



**MEDICAL
MISSIONARY
NEWS**

Making Jesus Christ known through healthcare



HIS
LOVE
IN
ACTION

2024
Issue 1

“Money, the root of all evil” – usually announced in sombre or serious tones – is the frequent mis-quotation of 1 Timothy 6:10.

This common understanding of the verse is, I suspect, the basis of the widespread reluctance to speak openly about money. This is a strange situation, since most are more than willing to speak openly about other blessings they have received. Perhaps it is appropriate to quote the full verse in context, beginning at verse 7:-

“For we brought nothing into the world and we can take nothing out. If we have food and clothing we will be content with these. But those who want to be rich fall into temptation, a trap, and many foolish and harmful desires, which plunge people into ruin and destruction. For the love of money is a root of all kinds of evil, and by craving it, some have wandered away from the faith and pierced themselves with many griefs.”

It is clear in the context it is not money that is the problem but our desire, our wanting to be rich and thus the love of money that is the problem; our attitude of heart, not the money itself. However, what we do with the money we have worked

for reveals to all the attitude of our heart – now that is a sensitive, dare I say secretive, matter!

Many years ago, I heard a World Health Organisation definition of wealth. Count up the number of taps of all sorts (some call them faucets), including washing machine and dishwasher taps, in the place where you live that, when turned on, will deliver water. If the total is more than one you were automatically in the 10% wealthiest people on the planet! Admittedly this figure will now be out of date – now it might be two or or even three taps – but even so, the statistic is almost certainly shocking to you. The reality is that probably most of you reading this magazine are among the 10% wealthiest people on earth, even though you may not consider yourself to be such.

Why do I talk about this when this edition of the MMN magazine is about grants? Unless we live in a barter economy, money represents an intermediate step in the exchange of goods. For example, I



Dental examination, Adopt-a-Child project

make something or do some work. In return, instead of food or clothing, I receive money. This money I can then take somewhere else and there exchange it for food or clothing, or something else. Therefore, the money is a token, a valuation of my labour. So, let me ask you a question or two; What do you work for? With what are you content? At what stage are you willing to share what you have with others who are not as blessed as you? What are you willing to work for, so that someone unknown to you, somewhere else in the world, might have food or clothing or medical help? After all, Jesus himself told us that we will always have the poor with us (Mark 14:7). So, what are we to do?

My father remarked to me on several occasions that money is a tool to be used. Just as tools can be hoarded and, if little used, go rusty, so money can be hoarded and be of little use. The trouble is that that might mean giving away some of our hard-earned money. In essence we end up working for someone or something else, but how are we to decide who or where to give in a way that is Christ honouring?

My answer has been and is my engagement with MMN (Medical Missionary News). The world is full of sick, injured and disabled people. Even though I am a medical doctor, I realise I cannot treat them all, the best I can do is to treat those who see me. But, what if I can enable other medics in faraway places to

also see people? I deem that to be caring for my fellow human beings, whoever they may be – the Medical.

But, if they help only with the medical needs of the body and do not also help them to hear the words of eternal life then I will have to answer to Jesus my Saviour on the last day (Ezekiel 33, Matthew 28:18-20). So, I seek to ensure that my giving is not merely humanitarian, but is used to also communicate the gospel – the Missionary.

How am I to know if I am being a wise steward in my giving: if (through the money which represents my work) I am doing the best I can to honour my Saviour and care for others? I need information, I need feedback. How am I to get this when I do not know where the needs are. I do not have the contacts to learn what is going on, to know that my giving is being wisely and appropriately used. In these days of scams and fraud this last question is especially relevant. I have to rely on others

whom I trust, which is why trustworthy information and feedback is so important - the News.

As trustees of MMN we distribute the monies that we are entrusted with to meet the medical needs of as many as we can, always making sure that the words of eternal life in Jesus are communicated with the medical help. It is also why we require reports from those whose work we support and why our director and some of our trustees make visits to these works. All this enables us to provide feedback to you through the magazines, our website and social media and the prayer evening reports. So, to all of you who give to the work of MMN, thank you. We recognise our responsibility to you and more especially to Jesus, so that on the final day we all might hear “well done” from Him.

