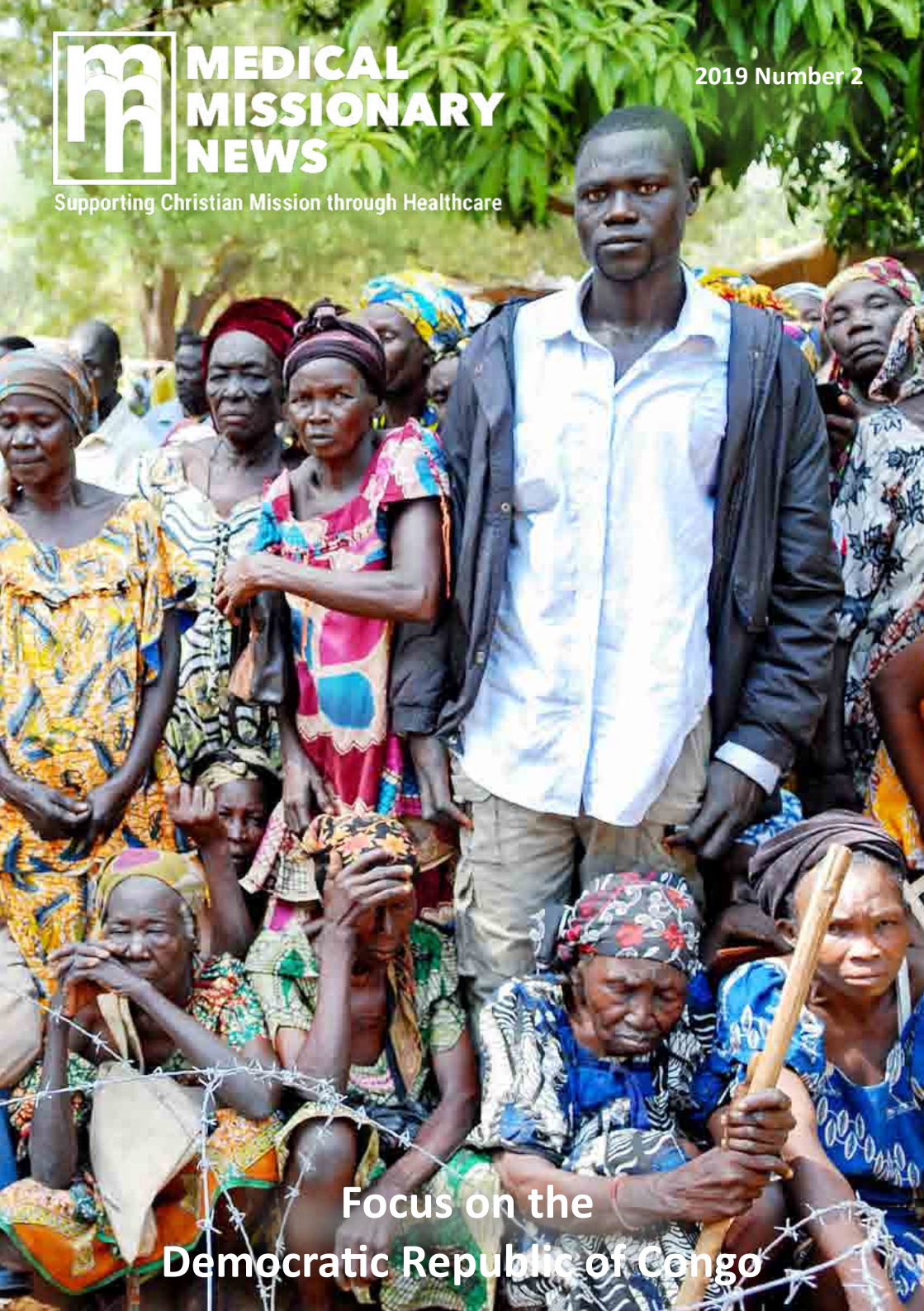
MEDICAL MISSIONARY NEWS
Supporting Christian Mission through Healthcare
2019 Number 2



Focus on the Democratic Republic of Congo

The shape of Medical Mission

a personal reflection by a retiring trustee

an editorial by Travers Harpur

When I was a child, 'Medical Mission' meant for me a mission hospital in Zambia or India, with doctors and nurses from the UK spending part or all of their lives out 'there'. As a teenager, growing up in an assembly where MMN Director Norman Lane was an elder, medical mission meant Containers and again Zambia (in fairness, the world vision of Norman's church was great and truly worldwide).

In my teens the showing of the film 'Mid Century Martyrs' was a spiritual and developmental landmark. This film was about five American missionaries (photo below) who went to Ecuador in South America, and who were killed by those they were seeking to reach. Many of my generation found their own concern for worldwide mission through this event and film. I was telling my Faith Story in Ukraine last year and planned to mention the significance of this when the previous speaker, Roger Brind of the Philadelphia Trust, referred to the same milestone in his journey.

When I went to university (the London School of Economics) I became particularly interested in the Middle East and Biblical Archaeology. In those days, the most economical means of travelling out to Turkey, Iran and Iraq was by train, which meant travelling through the Balkans and the Iron Curtain. This was the start of over fifty years of interest and involvement in those and other countries of Eastern Europe.

When I became a trustee of MMN in 2002, the charity was in a state of change. Bryan Bland was Director and there were many new trustees and new questions over the role of 'the West' in less rich countries. Questions were arising over the need and practicality of containers in medical mission. Projects were becoming more nationally run and

owned, and smaller medical projects seemed the way forward. I was invited to join a working party to consider the future. One result was to focus more clearly on 'Medical Mission', that is, projects that were both Medical (using the term widely) and Mission (in an outreach sense). How this was to be applied needed to take into account the country involved with its medical, political and religious aspects.

Meanwhile, the Berlin Wall and the Soviet Union (SU) had fallen and work in Eastern Europe, now an old-fashioned term, entered a new era. Medical work was now possible but there was no history of mission hospitals!

Over my time at MMN, my attention has particularly focused on the Balkans and the former SU; areas where the medical needs are still great even within the European Union, especially Romania and Bulgaria. Generalisations, even within a country, are dangerous. In most of the relevant countries, facilities are better and more reliable in the capital city, and least available in remote rural areas. Lack of care and corruption are often, but certainly not always, met in non-faith based facilities. An unwillingness to admit disability contributes to a lack of care.

In these areas the developing shape of medical mission is church based; primary care attached to a local caring church. Projects supported by MMN in Dancu, Moldova (photo above), Lutsk in Ukraine, Tuzla in Bosnia and Ruse in Bulgaria, are examples and ones I have visited. Others are linked by local Christians but are separate entities such as The Hiding Place in Gjirokaster, Albania (my 'Back to Albania' article in MMN magazine 2017 Number 1 refers). This church based work is still needed and in some places, like Bosnia, also meets some of the great needs of refugees.

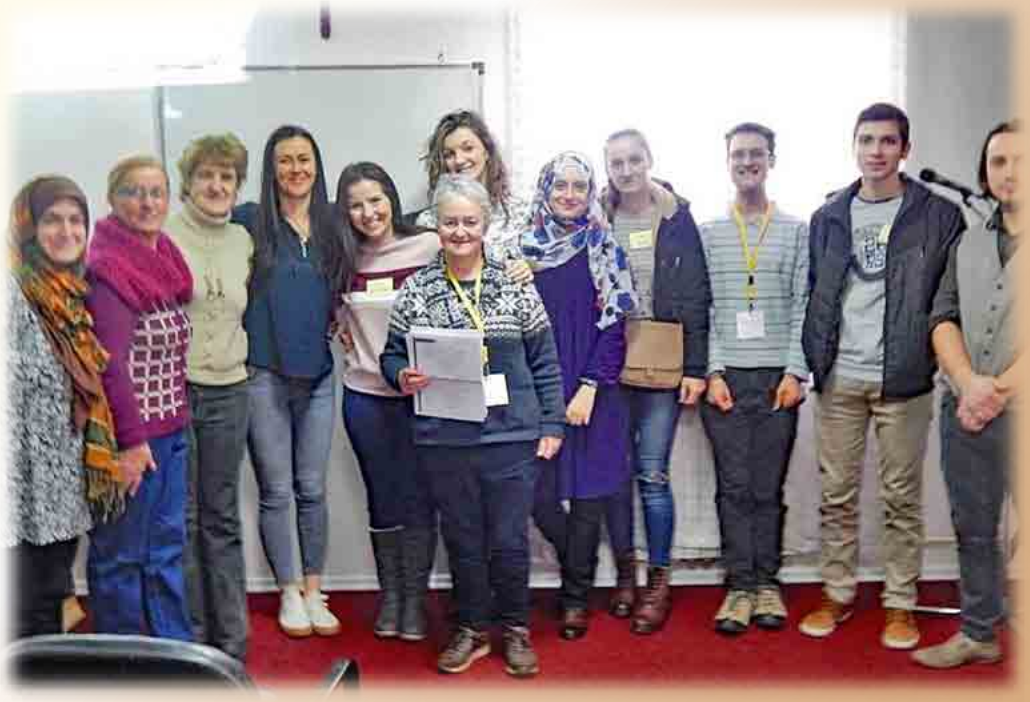
I see church based ministry as a good model as it allows for local ownership and direction, and there are good examples of this in the following articles. Normally, the church has the best local knowledge and allows the work to be

