



MEDICAL MISSIONARY NEWS

Supporting Christian Mission through Healthcare

2019 Number 4



**the inequalities and inadequacies
in global healthcare**

Changes and Opportunities; the way forward for MMN

by David Keith, Chairman of Trustees and Grev Parmenter, Director

Mission is changing very fast and we at Medical Missionary News need to make sure that we reflect this in what we do as we continue to support medical mission around the world. Our core mission and values remain; we still want to make Jesus known through the provision of healthcare but the way we do so needs to adapt to the changing times to ensure that we use the resources God has given us wisely.

Over the past few years we have been thinking and praying much over the direction that MMN should take as we have managed the reduction in shipping containers and prepared for the retirement of the staff at Wickford.

We want to focus the ministry of MMN on three main areas:

- Giving grants to support Christian mission organisations, and individuals, in their ministry of sharing the gospel through their healthcare work; in mission hospitals/clinics, in community healthcare programmes, in caring for the disabled and orphans, through health education programmes and offering support to those affected by disasters.
- Supporting medical professionals and students in their medical and/or mission training and development.
- Being a platform for sharing information about medical mission to encourage prayerful support.

The map opposite gives you an indication of the growing scope of where we are able to support medical mission (over fifty projects in over thirty countries) as we focus our ministry in these areas.

At a recent meeting of the MMN trustees some significant decisions were made which we want to share with you

for information but, more importantly, for you to pray with us as these are implemented in the coming days.

The warehouse in Wickford will close in May 2020 when the team retire and we want to express our enormous gratitude to Tony Cox, Keith Watts and Roger Sheldon for their commitment to serve God at MMN. They have helped so many through their faithful ministry over many years and we wish them, and the volunteers that help them (see page 27 for who they are), God's blessing in their future days.

There is still a very real need to support the hospitals and clinics in Zambia through shipping medicines and supplies, as the healthcare system there is experiencing difficult times, and examples of this are given in this magazine. We still have the opportunity and ability to help them, and the other ministries in Angola and Moldova, and we believe it is important to continue to do what we can to help them. However, this will be in a reduced capacity as we adapt to the changing situation in these countries and our own situation. Therefore, we have decided to look for smaller warehouse and office premises in the Swindon area where we can continue to receive the goods donated by so many of you to support the ministries in Moldova and Zambia. We will then work in partnership with other organisations to load and ship the containers.

To help manage the grant giving process and the new office/warehouse we are looking for an Administrator who can work alongside our Director. If you have good administrative skills, or know of someone who has and wants to be part of this exciting journey, then please consider whether this is the direction God is leading you.

Another role that we will be recruiting for is a Communications specialist, who will be able to manage and develop our strategic aim to be a platform for sharing medical mission news that encourages people to pray. If you really enjoy sharing inspiring stories and testimonies, through social media, digitally and in print, of what God is doing through medical mission, then this may be the role God has in mind for you.

If you want more details of what is involved with either role and the skills/experience we are looking for then please contact Grev at grev@mmn.uk.com.

We realise these changes will have an impact and we will be working with those who donate goods, and those who receive them in country, to minimise the impact as best we can. We will, therefore, receive deliveries at Wickford until the end of March 2020 with the last containers leaving in April. Thereafter, we will be able to receive deliveries at the new premises in Swindon and will share more details about this in due course.

We have valued your prayer support over the last few years as we have worked through these challenges and would really appreciate you continuing to pray for MMN. In particular, pray that we might find the right people to help take the ministry forward and the right premises to work from.

Change is never easy, especially when we have been doing things the same way for a long time, but we know that God will be with us and help us through as we walk in obedience to Him. As God's Word reminds us; *'Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on toward love and good deeds (Hebrews 10:23,24).'*

Our desire to support medical mission is constant and unwavering as we see God at work, building His kingdom, through those involved in medical mission. What we are seeking to do is adapt the way we do this in our ever-changing world.



Chitokoloki Mission Hospital, Zambia

by Dr David McAdam

It is estimated that the total population of the world exceeds 7.7 billion people. An article written in 2015 in the Lancet, a leading UK medical journal, stated that around 5 billion people in our world do not have access to safe surgery and anaesthesia. This is not the type of inequality that features much in our daily news but it is a terrible reality that huge numbers of people are dying unnecessarily each day because of inequalities and inadequacies in medical care. Mission hospitals throughout the world are attempting to meet some of these needs and Chitokoloki, situated on the banks of the mighty Zambesi river in the rural north west province of Zambia, is one such relatively small mission hospital.

It is difficult to express on paper the excitement and joy of working in a mission hospital in rural Africa. We have had the privilege of doing so for about twenty-eight years now and each day brings new excitement and new challenges. We seldom, if ever, have a boring day and it is very infrequent that one goes to bed at night without feeling that you have done several things worthwhile during the day! I would like to share with you some stories of just a few of the hundreds of patients encountered here in the past few weeks.

There is a wonderful informality to work here. On my short walk to the hospital recently I was met by three young men with major psychotic illnesses. Each greeted me warmly with a

handshake and we discussed their problems and whether or not they were coming for their monthly medication. It was a short but valuable point of contact, helping to reassure them that we care for them.

