



MEDICAL MISSIONARY NEWS

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Supporting Christian Mission through Healthcare



Out of Small Things

Small things make a big difference

'See then that you walk circumspectly, not as fools but as wise, redeeming the time, because the days are evil'

(Ephesians 5:15,16)

If you are finding time to read this, then may I assume you have found some time in your life to take an interest in medical mission work and to pray, or give in some way to make a difference in someone's life? I know I have sometimes aimlessly picked up Missionary and Christian magazines and looked through them with no real intent.

This magazine has stories where small things have made a big difference; whether it be through the provision of a pair of shoes for a child migrant, toothbrushes in Uganda, supporting Christians to train as nurses in Chad and Malawi, providing an antibiotic to treat a child with cholera, or telling a child in India a Bible story. Such little things can make a difference under God's sovereign plan.

We will only really know the effect of our actions in eternity and then I suspect we will wish we had not wasted our time or our opportunities to do something of more significance. Shall I start on all our pointless activities?....you know them too.

'Redeeming the time, because the days are evil', can be translated as making good use of every opportunity. Time is finite and passes, opportunities can be missed. Redeeming means buying back, so literally meaning buying up your time for the Lord. For example, take every opportunity you can, to be involved at your church and to volunteer in work that makes a difference for eternity. Encourage others at church to do something to serve God at home or abroad. Take that opportunity to make a difference. Everyone has time to get involved in serving God in some small way, but not everyone has the desire.

**an editorial by
David Keith,
FDS, FRCS,
chairman of
the MMN
trustees**



To find time to make a difference, we need to obey that desire God puts in our hearts, and be encouraged that even simple actions can have a massive effect. Even putting a nail in a horse's shoe..... The old proverb states:

For want of a nail the shoe was lost.

For want of a shoe the horse was lost.

For want of a horse the rider was lost.

For want of a rider the message was lost.

For want of a message the battle was lost.

For want of a battle the kingdom was lost.

And all for the want of a horseshoe nail.

Consider how you were led to accept Jesus as your Saviour and how God worked through the little things that made a difference for that to happen. Consider the chain of events that led Moses to be the leader that brought the children of Israel out of Egypt. What would have happened had no one been able to make a basket that floated in the river? What if Pharaoh's daughter had not taken pity on the baby in the river? Small things then, that we now know made a big difference. Consider that simple act of kindness that pays for an antibiotic that saves a child from death, who may then hear the gospel, and then achieve great things for God? We would never know if it was not for that simple gift or action. All for the want of a nail. All for the want of time taken to do that simple thing that made such a big difference.

'My Soul blesses the Lord'

Supporting Christians in their medical studies, both in the United Kingdom and overseas, is a key component of MMN's commitment to medical mission, particularly when the students concerned are dedicated to serving their own people in their own land when their training has been completed.

Guermadji Mbaissanadje (Chad), Gloria Mbewe (Malawi) and Similia Mpheza (Malawi), are three such examples and their testimonies follow. Please join with us in praying for them, and other young people similarly committed, as they commence their service for the Lord.

My name is Guermadji Mbaissanadje. I was born on the 2nd April 1991 in Doba, Chad, (central Africa) and I am the third son of Christian parents, Mbaissanadje Eloi and Porel Jeannette.

I want to take this opportunity to express my gratitude to my God for His goodness to me. I trusted the Lord as Saviour at a young age and was baptised in 2011 at Doba in my local church, a French speaking Christian Assembly, where I worked among the young people. At the same time I continued my studies to obtain my Baccalaureate, which I achieved in 2015.

My country of Chad has a great need for Christian doctors and so in 2015 I arrived at Conakry, Guinea, to enrol at the University there to study medicine, with the hope of returning and serving my people as a medical evangelist.

With the financial and spiritual aid of my parents and Medical Missionary News, who continue to support me during my studies, I am now in my third year of medicine. Medicine is my passion and I shall continue to work hard so that I may be able to relieve those who are suffering. Jesus Christ Himself was a great example of this.

My soul blesses the Lord and does not forget any of His benefits, constantly giving thanks to God for all things in the name of Jesus Christ.

I hereby express my thanks, not only to the Lord for his grace to me and to Medical Missionary News, but also to the Lord's people and to Mrs. Dawn Elliott, a missionary who has given a lifetime of faithful service and support to my family and to the people of Chad.

Once more, I send my best wishes for good health, peace, love and new life in all your work for the Lord Jesus Christ. Amen!



'I am so grateful to God'

My name is Gloria Mbewe and I am studying nursing and midwifery at St Luke's College of Nursing, Zomba, Malawi. I am now in my second year. We had four weeks in class and then were allocated to undertake practical work at Thyolo District Hospital which will take us four months.

At the hospital I was allocated to a variety of different departments including paediatrics, theatre and family planning wards. It was really wonderful and encouraging to see how things we learnt from school are being done practically in hospitals. I enjoyed working alongside the qualified personnel learning how patients are cared for and treated.