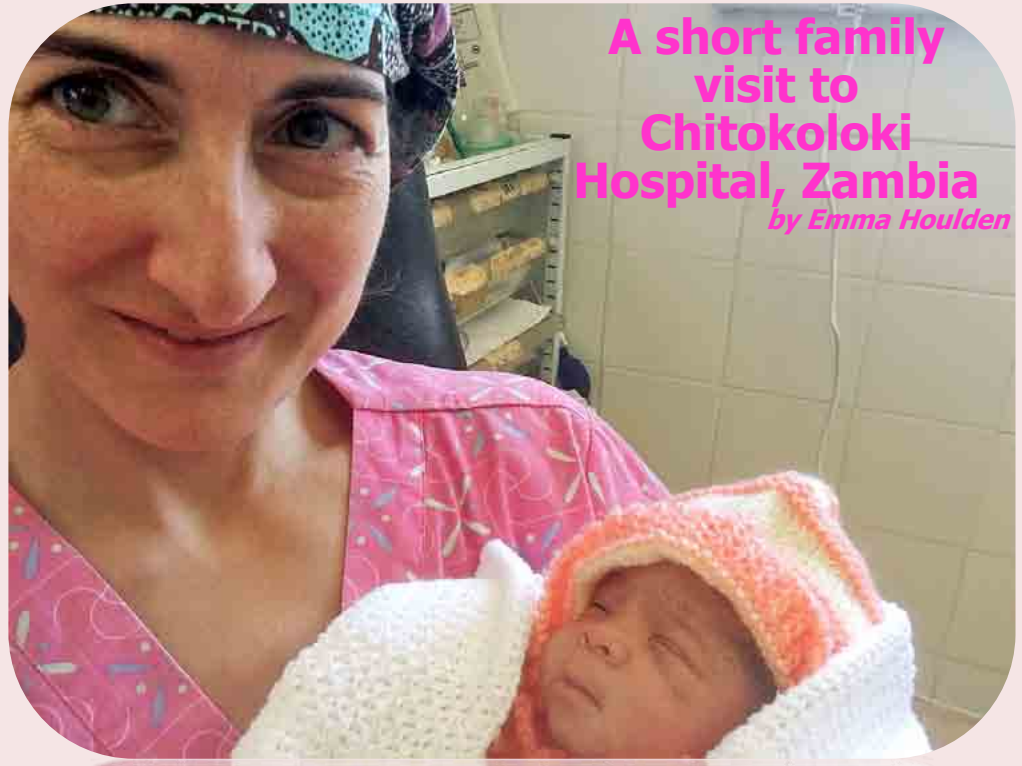
seen as the love of the locals and not as a wealthy western handout. Our interest in that area has also involved the work of Bible translation and the Bible Society, particularly in Albania and Serbia.

For me, as I come to the point of age related retirement from MMN, I remain preoccupied with this part of the world and Jane my wife, pictured below with her class in Bosnia, shares that concern. Jane is also involved with Jewish Mission and many parts of 'Eastern Europe' had major Jewish links, at least up until the Second World War. Jewish communities remain in several cities, for example, Budapest. Our visits to Western Ukraine are to what were parts of the Jewish Pale of settlement under the Tsars and many towns were majority Jewish until the 1940's. Lutsk in Ukraine was about 50% Jewish in the 1930's.

Places we voluntarily visited with medical mission in mind have now entered a new phase in our life and ministry. For the last two years we have been involved in a church-based outreach in Lutsk, Ukraine, using the teaching of English as a foreign language. Neither of us were primarily teachers (my teaching experience was mainly among graduates) but we are 'native speakers' and greatly enjoy helping in this work. We also assisted for two weeks last February in a similar project in Bosnia, again church based. We look forward to returning to both Bosnia and Ukraine.

I will miss MMN but, health permitting, look forward to continuing links in the Balkans and former SU, after all, I enjoy it! Meanwhile, my final comment is, that as one currently benefitting from a free for me, but an expensive treatment for a significant eye condition, my heart goes out to those who are losing their sight for lack of available and affordable care in other parts of the world, even within Europe. Through this work we seek to introduce many to the Lord Jesus, who gives sight and healing, and who calls us to repentance.





A short family visit to Chitokoloki Hospital, Zambia

by Emma Houlden

In July 2018, my husband Christopher and I received a request from Julie-Rachel Elwood, a midwife at Chitokoloki Mission Hospital, Zambia, to help provide cover for her and Dr David McAdam while they were away on furlough later in the year. Our twins, Jesse and Anna, were four months old at the time and we were barely functioning, let alone able to consider such a trip. However, in our sleep-deprived state, we started to mull over the possibility. It may have been the extreme parenting experience of caring for new-born twins, the intense fatigue, the hormones or the baby brain times two but we found ourselves saying 'yes' as God showed us that He would help us return to our beloved Zambia for this season.

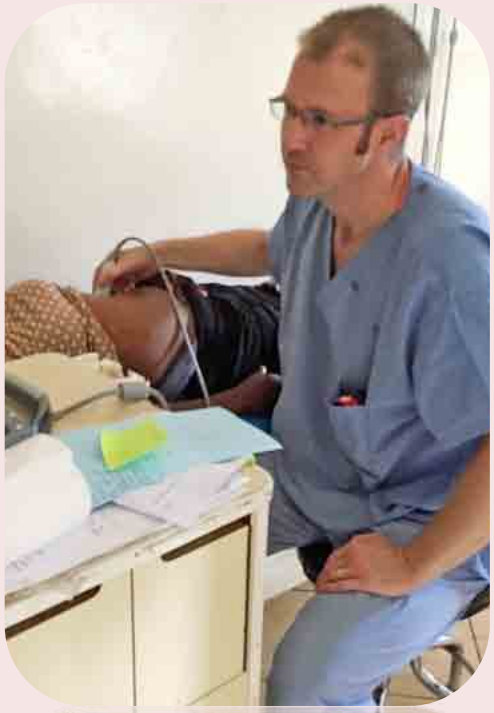
Christopher first went to Zambia as a medical student for his elective in 2001. It was at Mukinge Mission Hospital, Zambia, that his interest in medical mission was first ignited. After we were married, we wanted to do a longer spell overseas. Christopher was halfway through surgical training and I was now qualified as a nurse and midwife. We eventually spent 2011 at Kalene Mission Hospital, Zambia, which had a huge impact on us both. We later returned at their request to help with a 'surgical camp' in 2016 along with our two year old son, Jack. We had since often pondered how we could continue our involvement in such work whilst living on Anglesey, raising a young family, meeting the demands of a consultant surgeon's post together with church, school and community commitments.

We mentioned the possibility of this idea to Christopher's parents (Jackie and Richard) who were very excited by it and they offered to come with us to Zambia as 'support crew.' Next, permission was needed for Christopher to

take leave, which the Health Trust kindly granted. I began to research the required immunisations and antimalarials suitable for the children and for me while I was still breastfeeding. The Christian Mission Fellowship's facebook page was a brilliant source of information and MMN also generously supported us. Things were coming together but in the run up to leaving, the eight month sleep regression had hit and we found ourselves asking 'What are we doing?!'

The verse, 'for when I am weak, then I am strong' (2 Corinthians 12:10) has had real significance for us as we often felt inadequate, ill-prepared, at the point of exhaustion and, if we're honest, a little foolish, at least in the world's eyes, for taking our young family on such a trip. A particular low point, and major parenting error, was when we gave Jack a chocolate milkshake to drink just prior to embarking on the three hour journey in the teeny-weeny plane to Chitokoloki which we saw again all too soon and I again once more mouthed to Christopher over the roar of the engine, 'What are we doing?!'

Chitokoloki is a 100 bed district mission hospital on the banks of the Zambezi river that has been serving the people of Zambia's north western province for over a hundred years. Our role was to hold the fort for seven weeks through November and December 2018. It would be an understatement to say that we were very nervous! We would be the sole surgeon, anaesthetist and midwife, which seemed an incredible responsibility, but we also realised, with great respect, that this was the normal situation for Dr David and Julie-Rachel. Despite having worked in a similar setting previously, it still took time to adjust to the mission hospital environment from the relative luxury of the NHS. Our anxieties were soon allayed by the welcome of the local mission staff. In



particular, we were extremely grateful for the support and tireless work of the two remaining mission nurses, Alison Brundage and Tiffany Poidevin, and also paediatrician Dr Ros Jefferson.

We soon found our rhythm and adjusted to our home at The Annex. Our daily routine started with cooking porridge for all seven of us. Christopher went in to do ward rounds at 7.30am. Jesse and Anna would go back down for their nap at 9.30am. Jack would then begin his lessons with Grandma and I would head into hospital in time for tea break at 10.00am! Although there was always a lot going on, I concentrated on the maternity unit as I knew that I had to limit my involvement elsewhere, in order to ensure I was available for the children. I would go home at lunchtime and the staff would call me if there were any problems. Once ward rounds were complete, Christopher would either start clinic or theatre (photo above). Work usually finished in the late afternoon and we could be called through the night if needed. As we were usually up in the night with babies it was a strangely efficient use of time. In our tiredness we reminded ourselves again that 'when I am weak, then I am strong.'

The medical work included tropical diseases, particularly malaria, HIV and TB but we also treated cases of tetanus and rabies. Particularly prominent were the complications of locally endemic schistosomiasis (bilharzia). There were also conditions we would see commonly in the west but these were managed differently to suit local circumstances.

