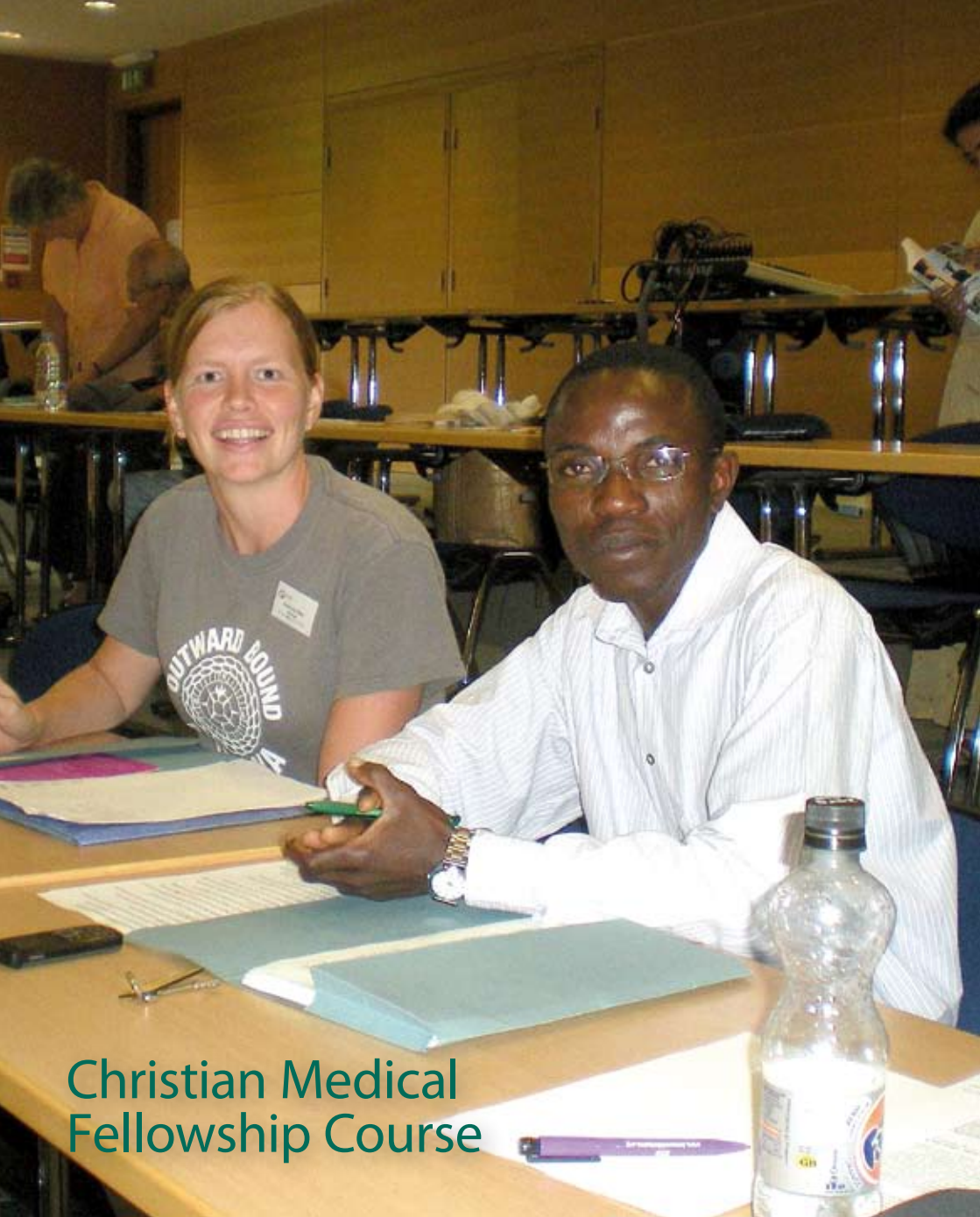


Medical Missionary News

Christians working with the developing world

Autumn/Winter 2010



Christian Medical
Fellowship Course

Paul said (Acts 21.39.) "I am... from Tarsus... a citizen of no mean city." "I am a Jew born in Tarsus... but brought up in this city" (Jerusalem).

It is interesting to note from scripture the target communities in the early days of gospel proclamation. Our Lord mainly travelled the 'highways and byways' of the Holy Land, and exercised his ministry in a largely rural community. This is reflected in his preaching, teaching and in many of his parables, all of which have a very 'rural' feel to them. This was of course because of the fact that his initial ministry was to the 'lost sheep of Israel' and it was only when the Gospel became open to all that it was left to his early followers to take the message to the ends of the earth, usually proclaiming the message in the cities and then setting up churches. In doing so we learn that Peter and Paul took the message to the principal cities of the Roman Empire, while Thomas travelled east, and Mark south to Egypt, and the city of Alexandria.

Compare this with the main missionary endeavours over the last century and we see that more effort was expended on rural areas than cities, and this to a greater

extent continues. Of course, one hundred years ago, there were hardly any cities on the African continent but now Africa is increasingly urbanised.

All around the globe cities grow very rapidly, due to the high birth rate and a flood of villagers from the surrounding countryside looking for jobs and other opportunities. What we see and read of the mega cities of the world is not attractive. Many cities are not safe from robbery, street children abound, and people die on the streets as they have no home, or if they have, it is a cardboard box in a corner of a slum city. There is tremendous physical and medical need, as well as a vast spiritual wilderness, and these are all those for whom Christ died and whom he continues to love. However, alongside this poverty and chaos there are some signs of material progress being made. If you viewed the TV series presented recently by David Dimbleby you would have seen progress being made in some quarters leading to optimism for the future. Again, I am sure that many of us were impressed by the pictures of Cape Town and Johannesburg at the time of the World Cup. These are modern cities but struggling to overcome massive problems.