One morning, when I commenced the ward-round of around one hundred patients, one of the first patients I saw was Sombo. She came to us, after a neck injury three months ago, completely paralysed in both her arms and both her legs. There seemed little hope for her. We knew that she needed skull traction but we did not think we had the necessary equipment. However, Sister Julie-Rachel searched through some boxes and amazingly came up with exactly what we needed. The small procedure was undertaken and, wonderfully, over the next few days, she gradually recovered movement of her limbs. She had to lie flat in bed for over three months and the photo right shows her first steps with her husband a few weeks ago. I have just heard that she has trusted the Lord after being witnessed to by one of our sisters. Despite being so incapacitated she bravely continued to breast feed her baby and his size bears testimony to the effectiveness of her efforts! Please continue to pray for Sombo as she may yet have many problems.

Early in September we had a visit from the plastic surgeon who flew up from Lusaka. He comes two or three times a year. Typically, he would arrive on a Thursday and see a number of patients. He operates all day Friday until about 10.00pm and then all day Saturday until a similar time, before flying out on a Sunday morning.

'people are dying unnecessarily each day because of inequalities and inadequacies in medical care'



Plastic operations are often massive procedures. Some patients have burns to around fifty percent or more of their bodies and these areas have to be skin-grafted. The surgeon can spend two or three hours releasing the contractures of a child's hand, allowing the fingers badly damaged by burns to move again. Babies with cleft lips are made beautiful to the delight of their mothers and between us we also repaired a cleft palate during the visit, as well as many other procedures.





getting through so many cases in that time frame! In the middle of it all, at 8.00pm we had an emergency from a nearby hospital; a young man was seriously ill with a strangulated hernia for several hours. I was able to operate on it in our second theatre without interrupting the orthopaedic cases much. Lorraine was the scrub nurse for the procedure before going home to arrange the evening meal, which was eaten at around midnight!

The orthopaedic doctors come six times a year. These operations are hugely life-changing for those operated on. Crooked feet and legs in children made straight, diseased bones of osteomyelitis that have been discharging pus for years cured (one little boy operated on this time was sent over by our missionary colleagues from Angola), replacement of broken hips with a prosthesis, plating of broken arm bones and so on. The picture left shows Muzala, the Angolan boy, with Phil Kennedy the worker from Brass Tacks Ltd, who is here working on our new conference centre. Phil had met Muzala several months ago while working in Angola.

These visits are specific events (usually bimonthly) but the main work of the hospital goes on twenty-four hours a day every day. During a national holiday we saw around 100 patients on the ward rounds, diagnosed one little child with a kidney tumour and carried out a gastroscopy on a young woman who could not swallow, as well as carry out an ultrasound scan on a lady in labour. I also had opportunity to share the gospel in Lunda over the hospital intercom system. There is immense variety in the work.

Recently, a one year old baby arrived by ambulance from a hospital over 100 km away. This baby had severe tummy pain and a temperature of forty degrees. She had been sick for several days. The hospital had phoned us at

midday the previous day asking us to operate. We went on standby awaiting arrival. That night Sister Julie-Rachel and I were up at 3.00am dealing with a woman who had bled massively after child birth and Julie-Rachel suddenly remembered that the surgical case had not arrived, so she sent a text message. There was no reply and so we thought that perhaps the child had died. At lunch time the ambulance eventually arrived. The reason for the twenty-four hour delay was that there was no fuel for the ambulance! When we operated, the baby was seriously ill with abdominal infection and gangrenous perforated bowel. Interestingly, the baby was the first case where we used our new Glostavent anaesthetic machine which had just arrived from MMN a few days earlier, and again Dr Allen helped with the anaesthetic!

While Dr Allen was here we received a big medical order from MMN. The picture below shows him with one of the big MMN medicine boxes. We submit three orders to MMN each year and these medicines are absolutely invaluable to us and life saving for our patients. Over our twenty-eight years in Africa the supply of medicines from MMN has been the mainstay of our work and they have saved thousands of lives. It is impossible to do major surgery without adequate medicines such as high-quality antibiotics being available, and thanks to MMN these are almost always available.

As I write in late October we are now past 1,400 surgical procedures for the year. In September we undertook 143 surgical cases and it is surgery that consumes the bulk of our time with many major cases lasting three to four hours, and sometimes most of the day.





The little boy in the picture above came to us recently having choked on a bean which went into his windpipe and his lung had collapsed. He was very close to death when a tracheostomy was performed and the bean removed. The picture shows him going home with his grateful Mum and Dad.

Recently we operated on five patients with cataracts in one day, while doing a number of other procedures in between. We are delighted to have our youngest son Jonathan with us for a year. He can start the case or finish it and I can scrub in between the cataract operations to do the main part or give advice. One lady, while having her second eye operated on, was very thankful and Sister Julie-Rachel took the opportunity to tell her that while we can help her physical sight, only God can heal the blindness of heart that is caused by

sin. The picture right shows her now seeing clearly after she had arrived at the hospital completely blind, just a short time before.

A little while ago we were hoping to have a quiet weekend but had to operate on a young woman with cancer. Then another patient delivered her first twin safely but the second twin was breech and the heartrate began to fall drastically. It was now an emergency caesarean section. Lorraine had just come off the plane after attending the Sakeji School board meeting but she was immediately press-ganged again into service as surgical scrub nurse! After a hectic but highly focused few minutes by the whole team the baby was delivered and we were all relieved she was still alive and breathing satisfactorily. It was good to see her doing well on the ward round the following morning.