The surgical workload was across the entire breadth of specialties, both elective and emergency, including a case of a gunshot wound and a number of operations for complications of surgery performed elsewhere. A total of 124 procedures were undertaken. Although Christopher had some anaesthetic experience, he unsurprisingly found it rather challenging to anaesthetise and operate at the same time!

The obstetric case mix was marked by a number of complicated and high-risk delivery scenarios, notably an unusual number of placenta praevia cases. We wished our ultrasound skills were better on many occasions. We diagnosed a twin pregnancy in a woman in labour. This came at a particularly inconvenient moment whilst Dr Giorgio, a visiting orthopaedic surgeon, was in full swing in both theatres. We managed to clear the theatre for a brief period and brought the lady through to the dressings room. We broke her waters and the (breech) delivery of twin 1 followed shortly afterwards. Twin 2 was less willing and despite our best efforts to coax him out, he was delivered by c-section. We now often refer to our own twins by the perhaps slightly unflattering names commonly given to twins born in this region: Njambi and Nguvu, meaning Elephant and Hippo.

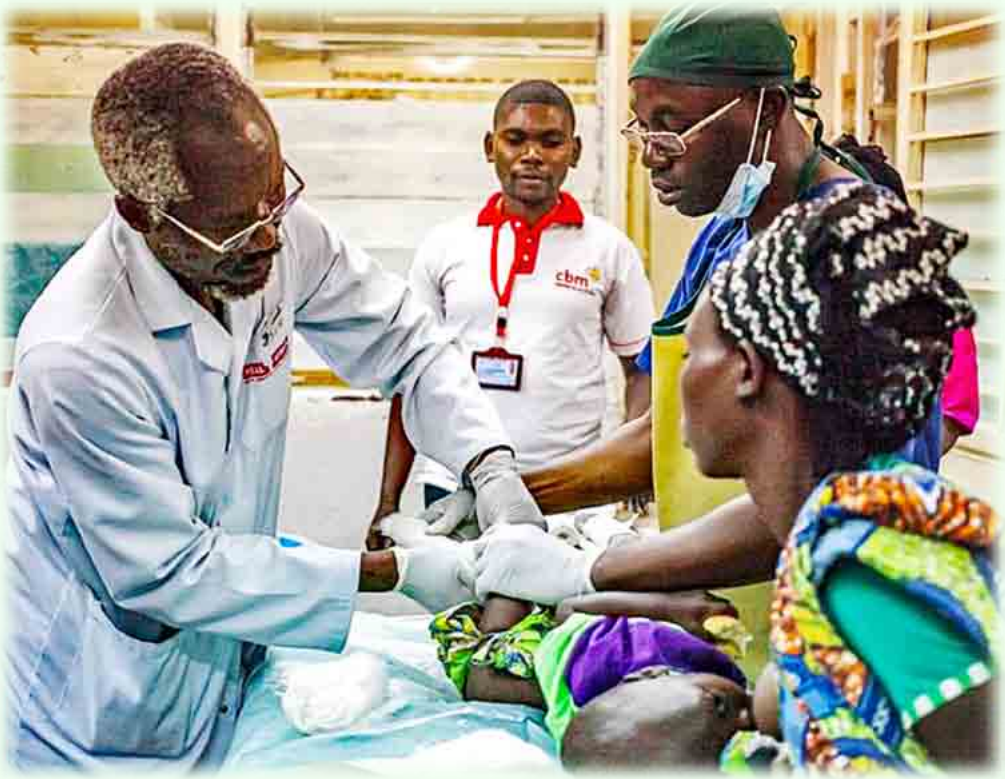
We were grateful for opportunities to be involved in life aside from clinical work. Time for this was limited but included befriending local children. Jack loved finding games he could play with friends such as matching pairs, British bulldog, going to church and attending Sunday school lessons. We were able to encourage and support mission staff, celebrate birthdays together, walk by the Zambezi, visit the market to collect eggs, visit the colony (where TB and leprosy patients live) and visit the hospital inpatients.

The work was unrelenting and exhausting but we only did it for seven weeks. Our lasting feeling was for the resident mission staff who work at this level of intensity year on year. Even with the great support of grandparents, our main challenge was trying to balance our hospital commitments and parental responsibilities. However, we would encourage anyone thinking of taking young children on such a trip; if you feel led by God, do it! He will equip and bless you as you lean on Him. Despite the challenges, we felt it was a really worthwhile trip. It enabled a much needed break for long term staff, it was an opportunity for us to serve as a family, we had a great adventure together and we were able to use our skills for good and make a difference in the lives of people living in and around Chitokoloki. We believe we were responding to God's call on our lives to go when asked, trusting Him to help us in our weakness. What a wonderful privilege it was to serve Him at Chitokoloki Mission Hospital for this short period of time.

'For when I am weak, then I am strong'
(2 Corinthians 12:10)

HEAL Africa: Democratic Republic of Congo

by Alan Butler, Chief Executive Officer, WorldShare



WorldShare connects local Christians and churches in the UK with local Christians in the most difficult, least-resourced and least-reached parts of the world, to support their God-given vision to transform their communities. Together with our four sister organisations around the world, we are connected with 132 ministry partners in fifty-seven countries and can trace our roots back seventy-six years

WorldShare's ministry partner HEAL Africa, works in the war-torn land of the Democratic Republic of Congo (DRC), providing holistic care for the Congolese people of North Kivu province and Goma town. HEAL Africa is based at a 197 bed hospital (expanding to 250 later this year) that provides a wide range of medical services to people who would otherwise have no access to basic healthcare. As a Tertiary Hospital within the DRC, it is also a teaching hospital; training doctors, nurses, community chaplains and mobilising local communities. Outside of Goma town, HEAL Africa also provides health services and community-based development activities through a network of clinics and health centres.

The hospital has a strong Christian ethos and a holistic approach to a person's physical, spiritual and emotional healing. They see that the words of Jesus 'to proclaim good news to the poor….to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favour' (Luke 4:18,19) summarises their approach to healing in the hospital and in the local community.

Proclaim the 'good news'; share the good news of Jesus Christ. Proclaim 'freedom for the captives'; setting free the vulnerable and marginalised. Recovery of 'sight to the blind'; making sick people well, reaching out to those who have suffered much. Set the 'oppressed free'; all the oppressed, especially the oppressed women, in an area where rape has been used as a weapon of war. To proclaim 'the year of the Lord's favour'; a reference to the year of Jubilee, when slaves were set free, debts cancelled, and ancestral property returned.

HEAL Africa exists and works alongside the local church and is a powerful force for community transformation. During 2017 and 2018, MMN generously supported some of HEAL Africa's programs through World-Share.

WorldShare has partnered with, and has supported, HEAL Africa's work since the early 2000s. Dr Jo Lusi and his late wife Lynn were the inspiration behind the establishment and growth of the hospital. It was established in 2000 very much as a Christian response to the brutality of the Congolese wars which began in 1996 and resulted in over 1.2 million people being displaced, over 200,000 victims of rape and more than 6 million deaths.

The hospital has gradually been expanded over time but its location is not without challenges. Apart from being on the edge of a conflict zone, the terrain itself presents other difficulties; a volcanic eruption on Mount Nyiragongo in 2002 and the resulting lava flows, caused the hospital buildings to be completely destroyed and more recently floods in 2016 caused some minor damage to the hospital buildings including significant damage to medical equipment. World-Share has helped and supported HEAL Africa in rebuilding and reequipping the hospital after both these incidents.

The development of the hospital facilities continues. For example, in 2018 a new Fistula Wing was started and an extra floor is being added to the Women's and Children's wing.

HEAL Africa offers a general medical service, as well as specialising in orthopaedics, gunshot wounds, obstetrics and gynaecology, including fistula repair, paediatrics and internal medicine. Patients pay nominal fees for treatment, but there is also a Mercy Fund which helps those who have no means to pay.

Over the years, WorldShare has supported various programs of HEAL Africa, both within the hospital but also within the wider community. These include, medical and surgical healthcare, community health programs, chaplaincy training and chaplaincy work, support for medical students, the mercy fund, supply of medical equipment, flood relief work and sponsorship of children. We have been particularly grateful for the support of MMN towards the Nutrition program and the Mercy Fund.

About 7.7 million people across the DRC are suffering from malnutrition. Of these people, nearly 2 million people are affected by severe acute malnutrition, which represents about 12% of the world's acute malnutrition cases. The nutrition program was launched in mid-2018, with the aim of addressing the following specific issues over a twelve-month period. Many of these issues will have reduced but will not have gone away after twelve months.

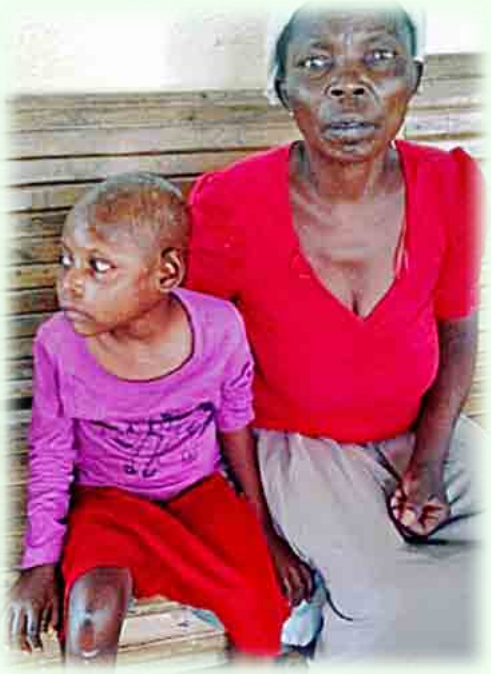
* Give medical care to children admitted to hospital with malnutrition.
* Provide food for ten children a month admitted to hospital with severe malnutrition.
* Provide daily porridge for 200 vulnerable children a month.