*Contributed by
Dr Peter Gill
(MMN Trustee)*



LIGHT IN DARKNESS

*Contributed by
Drs Ian and Claire Ferrer from Nepal PRiME*



This visit to Nepal was very full of training with little ‘down time’, but also full of rich blessings and God’s grace and provision every day that we taught. We were aware of being carried in prayer by many people for which we were so thankful, and felt truly blessed ourselves.

There is an increasing hunger in the country, and particularly the Nepali church community to learn more about mental health (MH) as MH problems and suicide rates continue to rise, and most people do not know how to start addressing these issues. They are

suddenly having to acknowledge that MH does exist and needs care just as much as any physical problem.

In 2022, we were asked by a national Christian organisation, Nepal Christian Society (NCS) to provide our MH two-day course for church leaders throughout the country, and for each of the seven districts in Nepal. Consequently, in 2023, church leaders from more remote provinces were invited to our teachings in both Pokhara and Kathmandu, as well as Tansen. We are grateful that NCS was able to facilitate this.

We taught seven two-day courses (five supported by MMN) and three one-day courses to church groups on MH, listening skills and suicide awareness with numbers of participants between 17 and 120, but more often approximately 40 for most teaching sessions.

For the first time, we were able to teach at Pokhara Bible School on MH, awareness and self-care. Students come from all over Nepal for the eight-month course, so this fits in with the idea of teaching more centrally to those from the provinces, cascading teaching outwards into the communities most distant from medical and psychiatric care.

We were also able to do some further teaching on palliative care with the Sunita Palliative care

project in Pokhara, travelling with the team in Lamjung.

We were all delighted to spend some time at Koshish mental health charity, and Dr David Sims supported their strategic planning day and the Koshish team. Our whole team visited the newly opened transition house for women, where we were warmly welcomed and able to do some further teaching on MH for the staff.

A last minute change in plans found us teaching 33 young people mid-teens to mid-twenties in Holy Grace church Kathmandu for one day. We ate lunch on the roof prepared by some of the church family. Several more people then attended our training session on suicide prevention, which was so

helpful for them and not far from their lived experience. One participant spontaneously brought her own song to end the session from her own journey from despair to hope during the pandemic. Participants here had such good English comprehension that we were able to condense much of our two-day course teaching into one day.

Teaching at a church in Kalanki, October 23rd and 24th was a joy. The church here was an oasis of peace only a stone's throw from one of the busiest and congested road junctions in Nepal, where we were given a warm welcome.

We then had a beautiful, gritty, inspiring and joyful, gathering of 22 leaders from 11 churches we had originally planned to hold in Butwal in the Terai region bordering India. There had been persecution in Butwal churches from Hindu fundamentalist groups so the local pastors advised us against travelling there. Instead, thanks to additional funding from a PRiME member and MMN we were able to hold this in a hotel in Tansen. One pastor was ill and needed medical help on the first day and many had long and difficult journeys. One lady from Rukum had travelled

three days to join us, and could not have afforded the travel costs herself.

One story of hope described was of a man in his forties chained for 20 years. The church became aware of this, and they prayed then travelled seven hours to find him. They cleaned his hands, cut his nails, washed and cut his hair and released him from the chains. They clothed him and took him for a walk around the fields, talked to him and supported the community to care for him. His dignity restored, he reconnected slowly with his community. They taught us much about love, help and care in action.

Some feedback from the course was: 'We never thought about how we could help in situations like this: we would, of course, pray, pray and pray again, but this is helping us to understand and see things differently. There is more we can do. It is so good that your teaching comes from the Bible. You are all doctors, but you have sat at our level. We have learnt so much about how we can help ourselves and others, we feel this makes us free and not fearful. We are excited to pass this on.'



'You are all doctors, but you have sat at our level. We have learnt so much about how we can help ourselves and others, we feel this makes us free and not fearful.'

MISSION AMIDST CHALLENGES

Contributed by the 99 Lost Sheep team

One week after our teaching, there was an earthquake in Nepal centred on the Rukum area. These ladies were then immediately incorporating some of our teaching in their service to the community.



There seemed to be an eagerness to be more open and honest in the church by the end of the teaching, when many of the participants thanked us. One man bravely stood up and said he wished he had heard this teaching years ago: he may have been

able to help his sister who died by suicide.

It was humbling to see God's people in Nepal faithfully live, often sacrificially, for God's glory in this country, and trust Him for all their needs.