If we look at the works supported by MMN, the majority would be labelled as 'rural' though there are some exceptions. We do continue to support and seek to encourage local believers and churches with a mission to the 'city'.

On my recent visit to Zambia I had a long and frank discussion with several Christian students at Lusaka University. We talked of the needs of the cities and the countryside when one of them came up with the observation that it is too difficult to expect established city dwellers to move back to the 'bush'. He said 'People from the cities can no longer cope with living in the countryside—no roads, no hospitals, no supermarkets, no schools' and so the list continued.

So cities are here to stay and maybe we should re-focus some of our efforts here while we live in hope that a younger generation of believers, trained as doctors, nurses and teachers will continue to witness, whether the Lord calls them to the city or the bush. My own feeling is that it will increasingly be in the cities that they will be working.

For some time now we have been supporting Colleen Redit and the work in the city Chennai, a work mainly concerned with children but also with community outreach.

Again in India we commend to your prayers Dr. Stephen Alfred and the Loc Hospital in Mumbai. This is governed by a group of local trustees as well as aided by a supporters group in the UK and USA. A hospital was built some ten years ago and soon became too small for their needs and now they have almost finished building a new hospital. The new hospital

will be a general hospital while the original building will open up space for the HIV/Aids work. This is a modern and well staffed city hospital from where the gospel sounds out to the city around.

In Nairobi, Kenya we support, through Ishmael Ochieng and his fellow workers with the Shelter of Hope, the medical, educational, nutritional and evangelistic work undertaken in the city slums. Similarly in Chingola, Zambia there is a large centre of population where we support the street children work through the Ipusukilo Children's Trust.

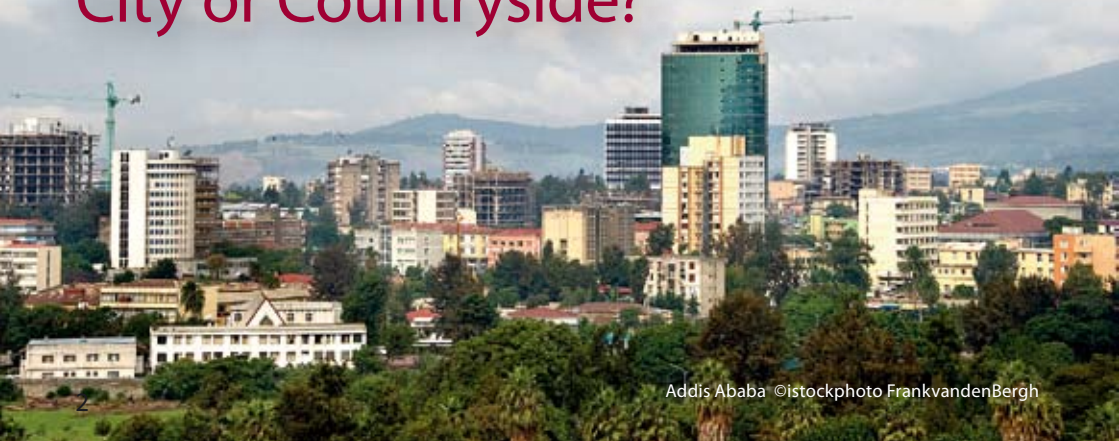
This summer we had the pleasure of hosting Dr. Herve from Cotonou, the capital city of Benin in West Africa for the Christian Medical Fellowship Overseas course in London. The health Centre in Cotonou is a busy twenty four hour clinic run by Dr. Herve under the supervision of the local church. (See report MMN Spring 2009 and Dr. Herve's report in this publication on page 10). MMN was able to help and fund the shipment of an ambulance, obtained in Germany, from France to Benin by MIDEV (Mission Diaconale de L'Eau Vive) a Christian association serving the church in Africa and Madagascar to Benin. A very good example of European cooperation!

So let us remember in our prayers, those working in the cities and the churches there, that they may have the vision and the means to continue to serve the peoples of our cities in their material, health and spiritual needs.



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

City or Countryside?



Container work

by Tony Cox, MMN Director



Readers and supporters of the work may recall an article in the MMN Summer 2009 magazine describing the difficulties of receiving Containers in Congo and how it had been agreed by all parties involved that it was no longer viable to send containers there. Since then, MMN has been asked not to send any further aid to Rwanda by the missionaries serving there and in June of this year the Uganda government tightened their controls and introduced strict guidelines making it impossible for us to continue our container support for the mission hospitals.

Ruth Hadley's article in our Summer 2010 magazine helpfully explains how container work is not as necessary as it once was for the country of Angola, advising that the Angolan economy is performing relatively well but still needs to develop, and how Angolans need to move away from a dependency mentality.

Three years ago MMN undertook a review of its practices, recognising the importance of re-focusing on our medical remit and acknowledging the increased availability of goods obtainable locally in Africa. The recent changes in Rwanda, Uganda and Angola are confirmation that this decision was justified but we need to continue to rationalise in order to remain effective in our support for overseas mission.

While acknowledging that good quality "high tech" and "high spec" goods are not always available in Africa, we have

to maintain the managed reduction of goods sent overseas. Increasing container costs, both at home and abroad, also underline the importance of ensuring that containers are filled only with essential items and orders placed by the missionaries themselves.

Quantifying any reduction is never straightforward, particularly so when missionaries understandably have different needs. With the Rwanda and Uganda doors closing and a planned reduction in containers sent to Angola, the bulk of what MMN receive will inevitably be sent to the missionaries of Zambia, with whom we have had a long and happy relationship over many years. It is important that we do not swamp them with unnecessary and unwanted goods.

