

# MISSION CONNECTION



## Miracles through Medical Mission

Spring 2007 Volume 14, Issue 2

### DR. MARIA ZACK NEW PRESIDENT OF MBF BOARD

**D**r. Maria Zack, the new president of MBF's Board of Trustees, credits her interest in medical mission to the Presbyterian churches she attended since childhood—churches with a strong commitment to mission and long-term connections with the Medical Benevolence Foundation. For the past ten years she has been a member of the MBF board and has served as Treasurer and, most recently, as Vice President.

Dr. Zack is co-chair of long range planning at Point Loma University where she is Professor and Chair of Mathematical, Information and Computer Sciences. Her experience and skills will be vital in the months ahead as MBF considers the changing face of mission in developing countries where many of the PC(USA) partner hospitals and clinics are located. For the most part, she says, "they don't need us to do things for them. They need us to do things with them."

Maria Zack is familiar with these partner hospitals. At least once a year she travels to Kenya where she spends a couple of weeks doing what she can to help at one of the three

**In 2003, Tumutumu Hospital in Kenya named their new maternity ward after Dr. Zack because of her involvement in the project begun by Solana Beach Presbyterian Church. She had mixed emotions when she saw the sign because of the sacrifice of people both in the U.S. and in Africa. "The new wing is what God has done," she said.**



*"MBF has expertise in getting people out there doing what needs to be done."*

Dr. Maria Zack

PC(USA) partner hospitals there.

"I'm not a medical doctor," she says, "but because of my background in management, finance, and technology, there are ways I can help and encourage our partners."

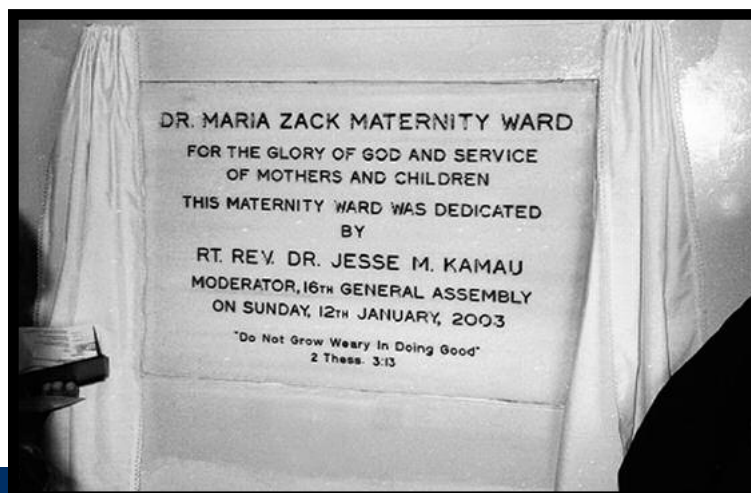
What, besides financial giving, can Presbyterians do to support MBF and PC(USA) medical mission?

"Pray!" says Dr. Maria Zack. "That's the first thing. We should be praying for our partners in other parts of the world." She suggests choosing a specific hospital to pray for. "And, consider volunteering," she says. "There are opportunities both here and in other countries." She especially encourages those who may think they have nothing to offer. "I've taken people with various talents to Kenya, but the most useful kind of person I've taken is someone who can fix things. Basic maintenance is a huge help. It's not that the people there can't do this for themselves, but it's having the time to

do it. MBF has expertise in getting people out there doing what needs to be done. The hospitals and clinics need

medical volunteers, but they also need help in other areas."

What does this busy professor do to relax after her typical twelve to fourteen-hour days? She volunteers as sous chef for a cooking school, she walks, and she reads "voraciously" everything from theology, history and mathematics to fiction.



## WORLD HEALTH ORGANIZATION NOTES MAJOR ROLE OF FAITH-BASED GROUPS IN HIV/AIDS CARE

**A** recent report of the Geneva-based World Health Organization (WHO) has noted the key role of faith-based organizations in HIV prevention and care

"Faith-based organizations are a vital part of civil society," said Dr. Kevin De Cock, director of the HIV/AIDS department at the WHO. "Since they provide a substantial proportion of care in developing countries, often reaching vulnerable populations living under adverse conditions, faith-based organizations must be recognized as essential contributors towards universal access efforts."

The study focused on Lesotho, which has an HIV prevalence rate of 23.2% and Zambia, with a rate of 17% in 2005. It found that Christian hospitals and health centers are providing about 40% of HIV care and treatment services in Lesotho and almost a third of the HIV/AIDS treatment facilities in Zambia.