Each morning the gospel is proclaimed and goes forth over the intercom, and around 100 people will hear the message. Patients will often ask for tracts and bibles. There is always a good supply of tracts where we see the outpatients and at the theatre. It is not unusual to see patients reading the tracts as they await their turn for surgery. We try to pray with each patient immediately prior to surgery. There are gospel texts throughout the hospital. Our sisters often have informal meetings with singing in the maternity ward, the children's ward and the women's ward. There is also a little hospital village where patients awaiting surgery and their relatives can stay for a time. Sometimes, the assembly brethren and sisters will go there with the gospel and one sister is very faithful in going there each Monday. She told me that one lady trusted the Lord a few weeks ago.

The need for medical missionaries of all disciplines is greater today in our world than it has ever been in our history. There are a multitude of reasons for this, not least the huge population increases and a high incidence of HIV infections (around 10% in the Chitokoloki area). There is a chronic shortage, often absence, of doctors in many parts of rural Africa. The believers at these hospitals pray constantly for doctors and nurses and it is encouraging that the government makes every effort to facilitate them coming. There is a whole hearted community welcome.

We have also been greatly blessed by overseas visits from doctors, from the UK, North America, Australia and New Zealand, which are a big help to us in dealing with the high-volume workload.

As I conclude I have to record that the little baby girl who arrived in the delayed ambulance, and who we operated on with the intestinal problem, sadly died a few days later as a result of an

overwhelming infection. Her death was a sad testimony to the truth of the UK medical journal article that I mentioned at the beginning. Delays and inadequate services have led to a disaster for this family and the needless filling of another little grave in Africa.

I trust that these few paragraphs convey a little of the intensity and variety of medical missionary work as well as the joy (although often tempered with intense sadness) and excitement and fulfilment that it entails. I trust also that some Christian doctors or nurses reading this article might prayerfully consider coming to Africa with their skills and the message of the gospel, to help alleviate what is the real and awful inequality of our modern world.



Open doors in Moldova

by Matthew Hillier, director of Christian Mission International AID

In many ways Moldova is a unique country. It is one of the smallest countries in Eastern Europe, sandwiched between Romania and Ukraine. There are constant struggles because the population's allegiances are divided between Russia and Europe. Unfortunately, Moldova also has the dubious title of being the poorest country in Europe.

However, what makes Moldova unique in the world today, is the great openness that exists for the Gospel message. Despite its Soviet past, a period in which every effort was made by communist authorities to remove all references to God from society, people are very open to speak and hear about the Bible.

The work of Christian Mission International AID (CMIAID) was established in Moldova in 2009. In the lead up to this, many short-term visits were made. During these visits it was evident that there was much need in the southern

part and that very little was being done there.

In 2009 the Lord opened up the possibility of buying a property in the village of Zirnesti and this has since been developed into the CMIAID Base. A few years later, in 2012, a five-storey apartment block, also in the village, was purchased. The objective was to establish a Christian Centre which could minister to the needs in the community and which could become a place for various Gospel outreach activities. The building was in a state of disrepair because many years earlier it had been abandoned after the fall of communism. Everything had been taken from the building; wires, pipes, windows and doors. Attempts had even been made to take tiles off the walls!

In 2013 work began in earnest to renovate the building, which was later named Bethesda Centre. We thank the Lord for providing amazing teams of volunteers who, over the next four years, renovated the building and transformed it



into a modern, cheerful, and warm base for the many ministries that the Lord had opened up.

It has often been remarked in relation to the Lord's work that we have our plans and God has His! This was certainly the case with Bethesda Centre. When the building was purchased in 2012 we had a very clear vision of how it was going to be used. Now, seven years later, we often look back with amazement and see how very few of the things we planned for the building have happened, yet God has opened doors that we could never have imagined possible! What a great Master we have!

Many who have followed the work of CMIAID are aware that much of the emphasis of the ministry is on children's work. CMIAID runs summer camps each year at our campsite. Bible Clubs are also held on a weekly basis in villages in the area and two groups for children, *Busy Bees* and *Our Father's World*, are held each week at the Bethesda Centre. Although we envisaged the centre becoming a base for the children's work when we purchased the building, we

never imagined that many thousands of children would come through the centre each year and hear the Gospel. But this is the opportunity God has opened up.

In December, four years ago, we started presenting a Christmas program in the centre. Teachers and children from local schools were invited to come to view the presentation, have a snack with us and receive their calendars and Christmas gifts. The first year the Nativity story was presented. In following years we presented *To Save The World*, *Pilgrim's Progress* and *Through the Pages of Scripture*. During the 2018 season just over 4,000 children and adults went through the centre and heard the Gospel. In May 2019 we had a visit from the director of the Education Department for Southern Moldova. He wanted us to put on *Through the Pages of Scripture* for the fifty-two directors from the schools in the area. This was organised, and they came. There was much enthusiasm among many of the directors to bring their students, and in the 2019/2020 season we anticipate between 8,000 and 10,000 people going through the centre and



seeing the presentation of *The Lamb*. We give thanks to God for such an open door in Moldova. We can only stand back and join with the Psalmist in saying, 'This is the Lord's doing; it is marvellous in our eyes' (Psalm 118:23). The director's visit in May has also led to CMIAID signing a Memorandum of Understanding with the Education Department, agreeing to the provision of various types of help to schools including the camps and Bible clubs we conduct each year. One very exciting addition to the agreement was the provision of BibleTime Bible courses to schools to use in their religious education classes. We pray that this will result in many Moldovan school students beginning to study the Bible in school in the coming year.