MMN regularly undertake surveys in order to ensure the Zambian missionaries are receiving what they need and we appreciate that many of you also correspond with them. Accordingly, we must advise that, *unless by special arrangement with us*, MMN can no longer accept the following items:

Bicycles
Clothing, whether new, second-hand or knitted items, including hats, scarves, gloves (except when included in a Layette)
Computers, printers and accessories
Garden tools
Household items and furniture
Kitchenware, pots and pans
Knitting Machines
Secular books and cassette tapes
Stationery items
All items needing repair, including sewing machines

If in doubt please contact our office before sending goods to us.

The following items are generally useful in Zambia.

Bedding
Bibles, commentaries and Christian Literature
Children's Gifts but not taped to cards
Filled Handbags
Food parcels (minimum use by date 12 months)
Hygiene Packs
Layette
Sewing Kits
Sewing Materials and Curtains
Spectacles, plain lenses only, no sunglasses.
Toiletries
Carpentry tools
Towels

Please contact the office if you require specific missionary needs.

We are appreciative of the drugs, medical and surgical items donated. However, we still get a considerable quantity of items that are out of date and which are costly to dispose. Items should have at least eighteen months use by date in consideration of the restrictions on drug imports, particularly in Zambia where an import permit is required for every container consignment received, and the time it takes to get goods to remote areas.

It is illegal for Medical Missionary News to export any medicines which have been prescribed to patients and that have been returned, even if they are in complete packs and unused. We are grateful to those who have purchased new items from pharmacies and supermarkets and

the following is a list of products that are particularly useful.

Infant Paracetamol and Paracetamol 6+ sachets or bottles. There are various brands but Calpol is probably the best known.
Sachets of Ibuprofen for children
Boxes of Ibuprofen
Antihistamines eg, piriton, loratidine and cetirizine
Dioralyte rehydration sachets
Gaviscon, adult and infant
Tubes of Savlon,
Gauze swabs, dressings and crepe bandages
Knee and ankle supports
Plasters—all types

We are pleased to report that we have been able to send a container, for the first time, to the Mtshabezi Mission Hospital at Bulawayo, Zimbabwe. The container included drugs, medical items and aids, many of which were obtained from our friends at "Aid to Hospitals Worldwide" and also a wide selection of items that were originally destined for the mission hospitals in Uganda and the orphans work in Rwanda. These goods will bring much relief and joy to the patients and community at Mtshabezi.

You will have recognised, through our recent magazines, our increased financial support and commitment to medical training (see pages 6—11) and medical missions, including Congo, Chad, Kenya and Eastern Europe. We are very grateful for the practical support that we continue to receive but we need to manage the change in our emphasis and are bound to adapt to the mission needs and demands of our age. Please pray with us, that we may be rightly guided in this.



Christian Medical Fellowship Course

by Rebecca Stitt

Photos: Left, With a patient who had a bad stroke. Right, With Children's ward patients; the boy in the middle is eight years old, with stunted growth due to malnutrition. Bottom, Standing at the entrance to mens ward.



I am a registered nurse from Auckland, New Zealand, currently serving at Kalene Mission Hospital in the rural Northwest Province of Zambia. I have been here since February 2009 and I love my work; it is interesting, challenging and fulfilling. It is nothing like working in a western hospital, as I find myself with a lot less resources and a lot more responsibility. My primary role is as the in-charge of the men's ward. I also serve outside the hospital with a girls youth group and sports outreach programme.

Much of our learning involved interactive discussion and case studies which I thoroughly enjoyed, as I found that I could relate many presentations I had seen at Kalene to cases discussed during lectures. Several times I thought, as we were presented with slide after slide of fascinating photography of obscure skin conditions and the like, "Ah! that is what that was!" During a lecture on parasites, my mind went to a young boy who had been presented to my ward with seizures and was, incidentally, found to have tapeworm. The lecturer talked about neurocysticercosis, which is when the tape worm cysts travel to the brain. I had not connected

When Dr. Fred Holmes, MMN trustee, visited Kalene early this year, he told me about the annual developing health course that is run by Christian Medical Fellowship (CMF) in London. With the support and backing of MMN, I attended the course from the 20th of June until the 2nd July. Joining about forty others for the first week, we got stuck into lectures and practical workshops on various medical topics and specialities, all specific to working in the developing world. The statistics presented on the disparity in health and availability of health professionals and resources were a pertinent reminder of our responsibility for bringing hope, healing, and reconciliation to a lost world through the message of Christ.





With some of the boys on mens ward. Godwin in the right hand corner is an epileptic patient who fell into a fire during a seizure. Bottom Right; With TB patients

in Zambia, and I am so grateful for the opportunity. I am pleased that I attended after spending some time in the developing world, as I could relate so many of the lessons to real life experiences. I have returned now to Kalene with a head full of knowledge and the motivation to pass that on to others when and where possible. Seeing the potential for improvement in the hospital is both exciting and frustrating, as development is a slow process. In order to be sustainable, systems must be put in place with wisdom, tact, and cultural sensitivity. I have learnt quickly since being here the importance of the prayer; "Lord grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference!"

Heading back, I was feeling a little apprehensive, especially as I had such a nice time in London and did not want to come back and face all the challenges. I was feeling sad about my comparative lack of social life, especially after managing to catch up with so many friends in London. But, as I was crammed into the back of a four wheel drive, with seven other adults plus luggage, on the final leg of my trip back to Kalene, I suddenly felt happy and excited about coming back. And my first day back at the hospital just confirmed that for me. I love being here!



the two until that point and suddenly there was a logical reason for his seizures.

Another particularly interesting topic was tuberculosis, as I have up to a third of the patients on my ward being treated for TB at any one time. It was helpful to be able to relate the information in the lectures to the many cases I had seen. We learnt about TB presenting differently and hence being harder to diagnose in HIV

patients and I could think of many cases like that at Kalene. At times we have to treat for TB without any solid diagnostic evidence, but rather based on signs and symptoms, or simply as a last resort. Drug resistance is a growing issue in our area which is very difficult to manage.