We are already planning the next visit to Nepal which will be in this coming October and November, God willing. We plan to teach in new areas, perhaps travelling far West or to Dharan in the east of Nepal, connecting with new churches and hospitals there. We would like to thank MMN who have partnered with us financially, and in prayer for the church-based training. This has enabled support for delegate's travel, enabled us to flex our plans for teaching initially planned for Butwal and to accept some invitations for additional teaching when finance would have limited this. There has been rich blessing for this work: thank you!



The project "99 Lost Sheep" is a small UK Christian ministry with a big mission. In unreached Islamic communities, where acceptance and understanding for individuals with conditions like severe autism is badly lacking, and where Jesus is simply unknown, the 99 Lost Sheep team want to be a light for families with profoundly disabled members. Despite the magnitude of our vision, a pressing issue emerged when the ministry had to relocate to a new Middle Eastern country, leaving us without a home for our ministry, team, or the communities we serve.

SERVING THE VULNERABLE

The ministry is dedicated to providing long-term support and sharing the message of Jesus with families grappling with the unique challenges of caring for relatives with profound intellectual disabilities. However, lacking a central hub for the work and the necessary facilities for assessments, the ability to provide disability interventions, and effectively share the message of Jesus was hindered.

Please pray:

- For our training to take root in participants' minds and hearts and work as a force for goodness and blessing in many people's lives
- For courage for our participants who teach what they have learnt to others. This is countercultural and not an easy topic for most Nepalis to address.
- For protection for our Nepali brothers and sisters in Christ as churches start to see more persecution particularly from Hindu fundamentalist groups
- That God would guide us in our planning for our next visit and input



mission, and simply do not have enough money for everything that is needed.

FROM HOMELESS TO HOPEFUL

Being homeless as a ministry, and financially limited, we were able to rent a dilapidated former school building and envisioned its conversion into a ministry hub. This hub would include a disability assessment centre, as well as facilitating support for families in their own homes. It is not big, or fancy, but would meet our needs for quite some time if we could get it renovated. We had some money available to spend on the renovations, but it was not enough to meet the bare minimum if we were to begin effective outreach. Simply put, we had enough funds to get the office space up and running (we could not work without space for the team), but not the assessment and therapy section of the centre. This is where the MMN grant came in.

A BEACON OF CHANGE
Now, 12 months on and we get to see the impact the grant from MMN had on our renovations, and on the outreach we are now able to do as a consequence. The MMN grant fulfilled about a quarter of

the total renovation costs, and allowed us to provide: disability access (we thought this was quite necessary at a disability centre); fire safety additions (it takes a lot longer to get disabled friends out of a burning building); and general renovations of the assessment and therapy areas. These improvements not only improved the physical infrastructure, but importantly paved the way for our activities to begin.

NAVIGATING ALTERNATIVES

Reflecting on what could have been without the MMN grant sheds light

on the position the ministry would have found itself in. The absence of resources for the assessment centre presented limited choices. We would have been forced to opt for superficial and unsafe renovations or delay outreach efforts, unable to help, serve and share with the vulnerable families our ministry is here for.

EMPOWERING OUTREACH

So during the first six months of last year we were able to undertake a wider range of renovations, which directly motivated new team members to join us, and in



The love of Jesus compels us to show compassion to broken people,

and the love of Jesus compels us to explain the compassion he has for lost people.

September 2023 we were able to begin outreach so much sooner than otherwise would have been possible without this grant.

The renovation of our centre not only enhanced the physical space, but also provides increased opportunities to deepen conversations about faith and hope in Jesus. Our centre is now able to serve as a hub for our team, provide space for assessments, a place for therapies to take place, and a launching pad for home visits, where so much of our work takes place. We are now serving at least nine diverse, unreached, Islamic and Bedouin communities, with 78 disabled individuals and their families receiving therapeutic support, meeting desperate needs, and introducing Jesus into each of these settings.

...it has helped us to ensure that every individual we touch is deeply impacted by our work, and the message of Jesus is heard in families and communities who otherwise would not hear.

GRANTING HOPE
While MMN grants can never be a substitute for regular support from individuals and churches, yet they fill a significant need for the initiatives that need a one-off injection of funds to make the next step in the ministry and serve as a catalyst for important change. In the case of 99 Lost Sheep, it has helped us to ensure that every individual we touch is deeply impacted by our work, and the message of Jesus is heard in families and communities who otherwise would not hear.