Three years ago, we were able to open a Teachers' Resource Centre (TRC) in the Bethesda Centre. The centre provides resources such as computers, printers, and laminators, to be used free of charge by school teachers from the schools in the Cahul region. Most schools are very poorly resourced, and teacher's wages are very low. We are encouraged

that over 200 teachers have now registered to use the TRC which is open every day. It is now not uncommon to see all workstations busy with other teachers waiting for their turn! It is encouraging to see how much of a practical help the TRC is to teachers, but even more encouraging to see how this has led to a much closer relationship with them, leading to many meaningful conversations about the Lord Jesus. The TRC was never in our initial plans for the Bethesda Centre but it has now become an integral part of its activities!

As mentioned earlier, Moldova is a very poor country. Many people live in poverty and the need to provide much practical help in the community continues; each year quantities of firewood and potatoes are distributed to needy families and the elderly. One of the very first ministries established in Moldova was the Bethesda Soup Kitchen. Every day hot meals are delivered to the homes of needy elderly people in the area; those who struggle to cook and provide for themselves. Although the food help is very much appreciated, we often notice



that what the recipients enjoy most is the daily contact with CMIAID workers who deliver the food. What a joy to be able to speak to them about the Lord Jesus Christ! Coupled with the Bethesda Soup Kitchen is a nursing program, providing basic medical care such as applying dressings, cleaning wounds and distributing medication. Many of those who receive help through the Bethesda Soup Kitchen have diabetes or other illnesses, or are confined to bed, so there is the constant need for changing ulcer dressings and similar treatments. The basic medical care also includes hygiene; workers have become quite adept at using the mobile bath, cutting hair and trimming toe nails!

We are currently working on plans to start a simple medical clinic in the Bethesda Centre which will provide basic treatment to some of the people we meet through the various ministries. God willing, we plan to open this in 2020.

The practical help CMIAID has been able to give also extends to institutions. Over the years, large quantities of medical equipment, consumables

and furniture have been donated to various hospitals in the area, and this has enabled them to improve their facilities. We thank the Lord for the many donations of goods from abroad that enable us to provide this help.

Another unusual area of the work is the CMIAID Fire Service. When the work started in Moldova, there was nothing further from our minds than establishing a fire service! However, we are constantly reminded that sometimes God wants us to think outside the circle for the sake of the Gospel. In 2012 when we purchased the Bethesda Centre, we met a man who lived in the building before it became derelict. It turned out that he was also the fire chief for the Cahul Region. In the course of our conversation he told us about the needs of the fire service in the area and how they lacked good equipment. Obviously, seizing the unexpected opportunity, he asked if we could help by providing some fire trucks for the service. In the UK we were able to find some good retired fire trucks, and these were driven out to Moldova. Two were for the government

fire service and one for our village. Our Mayor was keen to see a fire station established in Zirnesti because of its distance from the main town. The two trucks given to the government fire service were immediately put into action, but nothing materialised about the station in our village. After some consideration it was decided that a number of CMAID workers would be trained for firefighting. This was the beginning of the CMAID Fire Service in 2013. Today, we continue to provide this service to the community and attend an average of seventy incidents per year. These include fires and car accidents. We praise God for the way this ministry has opened so many doors within the local community. Through the Fire Service, contact has been made with police and it is

encouraging each year to see groups of children, belonging to fire-fighters and police, coming to summer camps or to view the Christmas program. Also, each year, a special Gospel calendar for fire-fighters is distributed to every employee of the Moldovan fire service (approximately 4,000).

God is faithful! He guides, provides and saves. Each year brings its challenges and difficulties but, as we look back over the years since the work was established, we give thanks to the Lord for His great faithfulness. We feel that God has given us such a privilege to be part of what He is doing in Moldova.

When we first arrived here our desire was to see a local church established in Zirnesti. Although CMAID acts as a wonderful vehicle to move resources

from various countries to Moldova, bringing together Christians from many countries to serve Him, we know that when people are saved it is God's desire that they become part of a local fellowship. There they worship and grow in their relationship with Him and in the truth of His Word. As a result, when the first two people were saved in 2013, the Zirnesti Christian Assembly was established. It is encouraging to see that over the following years God has added to the assembly with new Christians being saved and baptised. One of the most recent was a lady named Maria. When we first met her she was an alcoholic living in appalling conditions and with a terrible reputation around the village. We added her to our Soup Kitchen run because of her desperate need and later she was

admitted to the nursing home we were running at the time. During her stay there Maria came to know the Lord Jesus. She has not touched alcohol since. In May this year she, along with another lady named Angela who also lives in Zirnesti, was baptised. God is faithful to save!

In closing, we would like to thank MMN for the tremendous practical support they give for the ministry in Moldova by providing warehousing facilities for CMAID goods, handling our orders and organising their despatch to Moldova. This year, five containers have been dispatched from Wickford. MMN has also hosted the visit of several fire trucks which came to the warehouse to pick up goods. We give thanks to the Lord for the unique and very practical ministry of MMN!