The HIV day was also very interesting and the day I reported back to my ward I was pleased to be able to use what I had

learnt. An HIV positive man had been admitted to the ward with stroke-like symptoms. It was a picture just like a case study we had looked at, in which toxoplasmosis was the most likely cause and so I was very hopeful we could help this man with the right treatment. A few weeks on now, he seems to be slowly responding.

I feel that attending this course with CMF has equipped me immensely for my work



Assemblées des Disciples du Christ, Benin

by Dr. Herve Gbegnide

Benin is a country in West Africa with an area of 114 000 square kilometres and a population of 8.5 million. Its capital is Cotonou. Use of the health services are limited by the fact that they are not easily accessible to deprived sectors of the population by reason of their cost, and also because many people live far away from them. The bad condition of the roads make travel difficult.

The Assemblées des Disciples du Christ (ADC) churches is a federation of local churches associated with the French Brethren assemblies working actively for twenty five years to build up the body of Christ in Benin. It has more than 20,500 members in 134 churches spread across the whole of the country, with 72 pastors. Amongst the churches and their members there is stability and harmony. The president of the federation is Sébastien

Adjahatode and the senior pastor is Théodore Hougbedji.

Besides the spiritual activities, the churches always focus on the health of the people. This concern has seen the creation of the Eau-Vive Health Centre to enable deprived populations to access health care. This centre was founded through the support of the churches' partners in France and the UK. The Eau-Vive Health Centre celebrated its fourth birthday on the 9th of October 2010. Situated an hour from Cotonou, it serves the population of 150,000 in the local municipality of Abomey-Calavi.

Since the founding of the centre, the local population never ceases to thank the church leaders for the consolation it has brought. On average, the staff at the centre treat 10,000 patients per year and

deliver more than 500 babies. These demands have already become so great that it is a struggle to meet all the needs.

All the staff are Christians and the services offered are: general medicine, obstetrics and gynaecology, paediatrics, surgery, family planning, vaccinations, biomedical analysis, health education and information, and spiritual support.

The major supporters of the health centre are Mission Diaconale de L'Eau Vive (MIDEV), a French Christian association serving the church in Africa, established by Briand Tatford, and Medical Missionary News in England. Their support consists of gifts of materials, equipment and drugs, finance and skills training. MMN helped fund the shipping of an Ambulance which has revolutionised the activities of the centre.

The patients have a greater feeling of security now that an ambulance is available to evacuate serious cases; before, that posed substantial difficulties. The ambulance is also requested by other health centres in the district, which are always thankful to Eau-Vive for the facility offered to them.

The extension which is currently being undertaken (pictured left) will allow the centre to treat more patients and to offer the new services which our clients need. The centre's needs include equipping a laboratory, acquiring an ultra-sound machine for pre-natal examinations and completing the extension.

The Christian Medical Fellowship course held at Oak Hill College, Southgate, London from the 20th of June to the 2nd of July was a concentrated revision of

tropical medicine as a whole across the two weeks and intended for current and potential medical practitioners in tropical regions. My attendance was financed by MMN. I was met at Heathrow airport by Dr. Fred Holmes and Briand Tatford and it was a very warm and friendly welcome. After a short tour of London, we were able to keep an appointment that same evening to give a report on the ADC work in Benin at a church in the London suburbs, sharing the presentation with Briand Tatford.

This course was conducted within the framework of Christian workshop. There were many good times including the enjoyable meetings with Travers Harpur, the chairman of MMN trustees, his wife Dr. Jane Harpur who supports MMN with medical advice and Tony Cox, the Director, who helped put me at ease and made the stay in London very pleasant. Tony also handed over a large consignment of medicines, prepared by Dr. Jane, which I brought back to Benin for the health centre. Everything related to the trip was taken care of by MMN: visa fees, air fares, costs of board and lodging and the purchase of books.

I want to express my sincere thanks to MMN for giving Rebecca Stitt and I the opportunity to attend this course. It allowed us to compare our experiences with those in other parts of the world. We shall certainly apply our knowledge to the improvement of the welfare of our patients. Théodore Hougbedji and all the members of the ADC churches wish to express their sincere thanks to MMN for their support. May God bless you all abundantly.



Tanzania is three degrees south of the equator, and is 1000 sq km in size. It is a beautiful country, with Mount Kilimanjaro, Zanzibar, the Indian Ocean coast, and a number of game parks or protected areas, full of a wide variety of wild animals and birds.

It takes an average of three days, to cross the country by road and many of the small assemblies are off the main roads and down unmade tracks. It therefore

takes a long time to visit these churches and to visit each of them with systematic teaching would be years of work.

The Tanzanian Christians therefore decided to establish a Bible School in a central location, so that Christians could travel in to learn, and then take back what they learn to their rural churches. The school was begun in a small way in 2002, by using other facilities to house and teach in, but in 2004, the Berea Bible College (BBC)

buildings were started in the grounds of the church in Moshi.

Two dormitories and bathroom blocks have been built, a kitchen and laundry, plus four large classrooms. The Lord has also provided money for a water tower, bore hole and beautiful grounds.

BBC has grown into a place of quiet study with dedicated lecturers, beautiful surroundings cared for by gifted gardeners,

clean, comfortable accommodation provided by the home team and good food carefully cooked by a team of trained cooks. It is a centre where Christians are keen to come and learn more about their Lord and their Bible.

Our main aim is to, 'Build Biblical Character' in the church in Tanzania. In order to do this, we currently provide a foundation course to give basic Christian teaching. This also helps us establish what type of

Berea Bible College

by William and Eunice Rea (William was a former director of MMN)





course the students would most benefit from in the future. Those keen and able to study academically, will carry on studying two more modules of four months each. These studies include looking in depth into different Books of the Bible, Mission, Pastoring, Preaching and insights into other religions. Those who are not so academic have been offered a course in Church Practice. All our courses are run in Swahili. At the students' request, we also teach them to use computers, and hope to start teaching them English.