I have also been encouraged to see how people have been healed after being treated. I do enjoy my training, especially when I am doing the practical work, as I also have the chance of talking to people, encouraging them to put their faith in Jesus Christ as He is the great physician. It's good to be with people who are really in need of God's help and to encourage them to keep on trusting in Him.

As I write I am home with my family for a break, helping my mum who has been ill but is now feeling better. I was so moved when I was once in hospital with my mum for a weekend and I was able to use my education and experience to help her.

After doing my allocation in January 2019 I went back to school for some examinations and then proceeded with the second semester.

August 2019 is when I shall begin my midwifery training which will last for two semesters and, if the Lord allows, that shall be my final year.

I am so grateful to God and those who pray for me. My time at school is

being such a blessed time and I really ask for your continued prayers and support.

It is not always easy to be at a school where people have the freedom to make their own choices. There are a lot of challenges and temptations but I am asking God to continue guiding and protecting my life from those who come my way with their tempting situations.

It is my heart's desire that when I finish my training I shall be of much help to those who are sick, both in hospitals or in their homes.

Thank you so much for helping me fulfil the desire of my heart.



'My God is real'

I am Similia Mpheza, the youngest son in a family of five children. I was born on 22nd February 1997 in Malata village, Makhwira, Chikwawa, in the southern region of Malawi.

I lost both my mum and dad in years 2004 and 2005, when I was in primary school. Life became so difficult to me as the youngest of all the children in our family as there was nobody who could take care of us. None of the relatives of my mum and dad were even interested in looking after us when my brothers, sister and I had to leave school altogether.

By the grace of the Lord I was found by Pastor Mbewe, along with other orphans, to be part of his family, where I was given the wonderful opportunity of returning to school.

I was educated at Livunzu primary school from standard one to eight and then went to Hope Christian Boarding Private Secondary School from 2012 to 2016 where I obtained my Malawi School Certificate of Education but unfortunately not with good grades. I was then given a chance to retake the examinations in 2017 where, this time, I passed with good grades and I really thank God for helping me obtain the certificate.

It had always been my dream that, if God willed, I could work in the health department as I saw and remembered the way doctors tried to help my mum when she was very sick. I also wanted to be of some help to my people.

I really thank God that He made my dream eventually come true when I applied for a nursing and midwifery course at Malamulo College of Health Sciences. I eventually commenced my training on 24th September 2018. Going to school was like a miracle as I wasn't sure that I would be able to go due to the financial challenges. But my God is

real and He made funds available for me to go to school.

Since the time I started learning at the college I have seen God being there for me. My studies have been going on well.

I want to convey my thanks to those who are faithfully supporting me in my school education and it is my prayer that God will bless them. It is amazing to me that people who I have never met, some from far away in other countries, would help me in this way. It is my prayer that I will continue to study hard and at the same time grow in my faith.

May the Lord bless you all.



Medicines for those in need

by Forbes Mutch, International Health Partners

The facts are startling, shocking in fact. According to the latest figures from the United Nations Refugee Agency, there are 68.5 million displaced people in the world, more than the population of Thailand. This figure was recorded at the end of 2017. By the time you read this article, the count is likely to have risen even more.

As some of you may know, providing medicines and healthcare treatments for the growing number of refugees who have fled their homes to escape conflict and persecution is at the heart of the work undertaken by the

Christian charity International Health Partners (IHP). But that is not all. Part of IHP's mission is to work with agencies in the field that are helping, not just refugees, but all communities worldwide made vulnerable by natural disaster, conflict and poverty.

IHP is a mission based on a Bible text that will be familiar to you and which featured in the Medical Missionary News magazine 2018 number 3. Dr Christine Sansom, in her editorial 'A Hope and a Future,' quoted from Matthew 25: 34-40; *'The King will reply, truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'*

IHP depends on the relationship that it enjoys with partners on both sides of the donation divide. It is a simple proposition; pharmaceutical companies have medicines that they want to donate to international aid. International aid agencies and other healthcare providers need the medicines that are on offer. At IHP we complete the equation.

2019 will be an auspicious year for IHP, as it marks the 15th anniversary of the charity's launch. Over that time we have delivered over 40 million medical treatments to agencies working in over 100 countries. Behind the numbers are scores of individual stories and testimonies of survival, recovery and hope.

Take Sayid, for example. Sayid was diagnosed with Type 2 Diabetes eight years ago and he needs daily medication to control his condition. The problem is, Sayid is a Syrian refugee, who lives in a tented camp near Al Awde in the south Beqaa Valley in Lebanon. He has no money to pay for his treatment. Fortunately, there is a local health clinic nearby that he can visit every day to

collect his pills for free. This vital medicine is provided by IHP and delivered by partner charity Anera.

Sayid says: 'I don't know where I would be right now without IHP. Our lives are hard as it is, and having to deal with a chronic disease only adds to the burden. We really appreciate the help we receive. Our lives depend on it.'

And there is Dr Abubakar Zubairu (known as Abu), a UK consultant surgeon from Leeds, who works regularly as a volunteer in a hospital in Nigeria. He tells the story of a man who came into the hospital holding onto a stick and being led by his seven-year-old grandson.

