibiotic eye drops for infections and steroid drops for inflammation. We had bought in some acetazolamide tablets for glaucoma, so all the patients with troublesome glaucoma were able to commence regular treatment with either tablets or drops.

Thank you for your partnership."

The Queen's Award for Enterprise for five

years of continuous innovation was recently presented to IHP in the House of Lords by the Vice Lord Lieutenant for London on behalf of HM The Queen. "This award would not have been possible without the support of partners like MMN" says Anthony Dunnett.

"It gives us particular joy to support Christian missions and we love working with MMN because they are a trustworthy and professional charity. We look forward to working with them in the years to come."

Please pray for MMN, the hospitals and clinics they support and IHP as we seek to serve them. If you are planning to visit a hospital overseas or would like to order a Doctor's Travel Pack, or want more information, please visit our website www.ihpuk.org or call Jonathan West for a chat on 07967 559675.

Stamp and Coin Collections

Please send stamps and coins to the MMN office or directly to Alex Grimson at;
10 Braefoot Crescent
Law-by-Carlake
Lanarkshire
ML8 5SH
Telephone 01698 376361

MMN Report Meetings

16 May	Baptist Church, Upminster
20 May	Norreys Evangelical Church, Wokingham
24 May	Gospel Hall, Shoebury
12 Jun	Baptist Church, Brentwood
25 Jun	Evangelical Church, Chadwell St Mary
28 Jun	Gateshead, Newcastle
05 Jul	Roseford Chapel, Cambridge
28 Jul	Norwich
04 Oct	Mill Green Gospel Hall, Ingatestone
03 Nov	Wirral

MMN Magazine

Our magazine is available as an Adobe Acrobat PDF file on the MMN website (see web address below). If you would prefer to access the magazine through the site then please contact the office and we will cancel your copy.

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