

# MISSION CONNECTION



*Inspiring News from PC(USA) Medical Missions Around the World*

Fall 2005 Volume 12, Issue 2

## TOUCHED BY ONE OF THE DISEASES OF POVERTY

BY DR. GEORGE F. POPE, MBF EXECUTIVE DIRECTOR

**T**he headache and fever returned every afternoon, followed by night sweats. It was a short ten-minute drive to the outpatient clinic. The wait to see a physician lasted only a few minutes; however, it took a few hours to get the diagnosis . . . malaria. The next ten days were spent in a Houston, Texas hospital, five of them in intensive care. There would be a full recovery.

Two weeks earlier I had returned from a trip to the Democratic Republic of Congo—one that was filled with interesting and moving experiences. Clearly, rural mission hospitals and clinics in the urban ghettos carry out their ministry of compassionate care with limited resources and inspiring dedication. They treat the many diseases of poverty: tuberculosis, HIV/AIDS, diarrhea, malnutrition and malaria.

Throughout Africa malaria is a killer. Three to five-hundred million cases of Malaria are reported annually worldwide and 80% of those are in Africa. Around the world, the disease still



**Dr. George Pope in the DR Congo with PC(USA) moderator Rick Ufford-Chase and PC(USA) missionary Larry Sthreshley.**

claims the lives of more than 2 million children per year. In Africa, every day nearly 2,000 children die from Malaria. My experience with malaria may have had a very different outcome had treatment not been in a state-of-the-art hospital.

MBF provides vitally needed resources for mission hospitals throughout the world to fight malaria and other diseases of poverty. Six of these hospitals are in DR Congo. The work they do is not only lifesaving, it is life-giving. Once restored to health, patients who pass through the doors of these hospitals return to their homes and are able to support families and contribute to the welfare of communities.

Scripture tells us that there is no greater gift than to lay down one's life for a friend. We also know that a great gift is to lift up life, restoring health through compassionate, Christ-inspired care. Your support of the work of MBF helps mission hospitals and clinics in thirty-three countries make this possible.

## MBF/PROJECT C. U. R. E. HELP CHURCHES RESPOND TO KATRINA

**W**hile Presbyterians across the country opened their homes and billfolds to refugees of Hurricane Katrina, the MBF/Project C.U.R.E. warehouse in Houston opened its doors to be the drop off center for personal health kits and "Hope-in-a-Box" kits Presbyterian churches were putting together.

For people who had left their homes with little more than

the clothes they wore, the kits were the practical help they needed while they waited in shelters for more permanent accommodations. Personal Health Kits contained washcloth, towels, soap, toothpaste and toothbrush, comb, and deodorant. The "Hope-in-a-Box" Kits helped children survive the tragedy with items like toys, crayons, pencils, paper, toothbrush and toothpaste.

## “WE SUSPECT THAT WE HAVE LOST EVERYTHING . . .”

**T**he week before Katrina hit New Orleans, Lakeview Presbyterian Church in New Orleans scheduled a mission trip to the MBF/Project C.U.R.E. warehouse in Houston. The group, including PC(USA) vice moderator, Rev. Jean Marie Peacock, planned to arrive in March of 2006. The MBF office was already busy arranging housing for their trip to Houston.

Then Katrina hit New Orleans and the Lakeview neighborhood was one of the first to be inundated with water when



the levy broke. In an e-mail, Rev. Peacock wrote, “We have seen overhead shots of our neighborhood where the water is at the rooftops, and we suspect that is true of our home and that we have lost everything . . . We suspect that many of our congregation, who live in the neighborhood, have lost everything and that the church is filled with water . . .”

First reports from the Presbytery of South Louisiana estimated that upwards of 36 churches within the presbytery were damaged or destroyed by the hurricane.

## A MIRACLE TREE GROWS IN CONGO

**B**ecause of the Moringa Tree, children in DR Congo now have a chance to grow at a normal rate and fight off some of the diseases that take advantage of undernourished bodies. The tree is known as “The Miracle Tree” because it is easy to grow and is a major source of nutrition.

Sixty percent of children in Congo under age 5 are undernourished, suffering from protein-energy malnutrition and anemia. The typical diet, “bida,” a firm dumpling made of manioc, is a poor source of protein and iron. But when powder from the moringa leaves is mixed in



Children receive moringa tree seedlings at IMCK Nutrition Rehabilitation Center in DR Congo.

with manioc, the meal is now nutritious.

Nancy Haninger, PC(USA) mission coworker/nurse nutritionist and the team at IMCK Good Shepherd Hospital’s Nutrition Center in Tshikaji, DR Congo, have been introducing the moringa tree to nearby villagers since

May of 2004. Today, 5,000 tree seedlings are growing in Tshikaji gardens. Trees grow from seedling to maturity in only 9 months. Seedlings are free to the villagers, but cost the project \$1.00 each.

Nancy learned about the tree from Inge Sthresley, another mission coworker who brought the seedlings from Cameroon.

The Moringa Tree Project should be an interesting one for Sunday School Classes to sponsor. For \$1 a tree, children will be helping boys and girls in a Tshikaji family to grow healthy and strong. Gifts to the project should be marked “Moringa Project-Tshikaji.”