Abu says: 'This man was blind because of cataracts. We operated on one eye and he could see. The next day,

we operated on his other eye and he cried and cried because he had his sight restored. When I got home, the grandson phoned me. He passed the phone to his grandfather who said two words; 'thank you'. He still phones me now just to say that: 'thank you, I can see'. That's why I go to Nigeria; to give an old man back his sight. I enjoy seeing and hearing about the legacy of what we leave.'

In November 2017, Medical Missionary News financially supported two IHP shipments – 75,783 medical treatments to Haiti and 31,000 essential medicines to Somalia. In terms of UK National Health Service values, these medicines were worth over £319,000.

While Haiti has struggled with poor health provision for generations, the health system was debilitated even further by a severe earthquake in 2010, which demolished fifty health centres, part of Haiti's primary teaching hospital and the Ministry of Health. Just as healthcare services were recovering, the Caribbean island was hit by Hurricane Matthew in 2016 and by Hurricane Irma a year later.

IHP's partner in Haiti, World Hope International (WHI), is a Christian relief and development organisation working with vulnerable and exploited communities to alleviate poverty, suffering, and injustice. The charity delivers essential medicines and medical supplies to health facilities and mobile medical units across Haiti, to treat people in communities that remain vulnerable to the spread of disease. Cholera has affected over 800,000 people and led to 10,000 deaths since 2010. Antibiotics are vital for the treatment of severe cases. The range of treatments in the MMN-funded shipment have been used for primary health care needs, treating up to 75,000 people, including cholera victims.

This shipment specifically supported a 44-bed hospital on Gonave, an



outlying island twelve miles from the mainland. It is home to some 100,000 people, the vast majority of whom are unemployed in any formal sense of the word. There is some subsistence farming and sale of goods from the mainland, but no corporations operate on the island; there is no large industry and poverty is widespread.

There is only the one hospital on the island and access to it for vehicles or motorcycles is along a rocky, dirt road. The surrounding terrain is mountainous and travel is expensive for the native population, making the provision of healthcare difficult. In some cases, native belief systems, such as fatalism and voodoo, discourage trust in modern medicine and makes some patients reluctant to seek treatment.

The IHP medicines were used in the hospital, its associated outpatient clinic and to support mobile clinics across the island (some planned and some in response to the outbreak of cholera) as well as clinics in schools.

The outpatient clinic serves thousands of patients and the hospital has hundreds of admissions every year. Common ailments include hypertension, type 2 diabetes, skin infections, stomach ulcers and gastritis, diarrheal illness, tuberculosis, asthma and many more. The obstetric population is high-risk, as most uncomplicated pregnancies deliver at home, often without any antenatal care at the hospital.

The medicines dispensed included antibiotics used for skin and respiratory infections in children and adults as well as a stronger antibiotic for the treatment of cholera. Vitamins and iron were especially useful for obstetric patients to improve infant health and decrease post-maternal fatalities from haemorrhage and anaemia. Anti-parasite medicines were given to children in dozens of schools around the island.

As one doctor working on the island said: 'Donated medicines such as these are an amazing gift to us. Our patients frequently cannot pay their outpatient bills and very often cannot pay the full bill of inpatient charges. Having donated medicines helps keep the hospital's costs and charges down and allows us to better serve this vulnerable population.'

The shipment to Somalia was also sent in November 2017 following an urgent request from IHP partner International Medical Corps (IMC). The shipment contained thirty-six of our Essential Health Packs (EHPs), which represents over 31,000 treatments of essential medicines.

On 14th October 2017 there was a massive explosion caused by a suicide truck bombing at a busy junction in the capital, Mogadishu. At least 587 people were killed and 316 injured by the blast. The truck, driven by a suspected Al-Shabaab terrorist, was detonated after it was stopped by security forces. While the actual target of the attack is believed to have been a nearby secure compound housing international aid agencies and troops, it destroyed hotels, government offices and restaurants. It blew up next to an oil tanker, which intensified the blast.

In the aftermath of the bombing, IMC contacted IHP to say that the hospital in the area was overwhelmed by the number of casualties and was short on a huge number of essential medicines. The MMN-funded shipment was a direct response to this urgent need.

The emergency in Mogadishu was not helped by the underlying needs in Somalia, which have been hit in recent years by flooding, long-term armed conflict and a refugee crisis that has seen approximately half of the population dependent on outside support for their survival and livelihoods. Restrictions on

humanitarian access exacerbate the already precarious situation.

Following the Mogadishu bombing, IHP's partner has continued to distribute the medicines to thirty-five hospitals, health centres, maternity units and mobile health teams in five regions, most affected by the refugee crisis; where people have little or no access to essential lifesaving health services.

The MMN donation was used to manage medical conditions at these facilities, including peptic ulcers, respiratory infections, asthma, hypertension, diabetes, skin allergies, fungal infections, worms, arthritis and vitamin deficiency.

A huge thank you goes out to MMN, not just from IHP and its partner IMC in the field, but from the 11,000 or more Somali people who have benefited so far from the items donated.