We would love to provide many more courses in both academic and practical areas and already have plans and syllabi being designed and written out in detail for this. We would also like to provide courses all the year round, whereas now we are only able to run BBC courses for four months of the year. We would love to see Swahili speaking, African, full

time lecturers and administrators on board, who are called by God; trained and equipped to do the jobs efficiently and effectively. We would love to see BBC become financially independent and become a centre for Christian development.

One of our previous students, Leonce Kihama, wrote the following article. He returned to college last year to help teach the foundation class and showed a gift in teaching and a desire to serve the Lord by teaching in the future. He is one man we are investing time and training in, so that he will be well equipped to teach at college in the future:

"I was born in 1972, completed my primary education in 1985, and accepted Christ as my Lord and Saviour in 1985. I work as an evangelist. I have seen God working through my life by providing my needs. Every day He takes care of me and leads

me in His ways. Every morning when I read His words I find it new and this brings a great desire to know His word.

It is my wish that I should continue with education. I long to see BBC developing, recruiting students from different nations. I have seen great changes in my ministry, which was made possible by the education I received in this college. If you want to be wise then devote your time to read the word of God. Act 17:10-11."

We have three main targets for the years ahead; the first is to train and appoint qualified Africans of high calibre and integrity into all the positions of responsibility in teaching, finance and administration within the College.

The second is to strive for self-sustainability in BBC finances so that the College will not be dependent on overseas aid in the years to come. We plan to develop two revenue streams; one of micro-finance projects and the other of hiring out the buildings for external Christian courses.

Lastly, our third target is to regularly review the curriculum so that the subjects will always be of maximum value to the students. This will enable them to develop their ministry in all of the churches, which they are a part of, and to encourage them to focus on the extension of God's kingdom in East Africa and elsewhere. In accordance with the acronym we will seek to Build Biblical Character so that the student leaves better prepared to face the real world in the ministry that God calls them to do.

We would ask you to pray with us for:

- Skill in designing the right courses to meet the students' needs
- Finding the God-chosen people to fill the jobs at BBC
- Choosing the best training programme for these potential employees
- Provision of the finances to build the necessary accommodation block
- The ability to keep focussed on God's plan
- To Build Biblical Character within the church of Tanzania

Photos: Page 12-13, Background; Mt. Kilimanjaro. L to R; Leadership Course, Computer Class, Foundation Class.

Top left, Dormitory Block

Right, Kitchen dining-room





and built by local Chadian Assemblies before the civil unrest and Cultural Revolution of the 1970s. Some of these buildings are now fifty years old and have suffered from termite destruction and torrential downpours. We always need rain, just not that destructive sort of rain!

Initially our medical work was commenced by Nurse Janet MacDougall from Canada, but for many years now there have been no permanent Assembly missionaries in the south of Chad. So today, our medical work is carried on by dedicated Chadian male nurse practitioners and some lady midwives, many of whom have worked faithfully at their posts for many years.

In principle, all patients pay for their medication and treatment and this works well until a sick child is brought in who will die without treatment and whose parents have no money. The child is treated of course, and the parents may or may not be able to contribute at a later date. But in the meantime this shows up as a debit in the Health Centre's books, and as similar incidents occur over a period of years funds are eventually eroded away.

This was the situation with many centres until MMN entered our lives! They have bought us a vehicle which Eloi Mbaissanadje is able to use to purchase medicines from central sources and take them out to the centres in the bush. This saves the nurses time and effort in travelling many miles on pushbikes or motorbikes to replenish stocks. MMN also subsidise the cost of some medicines and thus enable the nurses to restore and refurbish their buildings and also to send students for nursing training. This will ensure continuity of the work. The result of all this is that

Medical work in Chad

by Dawn Elliott

The Republic of Chad, from the Sahara desert in the north to the Savannah in the south, suffers the usual African problems of drought and food shortages. The southern people are almost exclusively subsistence farmers, so their entire econ-

omy is dependent on local rainfall every season.

It is in this environment that our twenty three southern health centres function. Their original buildings were all financed

the centres are now able to treat three times as many patients as before.

Medical missionary and educational works have always been a handmaid to the Gospel, and we rejoice that this is still the case today. For example, in the village of Bodo we have a very busy health centre, and there a chaplain by the name of Luc has been appointed. Luc works quietly amongst those who have come in for treatment, speaking to them about the Lord, spending time with them, and on occasion even giving a little food if they have run out and their treatment is not quite completed. Rejoice with us that in 2009 alone, Luc saw twenty five men and women come to repentance and faith, and others return to the Lord who had drifted away from Him.

Many years ago the Christians in this same area sent a young man by the name of Justin Mbaionodjiel for nursing training to the Baptist Hospital at Koumra.

There his potential was observed and eventually Justin was sent off for eye surgery training. When qualified he returned and undertook eye surgery there at the Baptist Hospital for twelve years. Now, the assemblies who originally supported him have asked him to come "home", so Justin has now commenced an eye clinic there in the village of Bodo. This is a tremendous undertaking, and his friends at the Baptist hospital graciously permit Justin to use some of their equipment, although much of it is now old and urgently needs replacing. In 2009 Justin saw 1,645 new patients and performed 227 eye operations at this new clinic.

By using the vehicle, Eloi is able to take Justin and his delicate equipment to other villages where he performs eye examinations, and those needing surgery go to him at Bodo. How life-changing this can be for those who have existed without eye care in isolated villages!



The Chad government organises regular vaccination programmes against polio and childhood diseases, but is dependent upon the nurses to do the actual field work. For this they need pushbikes or motorbikes to do the job as quickly as possible and keep the vaccines at low temperatures in their cool-boxes; no mean feat when the outside temperature may be in the forties. Once again, MMN's financial support has enabled Eloi to purchase motorbikes for some of our nurses to do this work, and these they pay for as they are able.