* Provide income generating kits for 120 women, to start rebuilding their lives.

HEAL Africa works within the local community structures in assessing needs, designing programs and subsequently monitoring their success. This local community work is through two types of community-based structures: the 'community relays' which are directly linked with the DRC government and the more locally based 'Nehemiah Committees' which are made up of a group of local leaders working together to assess and address community problems. These all work closely with the hospital.

The Nutrition program was developed from observations in 2017 after the hospital had treated 823 children suffering from severe acute malnutrition. Among them, 705 were outpatients and 118 children were inpatients, suffering from severe acute malnutrition with other medical complications.

Sifa (photo below with her grandmother) is twelve years old and was admitted to HEAL Africa hospital suffering from malnutrition. Displaced from the region of Mweso, after her father was killed by rebels, Sifa and her family settled in Goma. Sifa then lost her mother, leaving her to care for her two younger brothers and also her grandmother, who has no resources to generate an income and is unable to feed the family adequately.

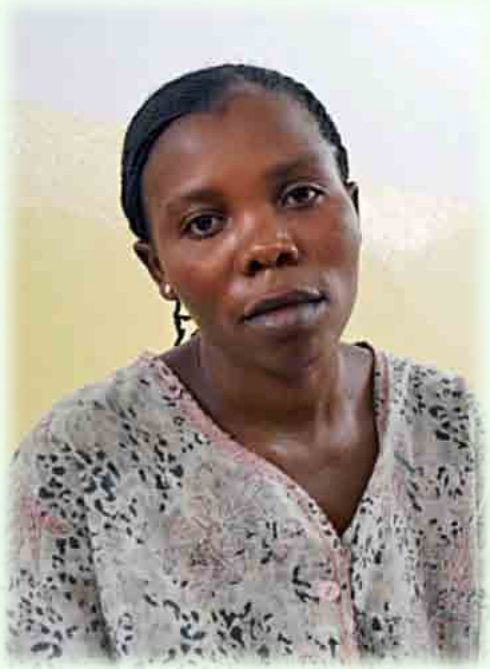


Sifa's malnutrition prevented her from being able to walk, so her grandmother carried her to the hospital. She weighed just 1.5 stone. After six months of nutritional care and support from HEAL Africa, Sifa was able to walk and was discharged having reached a weight of 2.5 stone.

The Mercy Fund helps cover the cost of holistic treatment for the vulnerable poor who are unable to pay the costs of hospital treatment. The fund is administered by a committee who carefully assess each case on its merits. During 2018, seventy-five patients received free medical treatment at HEAL Africa hospital. Three patients sadly passed away whilst receiving treatment and their relatives could not cover the cost of burials, so the Mercy Fund covered these costs.

The Mercy Fund is facing many challenges. There are insufficient funds to cover the costs of treatment for all the vulnerable patients they want to help. A further challenge is that many of the people who need to seek help from the fund only come to the hospital when their deteriorating health situation is advanced and very serious, as they are afraid they cannot afford the cost of treatment. Therefore, the patients with critical and advanced cases, often only seek medical treatment when they see no hope elsewhere. This, of course, puts further strain on the limited resources of the Mercy Fund.

Eugenie (photo above right) is a lady who gave birth to a baby boy in the



HEAL Africa hospital in Goma. Eugenie's baby was born with a congenital malformation on his head. This required costly surgery that Eugenie could not afford to pay. Eugenie and her husband had no means of income and their only option would be to sell their house. The Mercy Fund supported the healthcare of this new baby boy.

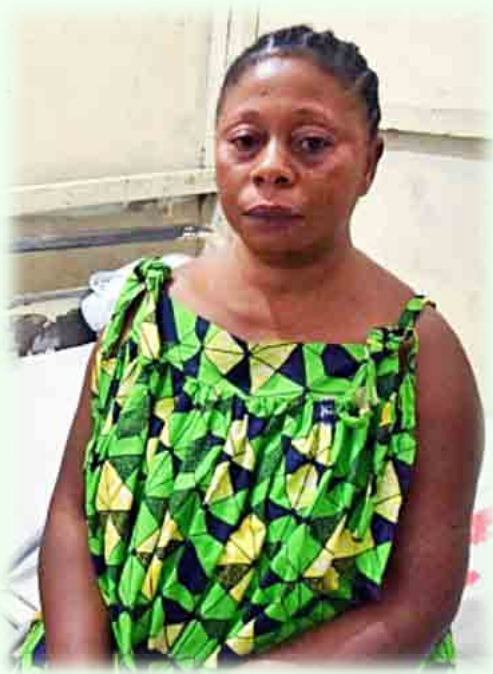
Eugenie writes; 'I am so very grateful and thankful to the people who have covered the cost for the treatment of my child and paid for his surgery. I have nothing with which to pay you back, but I pray that God will bless you for all you do to make lighter the hardship I am facing.'

Anita (photo right) fell into an ambush set by the Lord's Resistance Army rebels as she was going to Ariwara. She was shot in the right leg. She explained that she was brought to Isiro by MONUSCO agents (UN Peace Keepers) that came to her rescue. They amputated her leg in a local clinic at Isiro. As some difficult complications occurred, she was advised to travel to HEAL Africa for specialist care. Her family collected some money towards her transport costs for the journey to HEAL Africa hospital.

Without the assistance she received from the hospital, Anita would have had to pay a lot of money to get discharged after her treatment. Her family had only sent a small sum of money, and HEAL Africa supported the remaining amount. Anita, aged thirty-five, and mother to three children, expressed her gratefulness in these words; 'I am not able to pay back what HEAL Africa has done for me. All I know is that God never forgets any charitable action to his children. Let Him bless HEAL Africa and all its partners for the help they bring to the penniless people of DRC.'

We are grateful to MMN for their generous support for these programs and of the wider work of HEAL Africa.

For more information please visit www.worldshare.org.uk or follow us on social media.



The Joy and Pain of the Democratic Republic of Congo

by James Sloan, Chief Executive Officer, Image If Trust

My parents, John and Myra Sloan are retired doctors, and have been leading 'New Hope' charity for twenty years, conducting medical missions in resource poor countries. These were always combined with the preaching of the gospel and churches were often planted after the mission. Over the years, teams have been trained to take over the work and they have moved on to other places. We estimate that over 300,000 people have been treated, most of whom have heard the gospel.

Working alongside 'New Hope', the 'Imagine If Trust', the charitable arm of Frontline Church, Liverpool, incorporates the 'Love Congo' project which has established a number of ministries to serve the most vulnerable in society, including rape victims, orphans and displaced people.

In recent years the violence in the Democratic Republic of Congo (DRC) has displaced over 3 million people and many of these are now living in extreme poverty. During a joint trip to the DRC in 2014 we realised there was a huge need for increased healthcare provision. Whilst this is not a localised issue we were particularly drawn to the town of Kasindi on the DRC-Uganda border where the population had increased by around thirty percent due to the number of Internally Displaced People (IDP's) flooding in from the villages (photo below). Kasindi is a town of around 50,000 people and in recent years 6,000 IDP's have fled there from the surrounding areas. There is one small hospital attempting to meet their needs.

The arrival of the IDP's has put increasing pressure on the town in terms of its infrastructure and also on the people who live there, many of whom exist on around USD2.00 per day. Whilst the town is home to a number of wealthy individuals, the majority of people are living hand to mouth, in extremely challenging and very difficult situations. There are few opportunities for IDP's in the DRC to access affordable healthcare and education. Many suffer from preventable diseases and malnutrition, and are

currently relying on the good will of locals to support them with basic living needs.

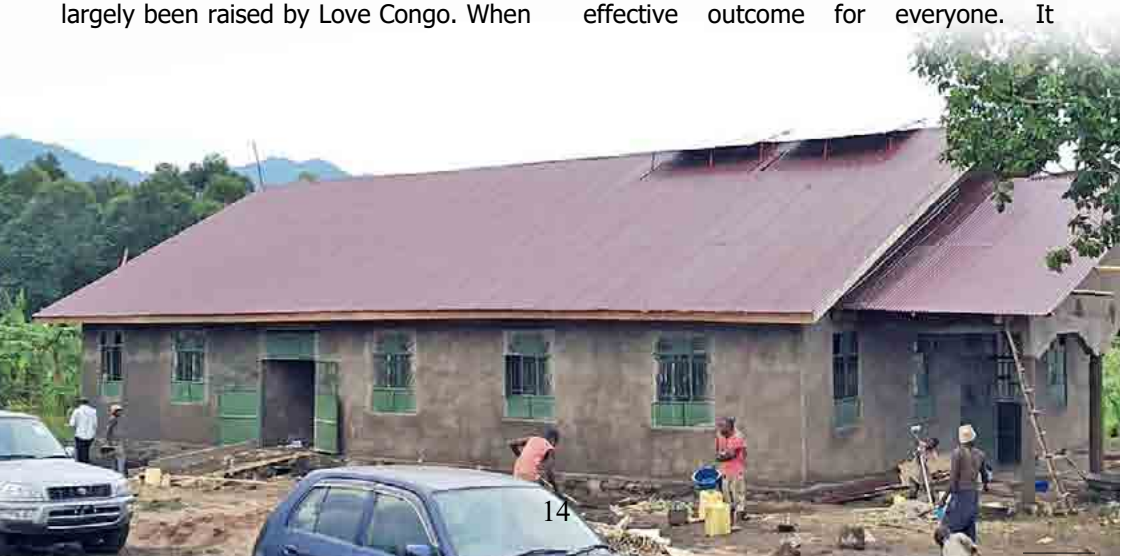
God put it on our hearts to increase the provision of healthcare and education for IDP's in North-East DRC through a gospel centred medical centre. In all that we do, our priority is for people to encounter the love of Jesus and this will be achieved through partnership with the local church. Our aims are to reduce the infant mortality rate, reduce infant malnutrition and improve the quality of life for those who have been displaced. This will be achieved through a combination of affordable healthcare, community based clinics and patient education. Over the next three years we expect to directly improve the lives of 4,000 IDP's and around 10,000 people in extreme poverty.