As IHP approaches its landmark anniversary, there is little or no time to

reflect on the achievements of the past. Of course, it is important to give thanks for the generous gifts that the charity has received from its supporters over the years, but the work is unceasing.

As more and more conflicts in the world target civilian populations and use people displacement as a weapon of war; as each new twist in global climate trends seem to bring heavier rainfall in certain parts of the world and drought in others, the need grows for a charity that brings partners together to provide essential healthcare to the vulnerable and disadvantaged.

We are proud of, and grateful for, our partnership with MMN. Together we respond to the challenge of Matthew 25: 36; 'I was ill and you looked after me.' Thank you for your faithful support and together we proclaim, 'therefore as we have opportunity, let us do good to all' (Galatians 6:9).



Nyakatare Health Centre, Uganda

by Clare Ramsden, Mary Wood Trust

Since 2007, I have had the privilege of travelling to Uganda on an annual basis, representing the Mary Wood Trust. This charity was formally registered with the Charity Commission in 2011 and given its name as a constant reminder of the work that my mother, Mary Wood, began in 2002. She was a committed Christian, helping others wherever she could. She was also very aware of the unfairness of life; how being a girl could hold you back from

being educated; how having black skin in a white skinned world might cause prejudice and segregation.

One of the main aims of the Mary Wood Trust is to provide education to the poor and needy in the Kinkiizi area of South West Uganda, especially to the young girls at Nyakabungo Girls Secondary School. We have also recently been able to support some of our girls as they have progressed to further education. Due to generous support, we have been able to upgrade some of the accommodation at the school, creating a better environment for both staff and pupils.

Although education is the primary thrust for the charity, it is not at all surprising that we also have an interest in the health of the community where we are involved in Uganda. Mary Wood trained as a nurse, my father was a doctor, my brother Peter is a doctor, his wife is a nurse, and I did one year of my nurse's training many years ago.

On my first visit to Nyakatare Health Centre in 2007, I was struck by the deep commitment of the people who worked there, especially the administrator, Ritah Katumbah. Her Christian faith shines through in all that she does, and prayer always plays a major role in her life.

I knew that I wanted to help her where I could in my small way, and I have tried to respond to her requests for help whenever I have been to Uganda. I have been truly amazed at how people have supported these requests, notably through MMN.

My most recent visit to Nyakatare Health Centre was in October 2018, when I was able to show my sister Pippa all the things that we have been able to achieve there over the past few years; setting up a dental clinic at the centre and also

'Whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.' (Colossians 3:17)

providing the dentist with a mobile dental chair, providing a quiet generator to cope with the unpredictable power supply, building a washing area and latrine for the patients, providing an up-to-date and working microscope (photo left), installing running water in to the laboratory, giving the dentist a new lab coat, a head lamp and dozens of toothbrushes (photo right). All these gifts were possible because of people prayerfully responding to the need, and we are very grateful for that.

While there, we went out with Ritah and Peter the dentist on an outreach to another small health centre. As the dental charges on these outreaches are much reduced, there were quite a number of people waiting to see Peter. Most of them were elderly and they were there to have bad teeth extracted. Peter talked about dental health and how to look after one's teeth. Not wanting to miss an opportunity with a captive audience, Ritah then spoke about problems that can affect elderly men, stressing the importance of seeking help swiftly. Her wonderful manner not only instilled confidence but also managed to make everyone laugh!

The dentist tries to get out regularly to the various schools in the area, to educate the young people about the importance of a good diet and keeping their teeth clean. Of course, this is not so easy when you are talking to a poor community, where for some, just finding food for their next meal is a priority.

It is obvious that these outreaches are very important and worthwhile but unfortunately the rising cost of fuel is making it more difficult. Nine outreaches were planned for the final three months of 2018, at a fuel cost of about £150.

Fortunately, the Mary Wood Trust was able to cover this but I am unsure how this funding will be met in the future.

So, each time I visit Nyakatare Health Centre in Kanungu Town, I am reminded of how much we need to thank God for the way that prayers have been answered and for the way that MMN and its supporters have responded to the needs that I find there.

www.marywoodtrust4uganda.org



Transforming Lives

by Douglas Griffin, Shared Hope

'the pot he was shaping from the clay was marred in his hands; so the potter formed it into another pot, shaping it as seemed best to him. Then the word of the Lord came to Jeremiah. 'O house of Israel, can I not do with you as this potter does?' (Jeremiah 18:4,5).

Shared Hope, a Scottish Charity, was established over ten years ago. Our motivation is to follow the second great commandment of our Lord Jesus Christ; 'you shall love your neighbour as yourself' (Mark 12:31). We seek to do this by expressing mercy, promoting justice and upholding dignity, and believe that this can be achieved by empowering those who are poor, and equipping them to become independent and self-sufficient.