Loloma Mission Hospital, Zambia

by Rebekah Flynn BN RN

A little girl weighing just two kilograms lies lethargically in the middle of a hospital bed. Her mother has just died from Tuberculosis and HIV. The family have all gone to the funeral so little Ruth (photo right) is left alone. She is sick and at four months old, very underweight.

With special care from the paediatric staff of Loloma Mission Hospital, as well as the nutrition team and her grandmother, little Ruth soon began to grow and thrive. Eventually she was well enough to go home and now she is a healthy ten month old little girl (photo below).

A ten-year-old boy fell out of a tree and became unconscious. He was brought to Loloma Mission Hospital where it was determined that he had a fractured skull and swelling in his brain. We were unsure if young Patrick would ever recover. He received the best care possible and many people prayed for his recovery. Eventually he was able to sit



up, then stand up with assistance and, as he recovered further, he was even able to walk again. He is now a healthy teenager who is very active and attending school.

In 1956 a medical mission work began in Manyinga, in the north-western province of Zambia, with the goal of reaching people with the Gospel. Since that time Loloma Mission Hospital has grown significantly as has the area it serves, but its original aim has remained unchanged; providing Christ-centred care with a view to seeing souls saved.

Today, the hospital is a 120-bed facility with a large outpatient department, that not only serves the 60,000 plus people of the district, but also any that come from other districts and even the neighbouring countries of Angola and the DR Congo. The purpose of the hospital is 'to communicate by word and deed the Gospel of the Lord Jesus Christ to the members of the community'.

We are very thankful to have two hard working government employed doctors, originally from the DR Congo, as well as senior Zambian staff, a hospital

director, an administrator and a nursing officer. We are thankful that all of those that make up our senior management team are Christians. It is a privilege, as fellow believers, to be able to not only labour together with a common goal, but also to spend time together in prayer on a weekly basis for the various challenges we face as a team and as an institution.

Many of our staff, including nurses, midwives, clinical officers, physiotherapists, nutritionists and other support staff, have been posted to Loloma by the government and the government pays their salaries. As a mission organisation, we also have about twenty locally hired staff whose salaries we are responsible to pay. We look to the Lord to meet this need each month.

In the past the government supply of medicines was very helpful in the running of the institution but of late that supply has become less reliable, and then for the past year has been non-existent. We are therefore thankful for the provision of the Lord through His people, and organisations such as MMN, that enable us to purchase the much

needed medicines and medical supplies from various pharmacies in Zambia, as well as the UK, through the MMN container operation (photo below).

Each day hundreds of people are seen in the twenty-four-hour outpatient department by our nurses and clinical officers. During the rainy season we can see over four hundred patients in one day. The rains bring out the mosquitos and that means more malaria. The nearby murky Manyinga River is a prime breeding ground for mosquitos, so we tend to see a large number of malaria cases. Other conditions that we regularly treat are pneumonia, tuberculosis, burns, broken bones, epilepsy, and infected wounds, as well as many more.

When patients are admitted, they are well cared for by our team of nurses and doctors. We have pharmacy, laboratory, radiology, nutrition physiotherapy, dental, and counselling departments. Each contributes to the care we provide for our patients. We thank the Lord for His guiding hand in diagnosing and treating each patient. He truly is the Great Physician.





Last year we were thrilled to finally open our new operating theatre block (photo above). The project took five years to complete as it was initially started as a government project but stopped when funds ran out. It was then taken over by the hospital board and the project completed. With two operating rooms, a recovery room, a storeroom, a changing room, office, and sterilization area, it was a significant upgrade from our old outdated operating room. In 2018, 479 surgical procedures were performed at our institution, so the operating department is a vital part of the hospital and the care we provide to our patients.

The maternity department is exceptionally busy with over 1,000 babies born each year! As an incentive to mothers to deliver their babies at the hospital we give each new baby a layette (baby pack). By encouraging mothers to deliver at a hospital in a safe, clean environment we hope it will significantly reduce the rates of infant mortality in this area. We are thankful to the Lord for each safe delivery, as each child is a gift from God.

Earlier this year we were blessed with a new incubator (photo lower right) after going for several years without one. This has been a huge help in providing care to premature babies. We soon had three babies occupying the same unit, so we quickly saw the need for more incubators. A few months later the Lord wonderfully and totally unexpectedly provided in the donation of two more incubators. We are often amazed and so thankful for His continual provision in meeting the needs of the hospital. Each year is a miracle of His faithful commitment and provision.

Through our nutritional department we are able to provide all in-patients with a hearty meal each day. Extra nutritional support is provided for those that are poor or nutritionally deficient. As able, we also provide milk and high nutrition foods to orphans and vulnerable children in the community (photo upper right). Since this is a very poor area of Zambia, supplying nutritional support to various families enables us to reach into those homes with the love of God and the gospel message.

While we seek to physically help every person that comes through our doors, our focus is to touch them spiritually. It is our prayer that all will hear the good news of salvation. Every morning the Gospel is preached over the public address system by one of the local believers. There are speakers in every ward and department so all the patients and their relatives can hear. In the doctors' waiting room there is a television that plays the Jesus film in two of the local languages. The room is often full as many are interested in watching a film in their own language. Additionally, on Monday and Friday mornings, there are staff devotions for any that want to come. This is a time of encouragement for Christians as well as an opportunity to share the Gospel with the unbelievers. There are also those that visit the wards regularly sharing the Gospel, distributing literature, and praying with the patients.