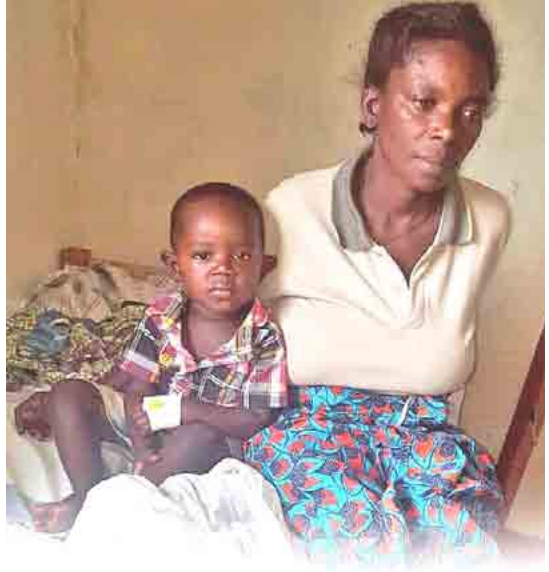
The pressing need was to build a medical centre as the mud hut that was being used was disintegrating. In partnership with New Hope, we wanted to build a six patient maternity ward, a twelve patient inpatient ward, outpatient ward, delivery room, surgical room, drug store and laboratory facility.

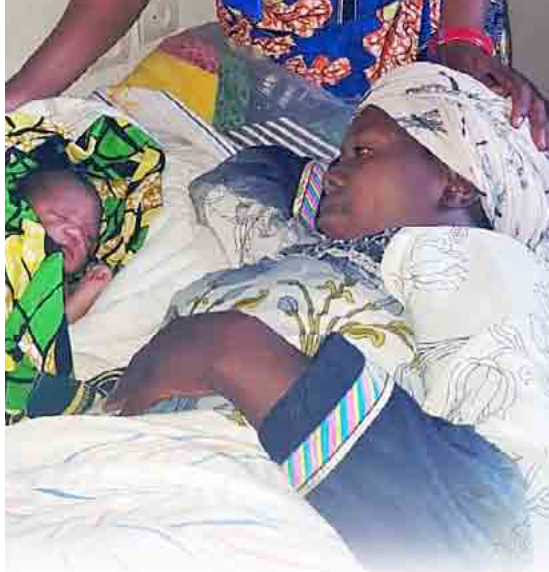
The project was kick-started with funds raised by New Hope. Further monies for the building, which enabled the structure to be watertight, have largely been raised by Love Congo. When we visited in April 2016 we began to make plans for a health centre that would serve this displaced community who have made Kasindi their temporary home. In 2017 I had the privilege of seeing the shell of the building coming together as work progressed slowly (photo below). Medical Missionary News was able to provide some funds to help complete the premises to the stage of opening for patients.

In November 2018 I was overwhelmed with emotion as we cut the ribbon to officially open the health centre. It has become a focal point in the community and has already created nine jobs. It feels in many ways that, although it is only a building, it resembles so much more; partnership, love and most of all hope, a new hope.

One of the highlights for me was visiting a piece of land six kilometres out of the town that we are renting for displaced people to grow crops. The land is about three hectares and provides an allotment sized space for eighty-nine families. Not only was it an encouragement to see how this was giving them a crop and a means to sustain themselves, but we were amazed how they had pooled their land together in order to produce a greater yield and a more effective outcome for everyone. It







summarises the culture that is so often apparent in developing countries that 'together we are stronger'. It's not a slogan on a t-shirt or a campaign message, it's a way of life and often, sadly, a necessity.

The hardest moment, as always with these trips, was being confronted by extreme poverty and suffering at its worst. We entered a house shared by three families, or what was left of those families. One lady in the house had fled to Kasindi after her husband and three children were murdered by rebels. We listened, speechless, to her story and held back tears as she explained how she had been left with nothing, but she thanked God for the little help we had provided. As we left, one of our team embraced her in a long and emotional hug. It was a picture I chose not to take on my camera but it will remain with me for a long time. In many ways that moment sums up why we spend hundreds of pounds on air fares and hours travelling overland, simply to embrace those who are dealing with the effects of humanity's worst and to tell them they are not forgotten.

Since my visit we have had some great reports from Kasindi. The clinic is overseen by Pastor Alexandre who sees the work as a church outreach. The day-to-day running of the clinic is the responsibility of his daughter, Glorieuse. A few weeks ago they saw their 100th patient (photo above left) and had their first delivery (photo above right). I've been pleased to hear how they have settled in since we left and have found their feet both operationally, and also in terms of establishing best practice.

We are, therefore, keen for the clinic to become a beacon of hope for the future and so have further phases planned to enable this to happen as funds allow. Phase two will be the addition of outbuildings including a theatre, staff rooms, private rooms, toilets and laundry facilities. Phase three is to educate key leaders amongst the IDP's to promote vital health messages and positively affect behaviour.

We cannot change the situation overnight in the DRC, rebels will continue to kill and rape, politicians will continue to turn a blind eye and all the while innocent civilians will suffer. However, I am driven by the fact the little we can do is making a huge difference to those we encountered and spent time with. So on their behalf... thank you!

Forsaking our Nets

by Keri Kaye

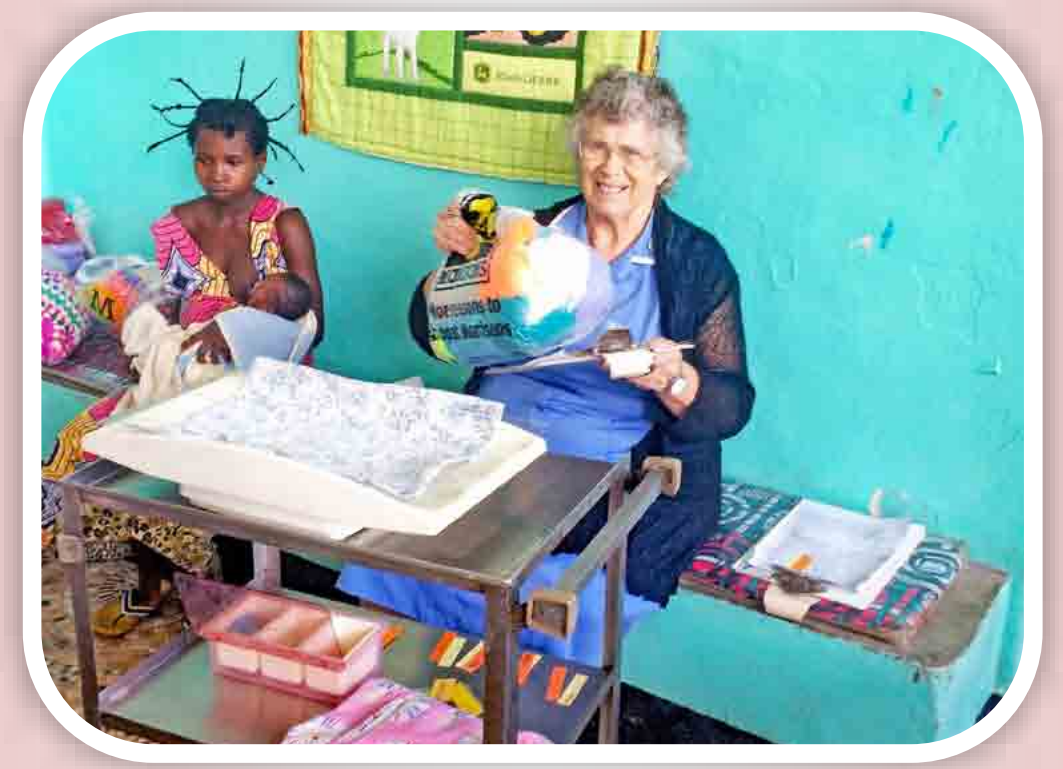
In the very early days of our relationship, my husband Josh and I hoped and often prayed that one day God would lead us into full time service for Him. I once told Josh that I would go with him wherever God led and I've most certainly been tested many times on that commitment!