In November 2017 a team of us travelled to India to visit a total of ten projects. We were there as representatives of Shared Hope, which partners with eighty projects in sixteen countries around the world. As we visited the different projects in Bangalore, Mumbai, Dehradun and New Delhi, we were struck over and over again by the loving care being shown by committed Christian men and women to the poorest of the poor in Indian society. These included people whose lives had been ravaged by HIV/AIDS or by addiction, migrant workers living in shelters made of plastic sheeting, clinging to riverbanks, who could not afford to pay for their children to be educated, and orphaned children rescued from a life of danger on the street. We met some remarkable people, quietly serving the Lord Jesus Christ within their communities in obedience to His command to love their neighbours, and in so doing bringing hope and transformation to the lives of many people.

One of these was Dr Savita Duomai (photo right), who heads Shalom

Delhi, a project operating under the umbrella of the Emmanuel Hospital Association (EHA), which cares for people and families affected by HIV/AIDS. Though the worldwide rate of HIV infections is decreasing, it is a different story in New Delhi where the number of those living with HIV is increasing and an estimated 50,000 men, women and children are infected. The vast bulk of these are impoverished and marginalised because of the stigma attached to the disease. People living with HIV are often unable to find hospitals willing to treat them with dignity, and have difficulty securing employment due to frequent infections and physical weakness. An HIV diagnosis can therefore send them spiralling into a painful cycle of illness, isolation and poverty.



Savita is a practising clinician. She is responsible for Palliative Care and all HIV related work carried out within Shalom. As EHA is unable to support the project financially, she is also hands-on with securing the funding which is required to keep Shalom 'on the road'. This is one remarkable lady, someone whom you would want on your team!

Shalom Delhi has been operating for a number of years. There is a ten-bedded inpatient facility to support acutely ill patients, outpatient clinics, a homecare service and counselling programs aimed at families and adolescents. Referrals come from government hospitals in New Delhi, each of which operates an Anti Retroviral Treatment Clinic. Between ten to fifteen new referrals are received every month. Since it was established in 2001, Shalom has seen around 2,500 patients with HIV. Each year, on average, it admits 300 inpatients and carries out 800 outpatient consultations.

Savita accompanied us throughout our visit. This started with a visit to the inpatient unit. On the day of our visit we met two patients, both in an acute phase of their illness and suffering with tuberculosis. We were able to speak with them and pray for them at their bedside. Next we met with Persis, a member of the Shalom Delhi team, who heads up the homecare program and who was leading a workshop in the inpatient unit's conference room. This was part of a nine month course being attended by a group of thirteen adolescent children who were HIV positive or living with a family member who was HIV positive. The purpose of the course was to teach life skills, including how to live with HIV, and how to support a family member living with HIV. The stigma attached to HIV is such that family members require to be taught how to engage with and behave towards one another when someone in

the family has contracted HIV. It was fascinating to listen as Persis explained how examples drawn from the Bible were being used in this context for teaching these young people how to live.

From her work with HIV patients, and an awareness of their life circumstances, Savita was convinced that a link existed between improved physical well-being and access to meaningful and sustainable employment. It was this conviction that led her to establish Kiran, as a livelihood support initiative within Shalom in 2016. When we visited, Kiran had been on the go for almost two years, and was employing seven women. Each had been trained to sew and were paid a salary to produce bags, pouches and purses for sale. These were sold through a network of schools, churches, and hospitals, providing a platform for spreading the message about the work, and also a source of income to offset costs.

The payment of a salary means that the women have a sustainable source of income to provide food for their families and pay school fees for their children, even on those days when they are too ill to come to work. Were they to be paid on a piecework basis, the norm for this kind of work, they would not be able to earn enough to live and their families would suffer. When the wider family group is taken into account, it is estimated that around fifty people are directly benefitting from this far-sighted initiative.

The work environment at Kiran is deliberately low key and friendly. Communication is actively encouraged to develop a community of mutual support, and there is a growing sense of empowerment which is helping to combat the negative impact of stigma. From the time we were able to spend in the workshop, talking with the Kiran project leader, Sheeba, and each of the women,



and inspecting the different products, it was very clear that Kiran was providing this supportive workplace environment. As we came to the end of our visit, we could see that this was a well organised and innovative project, capable of making a significant impact for good in the lives of those women fortunate to participate in it.

Seema was introduced to Shalom through social workers at the Government Centre for HIV medicines and her family was enrolled in Shalom's Home Based Care program. When she became sick, she was admitted to Shalom's hospital where she heard about the newly started Kiran Livelihood Initiative. She had never used a machine before. It is not easy to pick up a new skill when one is weighed down by grief, but the resilience of a mother wanting to feed her children, coupled with the patience of the trainers made it possible. She was paid a training stipend to support her family while she learned her skill. Taking pride and joy in making something beautiful helped restore her sense of value and confidence. There she met others like her who soon became close friends. Laughter and tears flowed easily

at the Kiran Centre as the women shared their joys and hardships amidst the buzzing and whirring of machines. This was not a factory, it was an extension of their own homes, somewhere they belonged, where they shared life, where they experienced healing from deep inner wounds, where their hope was revived. Seema's life has been transformed. Her situation has moved from worrying about what she would feed her children, to dreaming for their future. This is what Shalom is all about.