New glasses for woman through Adopt-a-Child

PAUSE *to pray*

What a privilege it is to see the impact of God's work through his people. When there is so much darkness that we hear about in our world, it is wonderful to hear of how God is working. Your support, both prayerfully and financially, has made all of the testimonies you read of in this magazine possible, and we are so grateful to you for playing your part in making God's love shown around the world through healthcare. Our partners work in very challenging circumstances, and need our prayers to continue in their steadfast work for the Lord.

Father, we bring Your servants before you in prayer today. We thank you for their service towards others, often making great sacrifices to reach as many people as possible with your love and kindness. May they feel strengthened today knowing that You are upholding them and working alongside them in all they do. Through their acts of healthcare, may many lost souls come to know you as their personal Saviour.



LOVE ON THE BATTLEFIELD

Contributed by
Ruth Hodge from the Christian Faith Ministries Team



Christian Faith Hospital serves in Nigeria's bleeding northern heartland that has endured decades of terrorism. Brutal insurgency has swamped the region in drug-fuelled violence, sometimes sparking retaliatory conflict. Terrorism causes immense suffering and leaves stark economic hardship in its wake. Medical care for survivors helps rebuild bridges for the gospel of the Prince of Peace to reach across angry religious and ethnic barriers.

Some may remember Dogon

Nahawa, where in March 2010, 501 people were massacred by Fulani militants in one night. That's less than 10km from CF Hospital. From 2011 to 2014 Boko Haram insurgents targeted our area, killing multiple thousands, trying to provoke civil war between Nigeria's Christians and Muslims. That failed but Islamist Boko Haram still plague Nigeria's north east. Insurgent Muslim Fulani from Africa's Sahel, displaced and weaponised since 2011 when NATO made Libya a failed state, continue to infiltrate Nigeria's porous northern borders; killing, stealing,

kidnapping, and destroying villages from Nigeria's north and all across her fertile middle-belt regions. In our area, predominantly Christian farming villages are particularly vulnerable to armed attack and are frequently targeted.

HELP FOR SURVIVORS

Located about 25km southeast of Jos, CF Hospital is on Christian Faith Ministries' 35-acre headquarter site, Wurin Alheri (means Place of Kindness in the regional trade language, Hausa). The hospital team provide medical care for surrounding communities and Wurin Alheri residents. Residents include: over 1,000 full-time residential Bible college students from persecuted grass roots communities across Nigeria and surrounding nations; 307 children orphaned and/or displaced by terrorism in residential crisis care and education; over 200 safe-house "disciples" who are persecuted new Jesus-followers from Islamic or terrorised backgrounds; day-student trainees in vocational and computer skills centres on-site; around 600 more children, day-students, in our primary and secondary schools; rescued rape and abuse survivors in our women's refuge, and the teams caring

for, teaching and training them all, and their families.

The hospital primarily serves large neighbouring communities, Muslim and Christian, providing general medical care; accident and emergency; maternity and antenatal care; 40 in-patient beds: relatively simple surgery such as caesarean delivery, appendectomy, lumpectomy, and hernia repair; diagnostic laboratory services; X-ray services; antenatal, vaccination, dental and optometry clinics, all at low cost or free in the most-needy cases.



Boko Haram survivor who was shot, he began crying when he received funds to pay his hospital bills

Our locality is a very troubled one, with all too frequent armed Fulani attacks, including an attempted attack on Wurin Alheri last October, thankfully thwarted by the military. From May to July 2023 and in January 2024 CF Hospital team ran free medical clinics for over 40,000 displaced people; first at Mangu, in May and June and at Bokkos, in January, after Muslim Fulani insurgents brutally attacked and killed at least 500 people and displaced tens of thousands of mainly Christian farmers from surrounding villages.

Insurgents attack without warning, spraying semi-automatic gunfire, causing panic, shooting the men standing to defend their families and homes, entering houses, hacking victims with machetes: men, women and children, even the elderly, with no mercy. Led by insurgent foreign Fulani, some are local Fulani lads, drugged to the eyeballs with tramadol, the “terror drug” enabling them to perpetrate atrocities against their Christian neighbours, abhorrent to them in their normal mind. They loot homes, small businesses, schools,

clinics, and churches, then burn them. They steal grain from farm storages and livestock, and later drive their Zebu cattle to graze on standing crops.