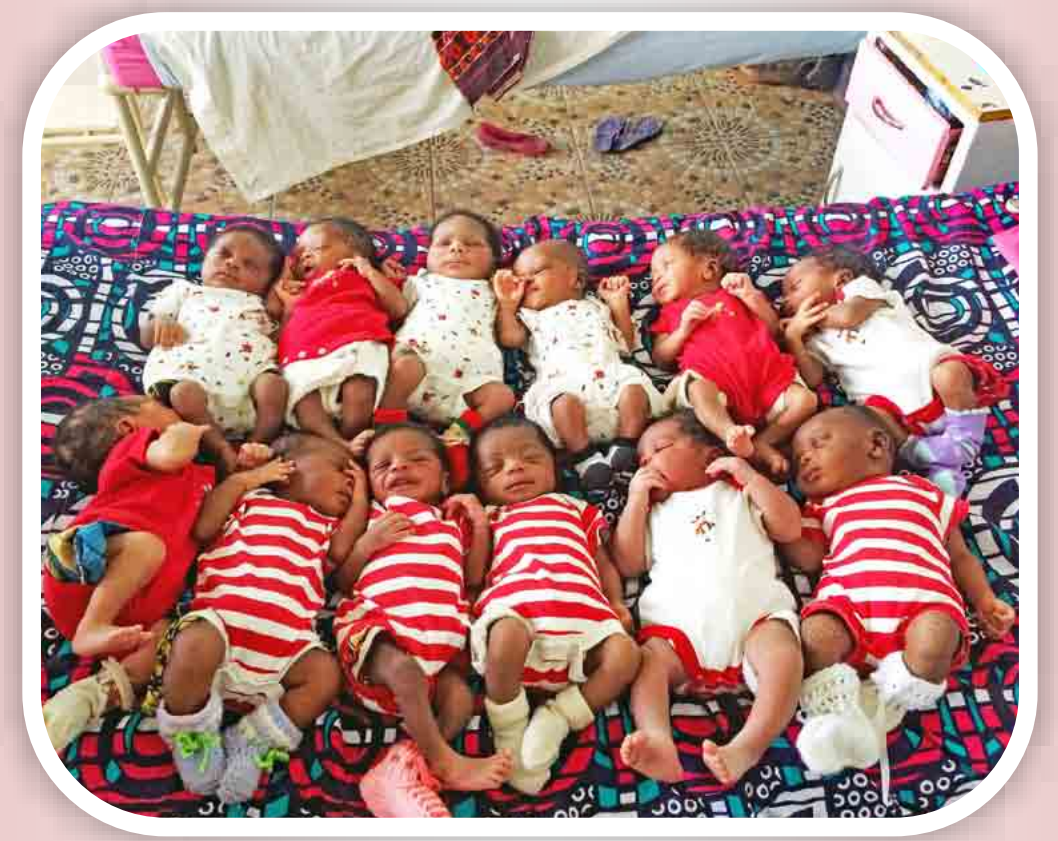
It was something we continued to pray about throughout our marriage and in September 2015 God began to answer our prayers by challenging us with the example of the disciples in Mark 3:18 '...straightway they forsook their nets, and followed him'.

In the following three months, God continued to challenge and guide us regarding how He wanted us to 'follow him'. The verses He laid on our hearts are too plentiful to list here, but suffice to say, He led and reassured us through each step, and all the way to Katoka in the Democratic Republic of Congo (DRC).

Realising where God was leading us to serve Him, we got in touch with Mary Ratter (photo below distributing layettes received through the MMN container operation) who, at the time, had faithfully served the Lord in DRC for fifty years (now over fifty-three years). During our communications with her it was reassuring to see God's perfect planning in action as the needs she described matched so well the calling God had given us.

Resting in God's will, we 'forsook our nets' in March 2016 when we ceased secular employment and were commended to God's grace by our home church in Saville Road, Skelmanthorpe.





Eleven days after our commendation service we embarked on our first trip to the DRC. It was, in fact, our first trip to Africa, and we had no real idea of what to expect. All we knew, was that we were obeying God's call on our lives, and the verse 'Help us, O Lord our God; For we rest on you and in your name we go' (2 Chronicles 14:11) could not have been more apt.

Fast forward three years and we are on the cusp of returning to the DRC for our fourth trip, this time for just under six months. We believe it is God's intention that we serve Him in Katoka more permanently, and our last visit has very much been a preparatory stage including language learning (French being the national language in the DRC) and building a new mission house in Katoka for us to reside in. While the language learning will continue for a long while yet, we hope to get the new mission house into a habitable state by the end of this forthcoming trip so that our next trip to the DRC, God willing, can be undertaken with just a one way ticket.

When all the building work is over, and we do settle at Katoka more permanently, the important question is, what will we do? After all, for decades, the main focus of the practical work undertaken at Katoka has been the hospital work, and neither Josh nor I have any medical training at all. In fact, it almost seems odd that we have been called there, when humanly speaking, there seems to be a far greater need for a doctor and/or a midwife. But we have a sovereign God whom we need only obey. Understanding His ways is not always necessary.

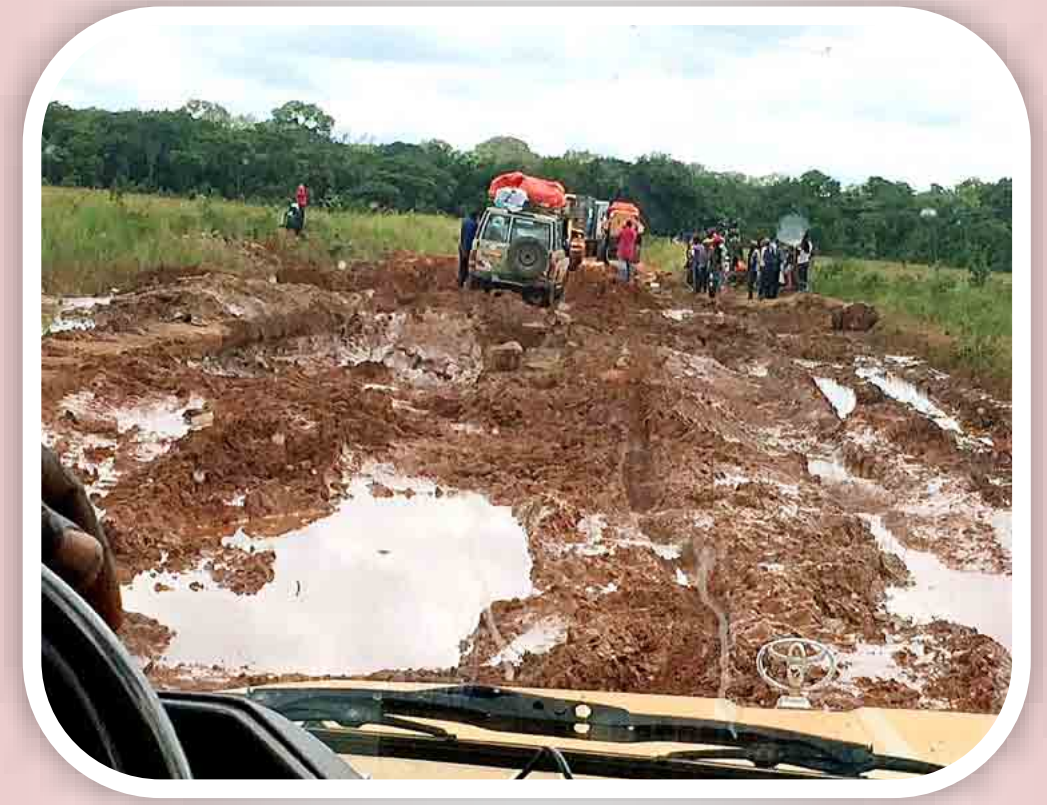
Nevertheless, there is plenty for us to do, so much so, it is a continual matter for prayer that we turn our hand to only those things which God would have us do as we could easily be distracted by a hundred and one other things. For this reason, when seeking to make the right decisions about the use of our time and resources, we try to keep in mind the calling which God gave to each of us. For Josh, it is to preach to the poor (picture above), for me, it is to feed the hungry. The practical outworking of our calling can of course look very different to what we might have originally expected, another reason why it is important for us to continually pray that our decisions and actions be in line with the will of God.

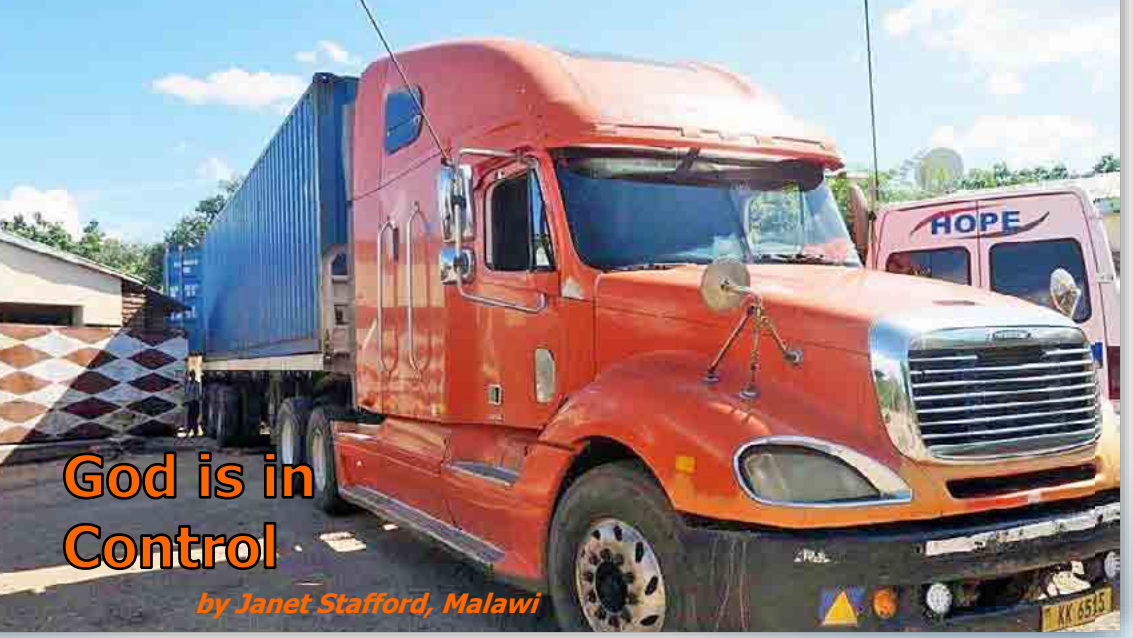
So what do I mean when I say there is plenty for us to do? At Katoka Mission (situated in the south of the DRC, 45km from the border with Angola) there is, of course, the large hospital which is the domain of Mary Ratter and her colleague from New Zealand, Sandy Meikle. Next to the hospital there are the primary and secondary schools and next door to them is the Bible School. In addition to the regular Bible teaching sessions hosted there, the Bible school buildings are used for the Sunday School and other mid-week youth work. Also, each Sunday there are two gospel services held simultaneously, one at the hall and the other at the hospital, and each day during the week there are devotional sessions held with the various staff on the mission.