In January of this year our vehicle took ten senior brethren, including the speaker Obed Djimassabe, to a four day evangelists conference at Boro. There is no public transport; most of those attending came by bicycle. Over 300 evangelists were present and we had some wonderful Bible teaching from Obed, a very godly man who, incidentally, speaks English, French, Mbai and Ngambai fluently! How gifted they are, and we praise the Lord for

such men who shepherd His work under the guidance of the Holy Spirit.

We would value prayer for our nurses who work in isolation, with no second opinion to call on, and only occasional access to laboratory tests to help in diagnosis. They work long hours for little remuneration, but do it all as unto the Lord.

Soon after my return from Chad in March of this year, I contracted a virus which laid me low for several weeks. How glad I was of the excellent medical care I received here in the UK, and it made me even more appreciative of the value of all missionary medical work to both Christians and non believers, done in His name. Once more, in the Lords goodness, I plan to return to Chad at the end of the year for a further period of three months.

Photos: Page 16; Medicines packed on a motor bike. Page 18; Justin. Page 19; Distributing Bibles and literature from our Vehicle.



**Isubilo
Community
Resource
Centre, Ndola**

Dear Friends at Medical Missionary News, we just want to write to you to say how much we appreciate the wonderful service you provide, making it so much easier for us to carry out our mission.

Over the years we have received tons of goods from buckets and bicycle pedals to medical equipment to tools. We could go on. Though some items may spend a little more time in our stores waiting for the right use or owner, we are pleased to tell you that very few don't find a home.

We have been able to pass on many useful items to other organisations and institutions helping us to build bridges and friendships with the government hospitals and social welfare department, totally shocking other organisations who hang on to their sources and resources and cannot understand open handed generosity. This in itself is a point of witness. We are, of course, able to give clothes, blankets, layettes and countless other items to those directly under our care who so much appreciate these things which would normally be quite out of their reach.

Elizabeth, who came to us with cancer in the face in 2006, was too late for treatment when we took her to the cancer hospital in Lusaka and has for the past three years been cared for palliatively and very competently by Richard, our Clinical Officer. We have recently received more sterile dressings through MMN, which are ideal for dressing her large wound—thank you! As time has gone on, more of her face is disappearing but she is not in despair. She has the care of a granddaughter born to her daughter who died in childbirth and a niece who is twelve. She also cares for her in her not

so good moments. Elizabeth is, however, at peace as she faces an uncertain and probably short lived future. Late in 2009 she gave her life to the Lord, giving her a new perspective on death as a means of passing into the presence of God and a trust in God for the care of her two little protégés. She has very recently asked us whether we could be trustees for her little house, holding it for her niece and grand daughter who are on our Child and Youth Care programme until they come of age. We have been preparing the paperwork to protect these little ones against property grabbing by greedy relatives who have done nothing to help.

Karposis Sarcoma is a treatable cancer of the skin affecting lymph nodes, the incidence of which has increased dramatically due to reduced immune response resulting from AIDS. Richard has been treating an increasing number of clients who have come onto our programme, some of whom come with hugely swollen limbs, unbearable pain and are often bed-ridden. Unfortunately, some leave it so long that the treatment alongside antiretroviral drugs is unable to save their lives. It is very gratifying however, with Richard's persistence and appropriate therapy, to see a good proportion of our patients making full recovery and leading normal lives by keeping to the ongoing antiretroviral drug therapy.

We are so grateful that through the help of MMN many suffering and underprivileged people are being helped on such a minimal budget that many other organisations are totally amazed! Thank you. *Andy Patching, Babs and Team.*

Photos: A good Christmas lunch. Inset; a patient being treated for Karposis Sarcoma

Chingola Bible Centre

by Ian and Marilyn Campbell



Chingola is one of the many small mining towns dotted along the area of land known as the Copperbelt. Copper is Zambia's largest export and is the backbone of the country's economy. Many businesses, both large and small, are linked to the copper industry by means of sub contracting, supplying anything from spares to stationery, or office equipment to transport of the finished product. Although agriculture and tourism are also an important means of income, if copper prices drop, the economy drops as so many people are linked to it in one way or another.

After having to leave the Congo in 1999 the Lord led us to Chingola, where we tried to get folks interested in studying the Word by using Emmaus courses. We did not think we would be in Zambia for long, so our dining room table doubled as an office where we marked the courses. As more people got involved, the more we found ourselves eating in the kitchen

and the more we realized that the Lord wanted us to stay for longer than we thought!

As interest grew, so did the need for markers to help mark the courses. One or two young people from the assembly volunteered to help out and ever since those



early days, we have had many who have willingly given up their free time to help out in different ways.

We lived a twenty-five minute walk from the town centre and some of the students took almost an hour to get to our home with their course. We started to look for somewhere small in town with two or three rooms that would be suitable for an office, so that we could be nearer to the bulk of those doing the courses. The Lord provided a place right in the middle of town with ten rooms that we could use! It was ideal for what we wanted and within eighteen months we had finished off the work and the Chingola Bible Centre was opened on the 5th of February 2005.

The local students studying the Emmaus courses were pleased not to have to walk as far and it was easier too to organize our trips to the four prisons that we visit on a regular basis from the Centre. Inmates serving long sentences are the ones that benefit the most as we have really got to know them over the years.



The largest prison we visit takes four of us five hours to chat to each inmate about their course. Some get very good marks, and a short chat to encourage them is all that is required. We need a longer time with others who haven't done so well. A good number of prison officers enjoy the courses too. We also sit down with those who come to the Centre with their courses as it's a great opportunity to share the scriptures with them.