In some Bokkos villages, some local Muslim Fulani did not join the insurgents, but stood with their Christian neighbours against the attackers, managing to protect some villages, but most have been devastated. Bokkos is half an hour from CFM’s Hospital and Mangu is 20 minutes further down the same road. Voice of the Martyrs groups helped CFM by providing funds for food, hygiene products distributed in the displacement camps and medicines for the clinics held under trees, while the Christian Faith Hospital team provided expertise and effort. MMN helps sponsor some of the salary costs of CF Hospital staff. We thank God for this assistance.

Children suffer severely in terrorism. Some are killed in attacks, but many more endure the devastation that follows. Ladi, pictured, is not yet two. Malnourished, dehydrated, with diarrhoea and fever, Ladi was tested and treated for malaria and typhoid, both endemic. Her father was killed in the attacks on



Ladi

Mangu villages last May. Her family’s home and farm were destroyed and with her father dead, there is no one to rebuild. Her chances of survival are not good. This photo was taken last June: we do not know if Ladi made it. We have no way to contact her mother, who was not carrying her phone when she heard gunfire and her neighbours shout warnings of Fulani attacking. She just managed to scoop up Ladi and run, with only the clothes they were wearing. All they possessed was destroyed. Please pray for Ladi and her family and the millions like them in northern and central Nigeria. Please pray for the CF Hospital team serving these survivors with loving kindness, testifying of the good God whom we serve.

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REACHING BEHIND BARS

...we think God, who sends sun and rain on the good and the evil, can change anyone.

In April 2021, the provincial prison in our Asian country moved into a new facility. We have served in the prison since 2003, but this new facility caused our staff much stress as it was double the distance to travel. One staff person, an older woman, found riding her moto to the prison daily caused her body aches from the bumpy road, headaches from the heavy helmet, breathing troubles from road construction dust, and danger from the fast-moving trucks.

However, it was never really a question of continuing our programme or not. Our staff are eager to show the love of God to the prisoners, who often feel that no one loves, remembers, or cares for them. Prisoners cry out: "Who will show us some good?" We are the hands and feet that the Lord uses to answer their prayer of: "Lift up the light of your face upon us, O Lord!" (Ps. 4:6) We assist the medical clinic at the prison, and MMN has been supplying the medication since 2021.

We also teach a class on Biblical relationship skills called Peace Builders. When we deliver our quarterly report to the provincial government office, one official there continually asks why we do the prison work. To him, prisoners are people that will never change. But we think God, who sends sun and rain on the good and the evil, can change anyone.

Inmates face many barriers to good health. The prison was built for 1,000 prisoners and now houses 1,400: cramped rooms make it easy to get sick from each other. Due to the overcrowding and the need to take shifts guarding during the night (against suicide or escape), inmates do not get enough sleep. Many do not have family to visit and bring them money, so they cannot afford to buy medicine and extra food (above the two meals a day). In addition, our country is just implementing a tax system, but the prison officials do not yet have enough government funds to buy sufficient medicine. Even so, prison officials try their best to care for the prisoners. The head of the health department is eager to cooperate with us, and his deputy is a believer. Together they seek out extra medication and



Healing from Scabies

equipment from the local health centres and from the district health office. However, it is just not enough.

Last December, a Peace Builder student in his thirties developed a boil on his arm. At that time, he asked his roommate to help open the boil and squeeze out all the pus, but because the inmates cannot wash their hands sufficiently, the arm got more infected. He asked for medicine from roommates, but received only three paracetamol. The prisoner did not want to go the medical clinic because he was hungry to learn at our class during the same hours. One day during class, we saw that his arm was worsening. It was red and swollen with visible pus inside. So



Staff pack medication for 1,400 inmates

right away, even though it was class time, we took him to the medical clinic. He received cloxa, amoxicillin, and paradol, which he took for five days. He recovered! He is very happy and thanked us many times. Now, in Peace Builders, he has the chance to hear more of the God that healed him.

During the past couple of years, the prison has asked us to address two other problems affecting health. We were able to assist the prison by installing a water filter, since the wastewater was seeping into the well. Then there was a major campaign against scabies, treating the entire prison twice! The scabies is not completely gone, but the inmate's health has greatly improved. Now the prison health officials are on alert to scabies and treat them

promptly. MMN's gifts purchased the scabies soap and the ivermectin for the scabies treatment.