Much of what we do would not be possible without the practical and financial support of MMN. Their help and contribution towards purchases always comes when they're most needed.



As an example, MMN generously assisted with the purchase of a digital interface for our x-ray machine, which will be a big help in our desire to provide a higher quality of service to our patients.

Many times we are the only healthcare facility for miles around with medicines for hypertensive patients, epileptic patients, diabetic patients, and patients with peptic ulcer disease. Earlier this year blood pressure medications were out of stock country-wide, and it was a relief to know that we could depend on the MMN shipment.

We feel very privileged to be part of the medical work in this country, which is a wonderful channel in reaching many people with the message of God's love and salvation. We pass on our great appreciation to all our partners who have sacrificially given themselves to be a part of the international support team for this work, knowing that the Lord will richly reward them. Please continue to pray with us, that the Lord will supply the needed wisdom and leadership as we seek to fulfil His will unto the time of His return.



Nyangombe Mission Clinic, Zambia

By Gordon McKillop

Rosie Beal-Preston writes; "Christians have consistently raised the social status of the weak, sick and handicapped, and sought to love and care for them to the utmost of their abilities. Christians have been pioneers among hospital building and staffing, in research and ethics, in promoting increased standards of care, and in immunology, public health and preventative medicine. They have carried western medicine across the globe and improved the quality of life for countless millions of people. Christianity gives men and women a new perspective and allegiance; their lives are spent in joyful and grateful service of the God who has redeemed them and given them new life. In many ways, Christianity and medicine are natural allies; medicine gives men and women unique opportunities to express their faith in daily practical caring for others, embodying the commands of Christ; 'whatever you did for one of the least of these brothers of mine, you did for me.' (Matthew 25:40)"

The future of Christian Medical Healthcare provision in the developing world is still impossible to predict. Times come when we see economic improvements, new government hospitals and clinics being built, and we naturally wonder if these developments may signal a coming end to the need for Christian medical work in rural areas. However, years of experience in central Africa has taught us to be cautious in predicting just how Africa may develop.

When the state funded hospital building programs grind to a halt and it is already a struggle for existing government hospitals to receive adequate supplies, we realise afresh that the time for Christian missions to reduce their care for sick men and women is 'not yet'.

We live in the 'now' and medical problems are still an acute reality which just cannot just be ignored any more today than they could have been by missionaries 100 years ago. The objective of Christian medical work has traditionally been, and still is, a practical means of demonstrating God's love in action to men and women at their most vulnerable. It will continue to be a challenge to balance Christian medical care with the great commission of the Lord Jesus to go and make disciples.

At our Nyangombe Clinic the provision of healthcare has increased in the last three years and the staff have doubled. People travel from as far as thirty kilometres, often being brought to the clinic on bicycles. When we have referral cases to our nearest government hospital, the doctors and nurses do their best with limited resources and often we find that the patients are returned back to us for further care until they are well enough to go home. Today, healthcare is provided locally for 3,000 people still living in poverty and many in extreme poverty.

Our drug orders sourced through Medical Missionary News have increased in recent years due to 1) shortages of drugs nationally, 2) people preferring to travel to where they know they will be taken good care of and 3) people knowing that the medication required will be available and of high quality.

Another factor in Nyangombe Clinic growing has been the wider influence of Christian medical works offering specialist services. Frequently, we are able to send patients to Chitokoloki Mission Hospital where Dr David McAdam works and operates (see his article on page 4). As he explains, he invites specialist surgeons to operate



from Chitokoloki. One patient, Rosemary, (photo above) fell over into the fire and attended our clinic, being pushed three miles in a wheel chair every day for over a year. Two doctors in a local hospital told her that she would require an amputation of her foot. She left them, preferring to continue being brought in for daily dressings by her husband at our clinic. Rosemary was eventually sent to Chitokoloki Mission Hospital where Dr David McAdam attended to her wounds by cleaning them, removing a bit of dead bone and performing a little pinch graft of skin, thus ensuring she was healed and could walk again. Last week she walked into the congregation at church to the amazement of almost everyone. She told us that the Lord had given her back her life!

It is clear to us that, for the foreseeable future, there will be an ongoing need for Christian medical mission input into rural Zambia. Challenges are still there in a changing environment but as always we can depend on the Lord to lead and guide. We choose to live life in such a way that all who cross our paths are seen as opportunities to serve vulnerable men and women in Jesus' name. The networking of mission clinics, with larger mission hospitals supported by Christians overseas, through agencies such as Medical Missionary News, is still desperately needed and we thank the Lord for everyone involved who make it possible for the love of Christ to be demonstrated in a practical and effective way to the vulnerable and sick.

Special Children's Trust, Uganda

By Florence Namaganda



Uganda is a landlocked country in East Africa and has a population of approximately 45 million people. The capital city is Kampala and three major languages, Luganda, English and Swahili are spoken throughout the country. Uganda is home to the snow-capped Rwenzori Mountains, the immense Lake Victoria, Lake Bunyonyi and numerous waterfalls. It is also the source of the River Nile and hosts an abundant wildlife including chimpanzees, rare birds, lions, hippos, it's renowned mountain gorilla sanctuary and others.

It is estimated that approximately 23% of the Ugandan population has some form of disability, 3.5 million of which are children. On average, only 10% of people with disabilities receive supportive measures, technology, or equipment. Most of them die before their tenth birthday or grow up with secondary deformities and live a life of dependency.