We encourage the students to keep going by giving them a new testament after completing twelve courses, a bible after doing twenty-four, three small books after forty-five and a study bible after finishing all sixty-five courses in English. Those doing the Bemba courses get a new testament and a Bible as there are only twenty-four courses in the Bemba language.

We use one of the rooms as a bookshop too. In the beginning we thought that it would just be a small outlet selling a few Bibles. However, over the past five years we have seen a growing interest in the books and bibles that we have and people travel from many of the surrounding towns to buy from us, some as far as three hundred miles away! It's getting to be a job trying to keep up with demand but it's great to see the interest that people have in the word of God. The bookshop also has a selection of Sunday School materials, which teachers will come and borrow and use to help them teach, and exchange for other teaching aids when they have finished with them.

We were asked to place a container outside the Centre building which is stocked by the Opal Trust and there has been a good interest too in the books and Bibles that are sent out by them.

The reading library in the Centre is well used and although we do not let folks

take the books and Bibles away, those that have the time, sit and study the Word on a regular basis. The library became very popular with some of the local school children who wanted somewhere quiet to study for exams. There are only nine seats and they soon filled up the room leaving no space for those wanting to study the Word. A large grass roofed shelter was built in the front garden to overcome this problem and this seats around forty students. In the weeks building up to exams, the shelter is packed with students waiting at the front gate, forty-five minutes before we open to make sure of getting a seat.

Every Tuesday and Friday morning we take a bookstall to two of the local markets. It's a great opportunity to chat to the stall holders and to those who come to the back of the van about the gospel, and to encourage them to buy Bibles too. Most of the folks cannot afford to buy a bible that costs £5 in one payment, so they 'pay slow'. Each week they pay the

equivalent of about sixty pence and after two to three months, they have paid up and receive their Bible. Their smiles make it all worthwhile!

The photograph on page 23 is of Ian and a young girl named Memory. She was born with a twisted spine. Memory's spine was growing sideways and gradually pushing her upper body down towards her feet. She could manage to stand only by holding on to her knees. We got to know her through our clinic work. Three to four times a year a clinic is held at the Centre for cases like Memory.

Two or three doctors from an aid organisation check the patients over and if something can be done, they refer them to one of the local hospitals who, after consultation, organise for them to be operated on in Lusaka. The treatment is covered by the aid organisation, but they ask the family to provide transport and accommodation in Lusaka. We offered to pay the transport for Memory. They straightened her spine, put her in a cast and now she is able to walk with a bit of swinging leg action. She has such a lovely nature for a child who has been through and is still going through a lot of painful experiences.

The challenge of 2011 will be to continue to reach out, as a team, to the people of Chingola, using the Centre as a means to attract them to the Word of God, to the praise and glory of His name.

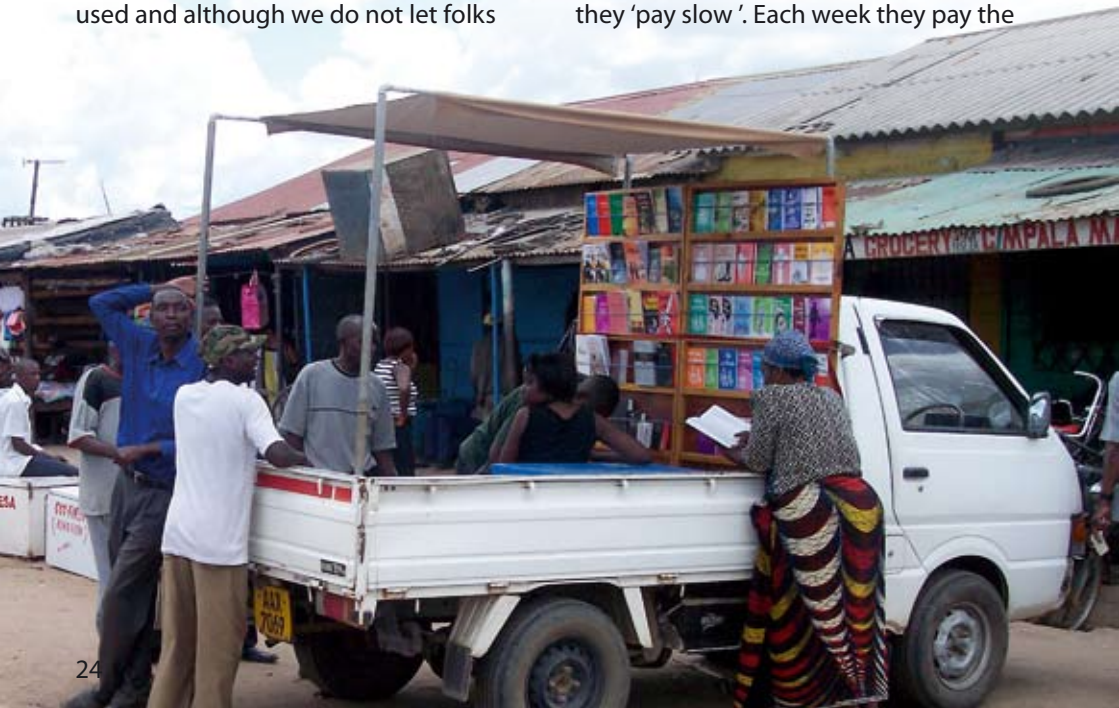
Photos: Page 22; Front entrance of the Chingola Bible Centre. Page 22-23; Some members of staff; from L to R, Given who runs the bookshop, Jesy who helps mark and Lucia who runs the Opal container. Left; The book van at the market.

Stamp Bureau

We would like to thank Mr Alex Grimson for the continued hard work and effort he puts in to raising funds for MMN through the sale of stamps, postcards, coins and photographs. In the last financial year over £6,000 was raised and we are very grateful to Alex for this.