The report estimates that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations. Linda Hartke, coordinator of the

Geneva-based Ecumenical Advocacy Alliance noted: "The presence of religious groups in virtually every community, the involvement of faith-based organizations in over a quarter of the existing care and treatment projects world-wide on HIV and AIDS, and the fact that 70% of the world's population identify themselves as people of faith means that the more religious beliefs, structures and current responses ... are understood, the more we can build on strengths and overcome obstacles for a collaborative response to the pandemic."



Medical Benevolence Foundation is playing an active role in assisting Presbyterian hospitals and clinics around the world. Recently, MBF committed an additional \$527,000 in support of eighteen institutions in nine countries. These funds were designated for HIV/AIDS programs, nurse training, medicines, medical supplies, nutrition efforts and orphan care. In addition to these funds, \$88,000 has been provided as supplemental support of Presbyterian medical mission co-workers.

—Dr. George F. Pope

## KENYA MISSION NETWORK MEETS IN NAIROBI

**I**n early February, Presbyterians committed to mission in Kenya met in Nairobi at a compound owned by the Presbyterian Church of East Africa. MBF was represented by Dr. George F. Pope,

Executive Director; Dr. Chip Lambert, Outreach Coordinator/Development Officer; and MBF board member Shelley Ulrich.

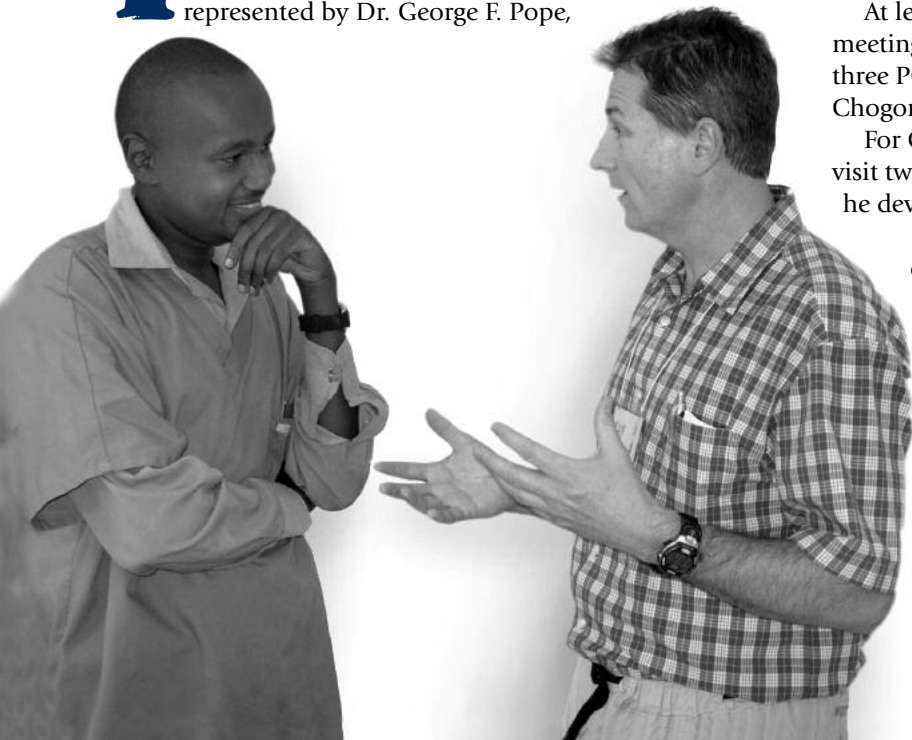
At least half of the 70-some people who attended the meeting were from Africa, including personnel from the three PC(USA) partner hospitals: Kikuyu, Tumutumu, and Chogoria.

For Chip Lambert, the meeting and the opportunity to visit two of the Kenyan hospitals had special significance as he develops the short-term volunteer program for MBF.

"I really got my arms around what the hospitals are doing through meeting with the staff and finding out what their needs are and how volunteers can help," he says. "It gave me a better sense of the practical logistics of sending volunteers to help at these hospitals."

The Kenya Mission Network is one of 26 such networks organized by the WMD Office of Ecumenical and Mission Partnership.

**Dr. Chip Lambert talks with Dr. Wambugu Johnson, a dentist at the Kikuyu Dental Clinic in Kenya.**



# AN INTERVIEW WITH CHRIS ROBISON

NEW EXECUTIVE DIRECTOR OF PROJECT C.U.R.E. HOUSTON

**P**roject C.U.R.E. (Commission on Urgent Relief & Equipment) is a nonprofit, humanitarian relief organization that collects medical supplies and equipment and donates it to hospitals and clinics in developing countries. In 2001 MBF formed a partnership with Project C.U.R.E. to service PC(USA) partner hospitals and clinics.