Seema is a widow with four children. Her husband died of HIV and she herself is HIV positive. Her youngest daughter is also HIV positive. At Kiran, Seema is learning the truth of the Christian gospel, experiencing the love of Christ and learning to bring her daily struggles to Him in prayer. Her story is representative of the impact which Kiran is having on those who become involved. Three of Seema's daughters are now actively involved in the wider work of Shalom. The eldest is being mentored to be peer leader of next year's adolescents group within the homecare ministry to families with adolescent children, her middle daughter has recently completed

the program and the youngest daughter, who is also HIV positive, will be part of the support program for children with HIV which is about to get underway. Through Kiran, a family of five have had their lives transformed, in a spiritual, social and economic sense.

Vera discovered that she, her husband and both her sons, were infected with HIV. She visited the hospital every month to pick up the medicine that would keep her family's shared infection down to liveable levels. It was there she met Malti, a Shalom staff member, whose care for Vera drew her in and led her to Shalom. Vera experienced a sense of family within Shalom and was curious when she was invited to join the Kiran project. She could be paid to sew but didn't know how. She had no education and worried about what people in her village would think if they found out that she was working. Her husband would not have been supportive about her going to work in a factory as factories were notoriously unsafe places for females to work. However, he was content when he understood that Kiran was populated by women only. Vera has learned to sew and after two years at Kiran she has a

new perspective. 'Work!' she exclaims to other women who were in her position. 'If you stay inside, you won't fill anyone's stomachs. You're starving, your children are starving, go to work, it's better than this!' Just as with their HIV diagnosis, Vera and her husband keep her working a secret from everyone in their home village. If the wider family found out about her working or their infection, they would be shunned. Vera is happy to leave the old thinking of her village behind. Instead of seeking to marry off her daughter, she is working hard to educate her as far as she wants to study. With her salary from Kiran, Vera pays for her children's school fees.

Seema and Vera are two women whose lives had been broken by HIV, but are now being 'reformed' through their involvement in Shalom Kiran. When you meet them, as we did during our visit, the positive impact which the project has had on their lives, and also on the lives of their families, was clear to see, and we left with an encouraging and real sense that Kiran was bringing light, purpose and hope into lives where previously there had only been darkness and despair.



The ministry and witness of the church in Bulgaria and Bosnia

by Chris Fox, director of European Partners In Christ

I have known Daniel and Emilia Nalbantski from Russe, Bulgaria, for over thirty years and at least twice a year during that time I have visited them and seen their ministry grow and encompass so many areas of need. Back in 1996 when 'European Partners In Christ' (EPIC) was established with the intention of linking churches in England with churches in eastern Europe, the partnerships were meant to be fairly short-term. In fact, I used to say the financial commitment could be for three years to enable the partner church to get established, grow and become self-supporting. Little did we know then how the economic situation would deteriorate with so much corruption and inflation. Nowadays, many of the churches that

once were full and growing are struggling to survive, or are in decline because key members have moved abroad to find work.

Friendship Church (photo right) has bucked the trend and is a thriving, all age congregation dedicated to helping their neighbourhood. However, many of the congregation are struggling financially and so the church needs and relies on additional support to enable them to continue all the caring and outreach activities they are committed to running.

Emilia explained that many of the congregation are involved in supporting poor families, children with disabilities, orphans, and elderly people with the provision of food, medicines, and financial help, especially during the



breast scan paid for by gifts from England. Mariana, a key worker in the church, was found to have a lump and received treatment in time. The church arranged for specialist doctors to come to the church and conduct tests. People do not have money to pay for basic food and heating and medicines, so the idea of going to a hospital and paying to have eye, cardiac or blood tests is totally out of the question for them.

Every weekday the church provides a lunch for the elderly in the neighbourhood (photo below). Many are housebound and so their meal is taken to them. During the winter people stay in the church all day as it is warm and so they don't have to pay for heating. My last visit coincided with the Sunday service and afterwards, as people were leaving, an elderly lady came in and said to Emilia 'I don't have any food in the house'. She lives in the same street as



winter months.

Elke is a member of Friendship Church. She is a widow with two daughters (photo left) who are unwell. The older daughter has mental health problems and the younger has cerebral palsy. Elke has no other family and has been part of the church since the very beginning. She says 'we live and survive, thanks to church help'. Earlier this year the church arranged and paid for people to have blood tests. Her blood test results confirmed that Elke had diabetes and she was taken to hospital. Members of the church looked after both daughters until she was able to return home. She needs insulin regularly but the cost is more than she can bear on her pension of £140 a month, so the church pays for the drugs she needs and helps her to heat her flat in the winter.

A few months ago the church arranged for a number of ladies to have a



the church and is totally alone without any family. Ironically, her garden is opposite a huge Aldi superstore! Within an hour some folk had bought some shopping and took her enough food to keep her from starving. She was not an isolated example, but like many elderly people she was hesitant to admit she was desperate. The same goes for people who are sick. They know they cannot afford treatment but are reluctant to admit they have no money and this is an area where the church can step in and offer help. The church also visits a home for elderly people and brings them little gifts of food, books and small tokens of love and concern.