There are still many myths and beliefs surrounding disability that lead to

stigma, discrimination and neglect of children with disabilities. Most communities still view disability as a bad omen, bad luck, punishment or a curse for the sins the parents must have committed. Some people see disability as witchcraft or a contagious condition that should be avoided, which leave families who have children with disabilities alone and isolated. Most of the families live in poverty and are not able to access the few available resources for their children. The lack of readily available support and information to parents prevents them from giving their children quality care at an early age, which in turn increases the severity of the children's condition.

The Special Children's Trust (SCT) was established in 2007 to meet the needs of these parents and their children in whatever way possible, whilst also showing them the extent of the love God has for them and the family He blessed them with.

SCT not only believes that every child is a precious gift that has to be

given the opportunity to explore, learn and flourish, but also that empowering children to reach their full potential is such a huge and important role that cannot be achieved by one individual organisation. SCT works to let all people understand and know that God created each one of us for a purpose, that every child is a blessing, and has been created in His image, and that God has a desire for a personal relationship with each and every one of us (Psalm 139:14).

These are the reasons why SCT is at the forefront of building a support network of organisations and individuals called 'The Special Children's Forum' where members meet regularly to share experiences, and support one another.

Every year for the last six years, SCT has held an Awareness and Fun Day for children with disabilities that brings together children, families, leaders and well-wishers to create more awareness, as well as showcase the abilities of the children. In the last year, over 1,000 children from different organisations have participated in an awareness march,

music, dance, sports and other activities.

We are grateful to MMN for their help, generosity and support for the 'Forever Home Project'. This is a ministry that seeks to resolve the challenges created by the lack of quality care services for children with disabilities in Uganda, through the provision of medical and dental care, therapy, nutritional support, education and recreation facilities.

With this help we have been able to begin the construction and equipping of a medical centre. A well was also constructed and fitted with a pump that is able to pump up to 5,000 litres of water per hour. This water has greatly helped in the construction works and is currently the only water supply on the premises for all activities.

In all our programs we take time to share the heart of God for people with disabilities and explain that we do all we can because of God's love for us and His desire to reconcile us with Himself, and have a relationship with us, regardless of ability or race. Thank you for your prayers.



A reflection on Medical Mission

by Matthew Cant

I was aware that Kisiizi Hospital would be small and rural, but I was not expecting the single dirt track running past the main gate and the surrounding villages sprawling out into the rolling green hills and banana plantations. Kisiizi Hospital in south-west Uganda would be the hospital and community which two close friends from medical school and I (Matthew centre right) would call home for five weeks during our medical elective; my first experience of African culture and working in a Christian mission hospital.

The current superintendent of Kisiizi is Dr Ian Spillman, a paediatrician, who has worked at the hospital alongside his wife Hanna, a midwife, for many years, initially working with Tearfund. Ian and Hanna, inspiring in their faith to follow God's calling and in their trust and reliance on His provision for the hospital, welcomed us from the evening we arrived and were a huge encouragement to us throughout our time there.

The healthcare at Kisiizi is provided by a small team of Ugandan doctors and surgeons including interns, consultants, nurses, the many nursing students based at the attached nursing school, pharmacists and a physiotherapist. Throughout our time at Kisiizi, we were also privileged to meet and learn from various clinicians from around the world, serving at the hospital for different periods of time.

As elective students, our role was mainly to work alongside the interns, supporting them on ward rounds, examining patients, taking histories in clinic, discussing and suggesting management plans and undertaking jobs such as chasing results and performing electrocardiograms. Towards the end of our time, the nursing students left the wards



to begin their revision period and we were also able to support by performing the routine observations of patients.

I spent the majority of my time on the paediatrics ward and in the general paediatrics outpatient clinic, but also had opportunity to experience general adult medicine, attend a maternity outreach clinic (taking so many manual blood pressures that my ears began to ache!) and be part of an 'International Fistula Day'. The latter occurred during a week-long fistula surgery camp held at Kisiizi and was a day aimed at raising awareness of available surgery for women with obstetric fistulas, giving hope to the many suffering tirelessly from the physical and emotional consequences. We certainly hadn't anticipated being part

of the group performing the 'fistula dance' in front of hundreds of people from the local communities until our last minute call up!

Kisiizi was my first experience of medicine in such a resource poor setting and it was incredibly eye-opening seeing how the care of patients was significantly compromised by a lack of resources. The paediatric ward had only three oxygen saturation monitors, only one of which consistently worked; the children received oxygen from shared concentrators via multiple long plastic tubes which were draped along the floor and frequently stood upon. There were frequent shortages of blood; transfusions meant that the generosity of staff with compatible blood groups was often called upon and the only electrolyte panel test was broken for a whole week. These and other examples posed challenges both in treating individual patients and in the various decisions of resource allocation which had to be made. Despite these difficulties, I was amazed at how the hospital staff continually adapted under the circumstances and strived to maintain a high quality of care.

During my time, I was exposed to a variety of often interesting medical conditions which I had not previously seen, including fungal meningitis and other HIV complications, frequent cases of malaria, including cerebral infections, and the tragic consequences of often extremely harmful traditional therapies, such as the cutting of the chest for children with pneumonia named 'Millet extraction'. I was also able to develop my understanding of how children presenting with severe acute malnutrition are diagnosed and managed at Kisiizi, and compare this to evidence-based guidelines for my medical school report.