Chris Robison, a woman of great energy and charming wit, is the new Executive Director of Project C.U.R.E. Houston. She spoke with us recently from her office in the Project C.U.R.E. warehouse in Houston where volunteers were busy sorting and packing plastic gloves, stethoscopes, thermometers, technical manuals, and whatever else had been donated.

## What circumstances brought you to Project C.U.R.E.?

**Chris Robison:** Divine intervention! For the past eight years I've been in medical sales. I was a "bag lady." That is, I sold ostomy bags. I'd been driving by this building since I live near here, and was curious about what it was. Finally, one day I decided to go in and see if someone might be interested in ostomy bags. The director explained what Project C.U.R.E. did and showed me around the warehouse. I was hooked, and soon began working there as a volunteer.

When I heard about this job opening, I first told a friend that she should apply. But the more I thought about it, the more I wondered if maybe I should apply. I went to the Project C.U.R.E. headquarters in Denver and met the director who asked why I would be interested in this job. I explained my background in the medical field and my contacts in Houston and he said, "Chris, do you have any spiritual reasons for wanting this job? You know, if I don't fill containers, people die."

I said, "Oh, yes!" And I told him how I realized that what I needed in my life now was quality, not quantity. The salary would be half what I was making selling ostomy bags, but I had enough little black dresses and

**A Project C.U.R.E. container ready to be unloaded at Embangweni Hospital in Malawi.**



**Chris Robison (third from left) with some of the staff at Houston's M.D. Anderson Cancer Center. Project C.U.R.E. leaves a box at medical facilities like this for ongoing donations of supplies.**

*"MBF is really the other half—our sister."*

high heeled shoes in my closet and I was ready for a change.

This is a job for three people and I'm only one. I'm overwhelmed, but I'm learning. I'm really blessed to be here.

## How does Project C.U.R.E. fund its projects?

The majority of our donors are involved in underwriting the costs of delivering medical relief. The structure is kind of like a pyramid

when it comes to who keeps us going. At the top there are the biggest donors, the corporations, foundations, and major donors. Next are the civic groups, and then at the grass roots are the individuals who are passionate about what we do.

## Do you see the bottom of the pyramid as important as the top?

I didn't, but I do now. It's a learning experience for me. Corporate and major donors are passionate about our work, but I've been going to schools and churches to talk about what we do and I see people who really care about getting medical equipment and supplies to places like Vietnam, Armenia and Nigeria.

## How does MBF fit in the Project C.U.R.E. picture?

MBF is really the other half—our "sister." MBF is talking to Presbyterians around the world. MBF identifies their overseas partners' needs and we facilitate, gathering supplies and equipment from five different warehouses around the country. Then we pack, ship and deliver those supplies—by truck, camel, or on the backs of people . . . whatever it takes.

Medical Benevolence Foundation  
P.O. Box 770636  
Houston, TX 77215-0636

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## *"Doing" Medical Mission*



### **STILL MISSING... SHARED FUNDING TO COMPLETE ASHA GRANT PROJECTS**

**MBF must raise shared funds for projects awarded grants by American Schools and Hospitals Abroad (ASHA). Five projects still need shared funding to complete them:**

1. Lalitpur Nursing Campus in Nepal  
• \$48,500 shared funds obligation
2. Mulanje Mission Hospital in Malawi  
• \$90,000 shared funds obligation
3. Good Shepherd Hospital in DR Congo  
• \$50,920 shared funds obligation
4. Miraj Medical Center in India  
• \$55,000 shared funds obligation
5. Hopital Sainte Croix Nursing School in Haiti  
• \$100,000 shared funds obligation

**Please call the MBF office at:  
800-547-7627 for more information.**

## **HONOR MOMS AND DADS WITH ALTERNATIVE GIFTS**

**T**his year you can honor mothers and fathers with a gift to MBF, while extending that gift of love and care to others. Special Mother's Day and Father's Day cards are available to acknowledge your gift to your honoree.

Giving an alternative gift supports the health care needs of families in developing countries. The full gift list and cards may be requested on our web site.

Gifts may also be given online at [www.MBFoundation.org](http://www.MBFoundation.org).



### **Medical Benevolence Foundation**

P. O. Box 770636  
Houston, TX 77215-0636  
phone: 800.547.7627

e-mail: [info@MBFoundation.org](mailto:info@MBFoundation.org)

MBF Mission Connection is published by the Medical Benevolence Foundation.

Editor: Catherine Davis

Designer: Gary Gnidovic

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