James 2:15-17 says: "If a brother or sister is without clothing and in need of daily food, and one of you says to them, 'Go in peace, be warmed and be filled,' yet you do not give them what is necessary for their body, what use is that?" As we have the two programmes at the prison, inmates have a chance to have both their body and their soul cared for. Every prisoner knows that Christians saved them from the scabies scourge, which affected nearly everyone. Every prisoner has experienced God's love. Pray with us that this love bears its fruit.



Staff at prison medical clinic



ADOPT A CHILD

Purpose

Adopt-A-Child UK, based in Culloiden, Inverness, is a Christian one-to-one sponsorship programme working hand in hand with sponsors across the world to provide nutritious meals, basic medical and dental care, pastoral and practical care, a spiritual hope and a future for thousands of under-privileged children in Guatemala and Albania.

In Guatemala we currently have 10 centres, served by three medical clinics, led by our Senior Medical Director, Dr Pablo

McKeown, who was himself a child in our programme in the 1980s. There is one other doctor and a dentist and they are assisted by a small team which includes interns from the USA. We plan to open a 4th clinic at a new programme currently under construction.

We also aim to see each child once a year to assess their health and offer any treatment necessary. Clinics are held at our programme centres for this.

Once a year, in the spring, we have a week-long Medical Campaign at our mountain programmes when everyone in the community is invited to attend for assessment and basic treatment if necessary.

Strategy & Impact

We operate a sponsorship model, where people pay £24 per month to sponsor a child. This includes a contribution towards two nutritious meals per week, access to basic medical help if necessary and Bible teaching. People can also make a one off or regular donation towards medical needs.

Those who take part in the annual medical campaign are self-funded and provide all the medicines and equipment needed.

As mentioned before, we aim to see people registered on our programme once a year. Records of

these assessments are kept, along with any other visits they make to our clinics and treatments given. Consultations and medications are provided free of charge.

Prior to our programmes opening in the 1980s there was no medical provision in the mountain areas, where witch doctors were widely used. Infant mortality was very high, with many dying from preventable conditions and many suffered from stunted growth due to malnourishment. While it took some time to gain the trust of the people, we are now seeing, after 40 years of working in these areas, that the health of the children who attend our programmes is much improved. Infant mortality is down, their energy and stamina levels are better and they are growing well.

Preaching the Gospel has always been the primary goal of our programmes. Children have the opportunity to attend Bible teaching classes after their meal twice a week and most of them do so. We also have Churches attached to most of our programme centres, open to all in the community and these are well attended and growing.



Preaching the Gospel has always been the primary goal of our programmes.

Challenges

There is always more need than we have resources for, particularly where patients have more complex medical needs.

We are excited to be opening another programme and clinic in Chulumal, but equipping, funding and staffing the new centre will be a challenge.

Prayer

Please pray for Dr Pablo and his team as they seek to serve the people and communities in Guatemala.

Please pray for the new programme and clinic currently under construction in Chulumal. Pray that the local community would soon be impacted practically and spiritually by the work that is done from there.

Pray for God to provide all the resources we need to do the work He has called us to in Guatemala.

www.livingwateradoptachild.org/

Thank you for your support in 2023. Through your prayerful and financial support:

- Trustees awarded grants to 34 partners that came to a total of over £200,000 – you have read what God has been able to do through some of them in this magazine.
- We were able to financially help 18 partners with support that came in specifically for them.
- £23,500 raised for Berakhah Medical Centre through your generous support from the last edition, Big Give and my Thames Path walk – we look forward to seeing the new facilities in operation in the coming year.
- Bursaries were given to 16 medical students so that they could experience medical care in a mission context – you will read more about this in the next issue.
- Sent goods to 35 partners through the container shipments

to Zambia, Angola and Malawi, as well as pallets sent to Moldova.

- Personal visits to partners in India and Nepal.

This has enabled many lives to be impacted for good as their physical and emotional needs have been met, and as they have heard of the saving love of Jesus from those caring for them. We value your continued support as we look forward to seeing God at work through those making Jesus Christ known through the provision of healthcare. If you would like to hear more about the ministry of MMN in supporting medical mission then we would be delighted to share with your church/group either in person or online. Please contact us to arrange a suitable time.

*Contributed by Grev Parmenter
(MMN Director)*




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 /mmn.uk

 info@mmn.uk.com
www.mmn.uk.com

 01793 538200

 Unit 16, Star West,
Westmead Drive,
Swindon, SN5 7SW