While any of these long established activities could and do benefit from any additional support we can give, there are also endless opportunities to expand the work going on in Katoka, both in a practical and spiritual sense. It is therefore our prayer that we are not only a help to those already serving the Lord there (whether fellow missionaries or locals), but that we might also, in God's strength, help expand the work going on in His name at Katoka and the surrounding area.

When Josh and I realised that the Lord was calling us to serve Him in the DRC, we had no idea how much life as we know it would change. We anticipated certain things, to a certain degree, but, until you have witnessed first-hand the level of poverty permeating every facet of life for the Congolese people you have no idea how you will react or cope. The incessant dust which clings to every orifice of you and your belongings whilst dealing with a million and one other new scents, sights, sounds and situations, is a real challenge and it is only in God's strength and by His grace and mercy that anything is ever achieved for Him. While this can be said of anywhere in the world, it is especially true of DRC.

The political and economic climate in the DRC means that it is consistently ranked as one of the poorest countries in the world, despite it having at least USD24 trillion of untapped resources. This level of resource should put it on a par developmentally, with countries such as China. Instead, much of the infrastructure of the country is in a state of deterioration, especially the 'roads' (photo below). Given that the 'roads' are particularly challenging in rural areas such as Katoka, and the fact that the logistics of bringing essential resources into the country seem to get more and more complicated, organisations such as Medical Missionary News are truly a lifeline to the ongoing work at Katoka Mission and we praise God for the vital work which they carry out so faithfully.





God is in Control

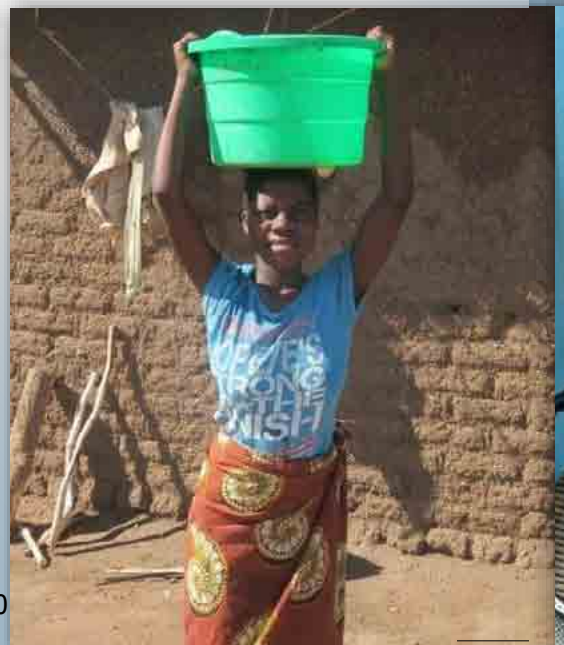
by Janet Stafford, Malawi

Romans 8:28 states 'For those who love God all things work together for good'

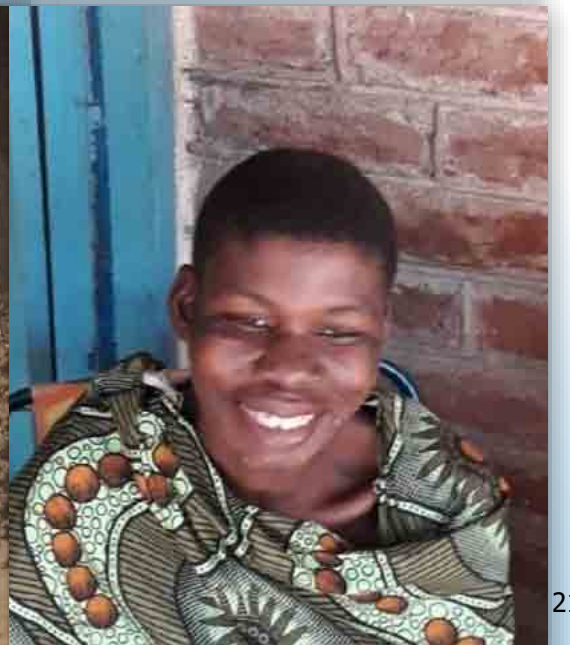
I was in Malawi when a container from MMN arrived in February 2019. It had been delayed in its transit across Africa for nearly three months. What great joy there was when it eventually arrived. Some items were able to be sorted and distributed before I had to return to UK. God willing, I shall be going back to finalise the sorting and then leave the goods for distribution to Lapson, a local leader.

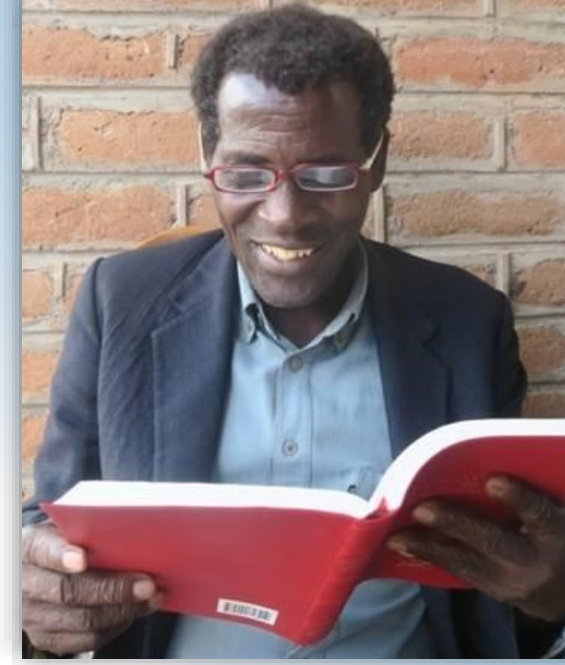
There is a saying: 'Go with the flow!' and that is what we experienced, trusting in the fact that God was in control, and we got on with what was to hand while waiting for the container to arrive. During this time, dressing of wounds became a daily task. Over this period of waiting it was estimated we undertook over 500 dressings, many of them for children with sores on their legs, and injuries caused by being carried on the back of bicycles. Because people do not eat healthy food, small wounds don't heal well and become bigger. Some wounds are more challenging.

Jennifer came to us after visiting two clinics where she couldn't get help. She had burnt her breast with boiling porridge and it was severe. She pleaded for help but what could we do? Turn her away or try to help her? We prayed with her and I remembered how I had been given some emergency burn kits, and these were just what was needed. She came daily for two weeks and had the wound dressed. We recalled that Jennifer had come to us eighteen months previously asking for prayer as she couldn't open her hand because a curse had been put upon her. We prayed with her then, and released her from the curse. We noticed now that she was not using her hand, which was still closed, and on talking to her she said she was not able to open it. We asked her who it was that was enabling her wound to heal? And who was it that was helping her with the challenge she was facing? She replied that it was Jesus, so we prayed in the name of Jesus that she would open her hand, and she did. A few days later the young man helping me became very excited because Jennifer was at the borehole lifting a bucket of water onto her head with both hands (photo left below). The wound healed and today Jennifer is very happy and attending church. There is power in the name of Jesus.