Atanaska (photo right) is eighty-two years old and has been active in the church from the beginning. Her husband was a pastor and was persecuted and imprisoned during the communist era and died relatively young due to his injuries.

Atanaski is a diabetic and the church helps her with medicines. Every time I visit I receive a huge hug and a smile. She says the church is an oasis in the midst of so much turmoil and hopelessness.

In a village near Russe there is a grandmother caring for four children (photo below) as the father left the family years ago and the mother is mentally unable to look after them. Social Services wanted to take the children, but Friendship Church offered to help financially. When the grandmother was hospitalised recently, members of the church looked after the children.

What the church in Russe is doing is no different from what other churches and hospitals we read about elsewhere in the Medical Missionary News magazines are doing; obeying the commands of Jesus to feed the hungry and care for the sick and elderly. Circumstances may well



found a mother and three year-old child alone, having alighted from a bus, and took them back to the church overnight. The mother sat through the Sunday service and enjoyed lunch with the church. Afterwards she had to be taken to the Police Station and so we don't know what happened to her. The following night two families with babies arrived at the bus station and were given a bed for the night. Winter is harsh in Bosnia with snow on the ground for months, and hundreds of refugees are sleeping in tents around the town of Bihac near the Croatia border (photo below). There is no end to the situation in sight. No political party wants to be involved, so it is left to a few faithful humanitarian organisations, as well as Churches and Christians, to offer love and practical help. Again and again the refugees ask 'why are you helping us?' And we know how the church would reply!



be different but the love and motivation is the same.

Ten hours and a 900 km drive away is Tuzla, Bosnia. Whereas Friendship Church has its own building, New Hope Church now meets in an apartment on the second floor of an office block. The congregation numbers are smaller, but in all other respects the ministries are similar. Caring for orphans, working with families of children with special needs, visiting senior citizens in their state-run home and, for the past three or four years, helping refugees on their way to the West. This past year has seen the refugee corridor move from Serbia to Bosnia and there is a constant flow of refugee families arriving in Tuzla and other Bosnian towns.

When I visited the church, a team of members were at the bus station with a car full of blankets, clothes, medicines, food and hot water for drinks. They



A Testimony to God's Faithfulness

by *Hélène Tatford*

I had a wonderful and very happy upbringing, and lived with my parents in a villa in a quiet part of Nice, France. Our church met on the ground floor in the billiard room and I belonged to a lively group of young people. It seems those days were blessed with almost permanent sunshine, which often enticed us on to the beach. My father, who was a well-known preacher among the churches in French-speaking Europe, kindly sent me to England for a year to what was unheard of in France; a Bible School for women! I was impressed and blessed by my fellow students and in particular, the principal, all of whom had vibrating Christian lives.

When the final day arrived, the students testified to a call to Japan, Africa or elsewhere, but I could only say France, not really knowing what that would mean. And so I returned to my job as a specialised social worker in the prisons of Nice and continued to enjoy time with my friends on the beach.

One Sunday, two medical doctors came to our church from Dunkirk. I soon came to know them as Doctors Pierre and Simone Bernard (photo right) and they told us how they were very busy in work among alcoholics based in a converted brewery. It was enthralling to listen to them speak of men whose lives had been transformed and then they asked me what I did. It did not take long to tell them and then Pierre looked at his wife and said 'Hélène is just the person we are looking for'. He then turned to me and said 'your future is with us at the brewery where all the alcoholics have come desperately seeking help. We go back next week and you will have time to prepare your belongings and to book the night train. I will be at Dunkirk station to meet you!'



I hardly had time to take in what I was doing but eventually the time came for me to leave and my father took me to the station. He helped me on to the train and closed the door behind me. That night on the train, though punctuated by reading Hudson Taylor, was one of the longest in my life. Why had I left Nice and the sun for those grey hillocks of debris in Dunkirk? When the train arrived there was Dr. Pierre standing on the platform waiting for me as promised.

On our journey Pierre told me a little more about the work; there were forty men at the brewery, all slaves to drink. He explained that the work involved the medical, social and spiritual, as the men had needs in all these areas. The words of Jesus about 'delivering the captives' came to mind and even for the men who were seriously ill Jesus had said that 'everything is possible for those that believe'. Dr Pierre went on to tell me that the life expectancy of some of these men was short; some would die before help was possible and others, in despair, would take their own life, very often with an overdose of alcohol. We wept for them, convinced that Jesus loved them

and had a plan for their Salvation.

We eventually arrived in front of a large building called 'Arc en Ciel', meaning 'Rainbow' and Pierre showed me a little hut dating from the war consisting of two flats; one for a nurse who was soon to become a precious friend and the other for me.

'You must get to know the men right away' Pierre said. We went into a large building where the men were having their meal and their eyes raised, as if they wanted to undress me there and then. 'I must go and conduct my surgery' Pierre added, 'just say a short prayer before sending the men back to their quarters!'