***'Jesus is the only reason we can sing for joy
and be glad all our days'***

As I think and pray through the potential of future overseas medical mission I realise my time at Kisiizi was invaluable in gaining an insight into what this might entail, helping me to start thinking through some important questions and teaching me more about a God who is sovereign over all nations.

Living at Kisiizi challenged my prior expectations about the sort of opportunities I would have to share the gospel, and how this would compare with working in the UK. I had assumed that having the freedom to do so openly, I would have more opportunities to tell people about Jesus' love for them and in some ways, this was true. Staff and patients were generally very open about their faith, patients would often join together in sung praise and prayer on the wards, and each day began with a time of chapel to seek God through His word and commit the day to Him. But there were some challenges to talking about faith, some of which I expected whilst others I didn't. My own lack of courage to initiate a conversation was often a barrier, just as it is often the biggest barrier to talking with friends in the UK. Even though I now had more freedom to do so at Kisiizi, it was still not easy and I am challenged to be praying more regularly wherever I am, for more boldness and wisdom in how to share the Gospel in these conversations.

Understandably, the different language was a barrier to discussing faith with patients and this highlighted the value of thorough language learning. Kisiizi is based in a very Christian community, and we praise God for the many staff and patients who are followers of Jesus there. This has challenged me as I think about the number of people who don't know Him on wards

in the UK hospitals where I currently spend each day, and areas in the world where gospel workers are few, compared to somewhere like Kisiizi.

One of the hardest questions to work through from my experience at Kisiizi has been the reality of tragic death, particularly of children, which I encountered. I was involved in the care of a child who was seriously unwell and who had been subjected to a harmful traditional therapy. After the ward-round one morning, the child received his nutritional feed from his parents through an unchecked nasogastric tube and suddenly aspirated and died. I remember praying as attempts at resuscitation began, that God would heal the little boy at that moment, but He didn't. I felt helpless and confused at what felt like the injustice of it all, knowing that the little child may have survived if he had been treated in a different context.

This experience has caused me to seek to pray these issues through and God is teaching me through studies into His word and discussions with friends and mentors. I have been struck by God's sovereignty and power which is far greater than we can understand, and which leads us to a humble reliance on

His wisdom and plan. I have been challenged by what it means to trust in God regardless of how He answers our prayers as Daniel's friends state before Nebuchadnezzar: 'the God we serve is able to deliver us...but even if he does not...we will not serve your gods' (paraphrased Daniel 3: 17-18). I have been moved by Jesus' understanding of the grief we feel and His compassion, but also the beauty of His ultimate victory over death. Jesus is the only reason we can sing for joy and be glad all our days, despite all of the suffering in this world. Clearly, this is an area I will continue to pray and work through with God.

One of the overriding themes in people's prayers living at Kisiizi was an attitude of thankfulness for all of God's blessings and provision in the everyday, not just His answers to prayers. I am challenged to cultivate such an attitude in my own prayer life in the UK, where it can be so easy to not rely on God for the everyday.

Kisiizi Hospital is a special community and a testament to God's provision and blessing. My time there has challenged me and excited me in my journey of faith and my path to becoming a future Christian doctor.



Working 'behind the scenes'

Many charities claim they could not operate without the help and support of volunteers and Medical Missionary News is no exception. We recognise the enormous value that comes from the special relationships volunteers form as a result of their work, both at home and overseas. Everyone volunteers for different reasons but one reason common to all the volunteers at MMN is to make the Gospel of our Lord Jesus Christ known through the outreach of medical mission.

And so we take this opportunity to thank Judy, Malcolm, Angelo and Geoff for their help and hard work over many years; their faithful commitment to the ministry of MMN is very much valued and appreciated.



Judy Watts



Malcolm Pickard



Angelo Lomas



Geoff Tuckfield

MMN ACCOUNTS SUMMARY

	Year ended 31 Mar 19 £	Year ended 31 Mar 18 £
Incoming Resources		
Donations		
- Personal	140,403	120,328
- Churches	71,871	131,456
- Trusts	40,245	42,059
- Corporate	3,500	2,500
- Gift aided (including tax refund)	89,664	96,568
	<hr/> 345,683	<hr/> 392,911
Legacies	348,968	358,225
Reimbursements from Missions	346,760	321,208
Other income	13,227	15,201
Total Income	<hr/> 1,054,638	<hr/> 1,087,545
Resources Expended		
Gifts to missionary organisations	528,054	541,616
Equipment and medical supplies	392,881	427,426
Container costs	96,639	93,016
Deputation and publicity	4,337	13,682
Warehouse and office expenditure	146,528	101,987
Total Expenditure	<hr/> 1,168,439	<hr/> 1,177,727
Net Incoming / (Outgoing) Resources	<hr/> £(113,801)	<hr/> £(90,182)

STAMP AND COIN COLLECTIONS

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

CAMUNDAMBALA PRIMARY SCHOOL, ANGOLA

The article on the school in magazine 2019(3) states that "it has been a logistical nightmare getting the finance off the ground" and we would want to clarify that the difficulty was in getting funds into the country, not a lack of funds. Brian Howden adds that "the Lord provided exceedingly, abundantly above and we didn't have to 'raise' anything."

MEDICAL MISSIONARY NEWS

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