The following is a list of what Alex can accept:

- Normal postage stamps ideally cut from their envelope with a quarter inch border of paper around the stamp.
- Postcards complete (do not remove stamps). New or used; British and foreign.
- Foreign Envelopes in good condition old and new.
- British envelopes Pre 1955 can be sold as they are.
- First Day Covers and special post-marked envelopes are also able to be sold as they are. Please do not fold these as this will reduce their value.
- Coins and Bank notes, old and new, foreign and British are also of value.
- Collections of Stamps, Covers, Coins, Cigarette Cards, Postcards etc. Please send complete collections as they may be better to sell as complete sets.
- Old family photographs are sometimes postcards; please check the back. Some may have local scenes on the background; many may have been sent from servicemen and women. These can be more valuable if some relevant information about the person or place is available and can be written on the back in pencil. All items will be gratefully received. Please send them to the MMN office or directly to Alex at: 10, Braefoot Crescent Law- by -Carluké Lanarkshire ML8 5SH





A trip to the Dentist

by Rhona Park, Glasgow

It was a realised dream this summer to embark on an eye-opening Elective project in Chennai, SE India with a companion from Glasgow Dental School. We spent three weeks at Christian Missions Charitable Trust (CMCT), which I came to learn about through church.

Our goal was to gain experience in the field of dentistry, assist wherever possible and to compare Indian healthcare with that in the UK. A busy itinerary enabled us to see every aspect of their ministry. The hospital where we were based is one of many ways in which CMCT seeks to make a local impact and show the love of Christ to a needy people. Though small, the dental department was well equipped and we worked under the supervision of two experienced dentists, Dr. Visalini and Dr. George. Contrary to expectation, treatments ranged from simple fillings to or-

thodontics and maxillo-facial surgery, so our hands-on experience was varied. As anticipated, the majority of patients we saw required extractions, with teeth too badly broken down to restore, or because they were unable to pay for other treatments. We also saw around a hundred school and sponsored children over several sessions as part of a dental screening programme.



Another task was taking classes for Primary one to five, to teach the students how to look after their teeth. A similar talk was also given during an assembly at the secondary school.

We attended a number of daily soup kitchens located in various slums, aimed mainly at people who have been rejected by their families due to old age or infirmity. As well as sharing their faith over a meal, this enables these lonely people to experience a sense of community. We gave educational talks focusing on the risk of developing oral cancer from chewing betel nut, a fairly common habit. It was heartening to see this affect people, with some vowing to stop, and humbling to see how grateful they were to hear encouragement in improving personal care.

Other interesting activities included joining a group of medical staff on Thursdays, who provide care for peasant farmers in rural areas. Here I was impacted by the opportunity to share my testimony and do counselling work.

One trip took us to Alampakkam leprosy



village where residents are encouraged to make a living for themselves by learning skills in textiles and crafts, or producing soap. We helped in the soup kitchen and monthly ration distribution. It was also amazing to see a village which is under construction to provide for fishermen who were affected by the Tsunami that hit Tamil Nadu in 2004. Hearing first-hand from some of the families, we learned how women's sewing classes have been set up to allow them a source of income. The wide paths, ordered houses and fresh air of the rural location made it a contrast to the city slums.

Our trip opened our eyes to a different world. We are so grateful for having had this opportunity, and for generous donations of equipment via MMN which enabled us to assist.

Photos: Top left; Our Dental Dream Team

Left; A simple screening programme for School children

Top right; Large friendly props to demonstrate tooth brushing'

MMN Accounts Summary

Incoming Resources	Yr. ended 31 Mar 10	Yr. ended 31 Mar 09
Donations:		
<i>Personal</i>	79,454	93,396
<i>Churches</i>	93,936	79,906
<i>Trusts</i>	62,737	155,230
<i>Corporate</i>	4,500	0
<i>Gift aided</i>	79,806	80,491
<i>Gift aided tax recoverable</i>	22,510	22,699
Legacies	109,002	81,451
Reimbursements from Missions	264,343	423,856
Other income	10,691	17,940
Total	726,979	954,969

Expended Resources	Yr. ended 31 Mar 10	Yr. ended 31 Mar 09
Gifts to miss'ries	133,790	217,308
Equipment & medical supplies	282,758	446,653
Container costs	162,494	233,485
Deputation & publicity	14,373	19,735
<i>Warehouse and office expenditure</i>	126,568	145,513
Total	719,983	1,062,694

Net Incoming / (Outgoing) Resources: 2010: £6,996, 2009: £(107,725)

MMN Report Meetings

30/31st October—Sutton Coldfield
5th December—Colchester
10th April—Stanway
12th June— Thundersley

From Kelvin and Joyce Samwata

We just want to say thank you so much to the supporters of the work for your kindness and for your caring heart. It is amazing how God has and continues to use you as a channel of His Peace and blessings into our lives. Thank you for your provision; we shall ever remain indebted to you and the work of MMN. This is truly God's divine mercy.

Gift Aid Scheme

All donations, large or small, can qualify for tax relief. If you are already supporting MMN but have not yet signed a Gift Aid Form, perhaps you would consider doing so? For every £1 donated we can claim

back 28 pence from the Inland Revenue. This means that for every £100 donated we receive £28.

Donors who pay tax can simply sign a single declaration form saying that they wish all donations to be made under the "Gift Aid" scheme. For a form and more information please contact the MMN office.

MEDICAL MISSIONARY NEWS

Registered Charity No. 229296
Director: Tony Cox
Chairman of Trustees: Travers Harpur
All Correspondence and goods should be sent to: Unit 1, Victory Close, Fulmar Way, Wickford Business Park, Wickford, Essex SS11 8YW. Telephone: 01268 765266. Fax: 01268 764016. Hours of work: Monday to Thursday, 8.00am to 4.30pm
Email: info@mmn.uk.com
Web site: www.mmn.uk.com