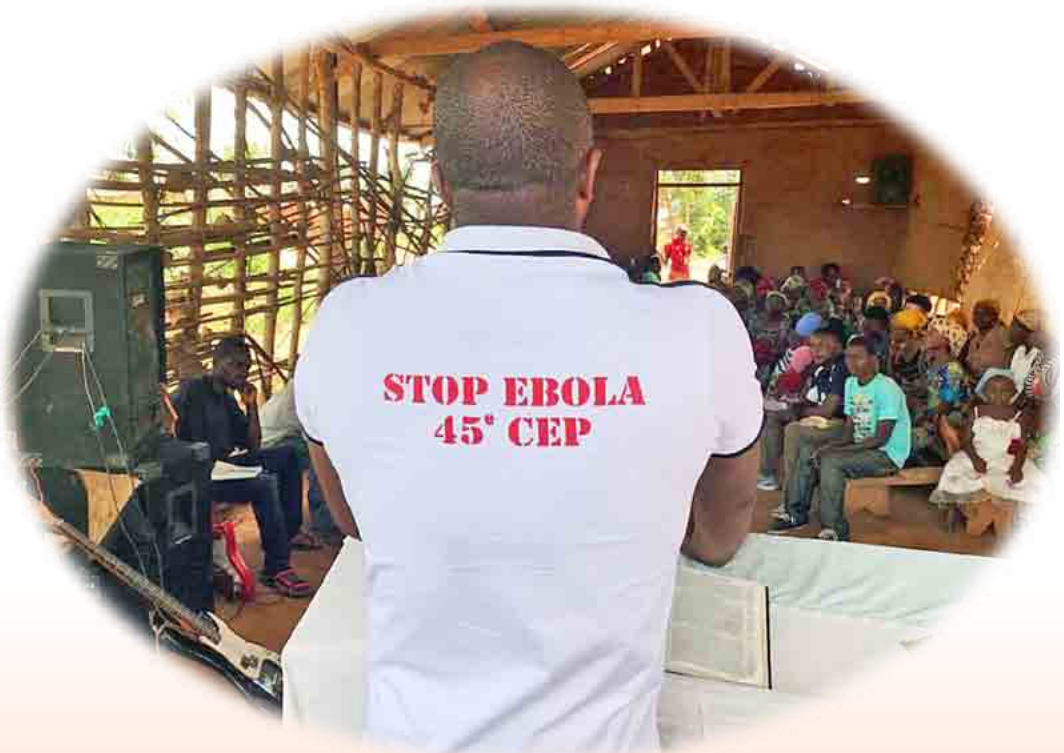
Regina, a young lady of thirty-two (photo below), has suffered from epilepsy since she was twelve years old. One day she had a fit, fell into the fire and burnt her back. For many people, epilepsy is still thought to be a curse. Because of this, Regina suffered rejection and has generally been ill-treated. She was very withdrawn and depressed but as we began to help her, and show her love and care, she dramatically changed. We were able to pray with her and encourage her. Over a period of three weeks she came to have her dressing changed and the fits she had been having stopped. The wound on her back completely healed and we trust she is still free from fits.





Another aspect of care we were able to show was the provision of reading glasses (photo above). We were able to help many people enabling them to read their Bibles. This brought much joy.

Caring, or just being available for people, is in itself an important ministry. Supporters of MMN, many of whom read this magazine, have blessed so many people throughout the world, including the people of Malawi. This has been achieved through giving, whether in kind, through dressings, bandages, reading glasses, or in making provision, enabling MMN to send containers and to sponsor Malawi's young Christians for medical training. I am so grateful. Thank you.



EBOLA VIRUS PREVENTION

by Pastor Noah, Beni, Democratic Republic of Congo

North Kivu is a province bordering Lake Kivu in the eastern Democratic Republic of Congo (DRC) with a population of approximately 5.7 million people. Its capital is Goma.

North Kivu borders the provinces of Ituri to the north, Tshopo to the northwest, Maniema to the southwest, and South Kivu to the south. To the east, it borders the countries of Uganda and Rwanda.

The province consists of three main towns; Goma, Butembo and Beni and it is home to the Virunga National Park, a World Heritage Site containing the endangered mountain gorillas.

The region is politically unstable and since 1998 has been one of the flashpoints of the military conflicts in the area.

The Ebola outbreak in the province began on 1st August 2018 and has been the cause of many deaths and a threat to more lives since last summer.

The affected province and general area are currently enduring a military conflict, which is hindering treatment and prevention efforts. The World Health Organization's (WHO) Deputy Director-General for Emergency Preparedness and Response has described the combination of military conflict and civilian distress and sickness as a potential 'perfect storm' that could have led to a rapid worsening of the outbreak. The WHO reports that since January 2019 there have been forty-two attacks on health facilities and eighty-five health workers wounded or killed.

If preventative measures had not been taken immediately, then many more lives would have been lost. Much appreciation therefore is extended to those who have been touched by and who have responded to the situation. We are grateful to all who have become directly involved by intervening and using their resources to combat the spread of the virus among communities.

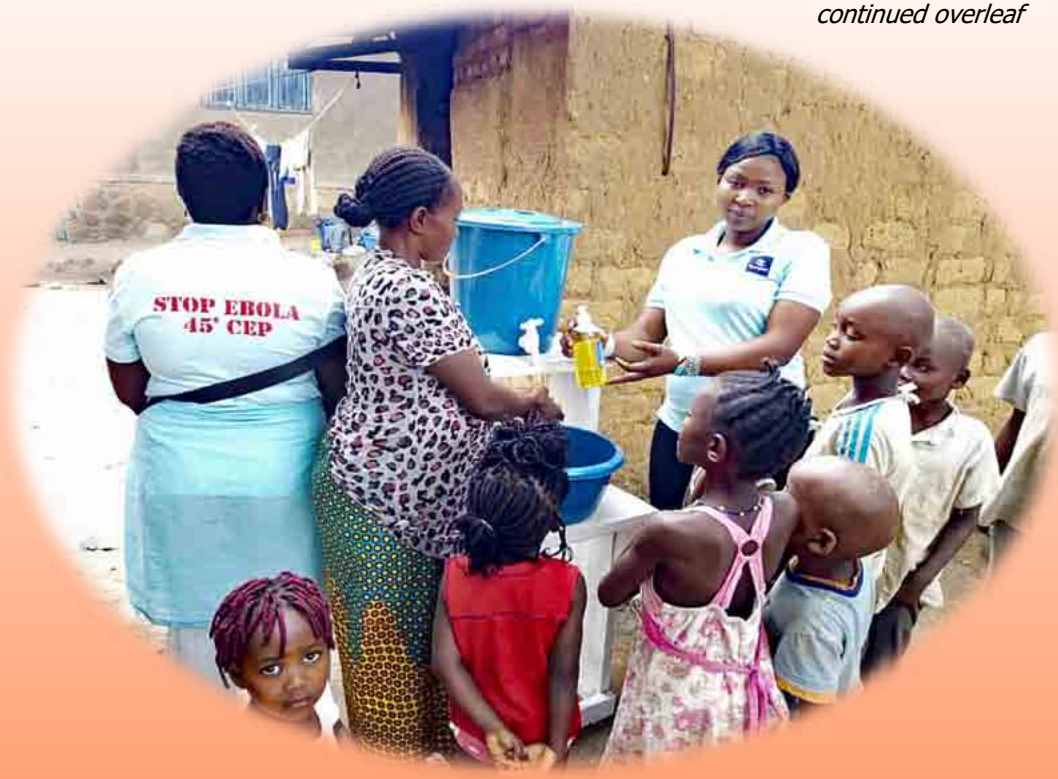
Our church in the town of Beni decided to help implement Ebola virus prevention and so we planned a number of activities which included:

* educating six trainers to give health talks about Ebola virus prevention and teaching them how to use the hygiene/health kits provided.
* identification of churches, streets, schools, bus stops, and other public places, as suitable venues for carrying out the work.
* giving health talks about Ebola virus prevention at twenty-six different sites in Beni, and providing ninety three hygiene/health kits together with instructions on how to use them.
* raising public awareness about the prevention program and also the dates of prevention projects in various places.
* presenting the Gospel of Jesus Christ as our only Hope in all situations and at every opportunity.

Unfortunately, there have been many challenges in trying to halt the spread of the virus and these include culture, belief and insecurity. Throughout our work we have tried to reassure people although our resources have been limited. Nevertheless, we have seen God's intervention at work and this has been a great encouragement.

Despite the background of hostilities the overall impact has been very positive and contamination rates are now very low in Beni town. The World Health

continued overleaf



Organisation reported that there were thirty-five new Ebola infections in December 2018, in January 2019 there were twelve and by February this had reduced to seven.

Although this is encouraging for the town of Beni there are the neighbouring towns of Butembo, Komanda and Kaina, and other villages, which are badly affected by the virus. Their civil and church leaders are turning to us for help but there are no extra resources available. The danger we fear most now is the possibility of cross contamination whereby, the virus can find its way back into Beni town. To avoid this, people are hiding themselves away and moving from one place to another. For this reason the need for continuing this prevention and education work is vital.

We are very grateful to Medical Missionary News, their supporters and other well-wishers, who have supported us in this ministry. If it was not for this valuable support then it would not have been possible to prevent the Ebola virus spreading to other communities and towns. Lives have been saved and for this we thank you.

MEDICAL MISSIONARY NEWS

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From the Director

Grev Parmenter

I have been challenged recently about how we should pray through reading Luke 11. If we are honest, we all find prayer difficult. The disciples were no different and asked Jesus for help in their prayer lives. He gives them a model for how we should pray in verses 1-4 that we know as the Lord's Prayer.

However, it is the story that Jesus then tells them afterwards in verses 5-8 that really spoke to me. God is such a generous God that we should be praying boldly. If our friends and neighbours will respond to our requests, even when they might not want to, how much more will God, who is our Father, respond to us when we ask Him. This is highlighted in the example Jesus gives in verses 11-13 about how we would respond to our children's requests.

Therefore, in verse 9 we are encouraged to ask, seek and knock, to be bold when we come to God and seek His help or provision. Why? Because, as verse 10 tells us, then we will receive, we will find and the door will be opened.

Let me encourage you to pray boldly and persistently for the needs of those you have read about in this, or in a previous magazine, because our God is a generous God, who is able and willing to do more than we can ever ask or think.

STAMP AND COIN COLLECTIONS

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