The next day Simone took me on a tour of the neighbourhood. Suddenly, she drew my attention to a figure in the gutter and stopped the car. There lay the body of a man who had drunk too much. Our four arms lifted him into the car boot and we returned to the 'Rainbow' where he was received with love and given a

real bed. Later I learned that, had we not intervened, the man would have been thrown into prison.

One day a man, whose nickname was 'Bidule' (meaning Thingamebob), came in to get his medicines. He hung around a little and then told me that his 'case' was hopeless as he was too enslaved to his bottle of beer. I told him that Christ was the specialist in all impossibilities and that only He could transform lives and give them hope. This enraged Bidule but I dared to pray for him, despite his anger.

In due time I met Briand, and we eventually married and lived in Nice. What a surprise and what joy we had to discover that Bidule had taken a job in the kitchen at a local hotel. He wanted to earn enough money to pay off his drinking debts and was so happy that some landlords had written his debt off. All these experiences taught us that the proclamation of the gospel is multi-dimensional, touching all areas of life.





together with their devotion to the treatment of these patients, was a gospel message in itself. At the same time, Briand (photo left) conducted discipleship sessions for the young people on the ship.

One day we were in Lomé, Togo, where Briand led the teaching at a youth retreat. That evening a group of Christians from Benin, a neighbouring country, came and declared they were going to 'kidnap' him. Apparently, he was supposed to be teaching at one of their meetings but no one had told him! The believers also wanted both Briand and I to see a water well they had dug and to let us know they planned to build a hospital around the well. They had decided that it would be called 'Centre de Sante Eau Vive' (Living Waters Health Centre).

Thus the building of the hospital became a team effort between Benin and France. For our part, the project was too big to carry and the only answer was to prayerfully submit it to the Lord. A few weeks later, at a missions conference in Germany, Briand met a surgeon who had

Our God had not finished His work of discipleship with us and a few years later we spent time on the hospital ship 'Anastasis' (photo below). There we realised God was preparing us for a further stage in our walk with Him. Whenever the ship docked at an African port I used that opportunity to conduct daylong dental clinics. Crowds came in search of help and we prayed that we would be guided to the right people. The calm and grace of the team members,



served at a Christian Hospital in Nazareth alongside my sister and her husband. The surgeon's name was Dr Fred Holmes, a former MMN trustee now with the Lord, and he explained that MMN would be able to support a Christian medical facility in francophone Africa, and this was a great encouragement to us all.

Later when we had the opportunity to send French speaking Christian medics to help in Benin, MMN sent us support at just the right time. Because of this help a French nurse and a Swiss anaesthetist went to train other nurses and medical orderlies in readiness for their service at the Eau Vive Centre. Since then MMN has frequently helped to equip the centre.

Recently Briand, together with a small medical and teaching team, visited the health centre in Benin. The desire is to build an Operating Theatre alongside the health centre and MMN is again supporting us in this venture. Pregnant women are already being referred to the centre to give birth but the urgency of the work comes from the serious complications developed by women who go

into labour and who are unable to reach the centre in good time due to the lack of suitable vehicles, like an ambulance, and due to the poor conditions of the roads. Most transport is by motor-bike (photo above).

Our doctor, Dr Hervé, (photo below), is undertaking research into treatment for malaria under the auspices of the World Health Organisation. He remains very much in contact with the



continued overleaf

health centre and we also have a very capable technician who works in a small laboratory. When Dr Hervé heard Briand was visiting he arranged to meet him. Both had opportunity to bring messages of encouragement to the students and also to the National Consulting Committee.

In Africa, we have often been blessed by the humility of people in high places. One day Briand thought he was saying the right thing to the president of a West African Republic when he addressed him as 'your excellency' and invited him as 'head of state' to visit the hospital ship 'Anastasis'. The president replied unexpectedly; 'No, I will not come as head of state but as a man among my fellow countrymen'. Briand immediately thought of another head of a Royal Kingdom about whom the apostle Paul wrote; 'He emptied Himself, taking the form of a servant' (Philippians 2:7). And this High Authority, like a medical orderly, took a bowl of water and a towel to wash the feet of His disciples, even showing love and humility to the one who was to betray him. To show true compassion, the World needs people of that calibre.

MEDICAL MISSIONARY NEWS

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From the Director

Grev Parmenter

Thank you to those that have signed up for the weekly prayer update. I trust that you are finding it helpful in focussing your prayers on the different ministries Medical Missionary News is connected with. I would appreciate any feedback you have that would improve the update.

If you would like to receive the weekly email then please email me at the address below or go to the 'Get Involved' page on our website and sign up there.

One of the exciting parts of working with Medical Missionary News is reading the reports and updates from across the world and seeing what God is doing through those who are called to make Jesus known through health-care. We will continue to share some of these through the magazine in the same way as we have been. However, there are more stories and news items received than we can fit into the magazine so we are looking at different ways of sharing them with you, and to engage with a wider audience. Over the course of the next few months we will be revamping our website and expanding our use of social media, so please keep an eye on facebook, instagram and the website for more news, photos and stories.

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