### Update on Dr. Mike Haninger

**W**hile in the states during the past few months, Nancy has continued her work with Good Shepherd Nutrition Center through the internet. Nancy and her husband, Mike, a doctor at Good Shepherd Hospital, returned last spring to the States where Mike has been receiving treatment for lymphoma. Because Mike is showing good response to

chemotherapy, he and Nancy plan to return to DR Congo early next year. Please continue to pray for the Haningers during this time.



Dr. Mike Haninger administers ultrasound for pregnant patient at Tshikaji village clinic.

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Nancy Haninger weighs a baby at one of the village clinics.



## Couple’s Anniversary

Jim and Carol Hess of Grace Presbyterian Church, Springfield, VA, were about to celebrate their anniversary when they heard about the 12 million children in Africa orphaned by HIV/AIDS. Their pastor, Rev. Jay Click, had been moved to bring the plight of the orphans to the church’s attention when he read about them in MBF’s Mission Connection. The church responded by launching a campaign to raise money for AIDS orphan care.

The Hess’s discussed what they could contribute to

# GIFTS TO MBF HELP SUPPORT DRS. CINDY AND LES MORGAN

**S**ince 1989, Drs. Cindy and Les Morgan have been PC(USA) medical mission workers in the tiny, overcrowded country of Bangladesh. Nestled between India, Burma, and the Bay of Bengal, Bangladesh is about the size of Alabama, but with a population of nearly half that of the U.S.

The Morgans serve at the Christian Mission Hospital in Rajshahi, and often travel to rural villages with mobile clinics to bring medical services to the very poor who can't get to a hospital.

The Morgans depend on your gifts to support their medical work in this developing country. We spoke with Dr. Les Morgan while he and Cindy were on furlough in the States. They will return to Bangladesh after Christmas.

**MBF: It's hard to imagine an area the size of Alabama with 144 million people. Does this overcrowding affect the health of the Bangladesh people?**

**Dr. Morgan:** With people living so close together, with the poverty, infection spreads easily, especially TB. We also see other major diseases like diarrhea and associated diseases like typhoid and cholera.

## What about AIDS?

AIDS is not as high in Bangladesh, but it's expected to rise because of our neighbor India where AIDS is rising rapidly.

Actually, the biggest noninfectious health problem is

tobacco-related: emphysema, heart disease, bronchitis. Most of the illnesses I see in men are smoking-related. The tobacco companies are really hitting the less developed countries hard, including Bangladesh. Cigarettes are very cheap—even the rickshaw drivers can afford them. We do a lot of education on this. Our big event is on May 31, the World Health "no tobacco" day, when we do a seminar at the hospital and invite people from the community.

## Is this effective?

We've had a lot of people stop smoking. People just don't know that smoking is harmful. There's a tremendous need for education and it's one of the cheapest ways to improve peoples' lives.

**Do people in Bangladesh realize that there's a huge group of people here (in the PC(USA)) behind them?**

The Christians do. They highly value that connection. The church is very small. Most of the people are Moslem with

Christians only 1/2 of 1% of the population. They feel constantly at risk, even though they are free to worship.

**You'll be returning to Bangladesh very soon. What keeps you going back? It's certainly not an easy place to live.**

It's a difficult place to live, but when we can minister to someone in need, it really makes it worth it. Also, what makes it worthwhile is the relationships we establish with the patients and the people we work with. Although we can't solve everybody's problems, to be the faithful presence is what's important—they deeply appreciate our presence. It gives them hope—especially the very poor. Just as God is with us in Christ, we can be with others in faith and hope.



*"It's a difficult place to live, but when we can minister to someone in need, it really makes it worth it."*



**Drs. Cindy and Les Morgan travel to remote villages to treat both young and old.**

## Benefits AIDS Orphans

the campaign, and came up with a unique plan. They would sponsor a concert by the Mosaic Harmony Gospel Choir and donate the free will offering to help HIV/AIDS orphans.

Meanwhile, even the children at the church were busy with the AIDS orphans project. The third and fourth grade Sunday school classes created large papier mache piggy banks and filled them with money. By the end of the campaign, Grace Presbyterian Church had raised \$10,000 for AIDS orphan care. To that, Jim and Carol Hess added the \$3,000 they raised from their anniversary concert.

**At the Community Based Orphan Care center in Lilongwe, Malawi, a worker prepares to distribute food to some of the 100 HIV/AIDS orphans in the program.**



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US Postage Paid  
Permit No. 11118  
Houston, TX**

## *Bangladesh, DR Congo, and Katrina*



# THE BEST GIFT FOR THOSE WHO HAVE EVERYTHING

*by Cathy Gold, MBF Church Relations Development Officer*

**A**bout now, you may be looking for just the right Christmas gift for a special friend or loved one. MBF has the perfect Christmas shopping solution. With an "alternative gift" you can give a medical miracle to someone overseas in the name of a loved one or friend. For example, these alternative gifts come in the form of vaccinations, cataract surgery, or even training for a village health care provider or support of a community health clinic.

Your alternative gift in honor of a loved one is sustainable, long-lasting, and will provide urgently needed medical care for the poor in overseas hospitals and clinics.

MBF will help your church set up an alternative gift program with free materials, including a planning handbook, Minute for Mission scripts, copy for newsletters, plus an extensive shopping list of alternative gift items. Brochures are available for individuals who want to give gifts in the name of friends or family, and MBF will send a special Christmas card signed with your name to the person you designate as the recipient.

I hope you will partner with us this Christmas in sharing the love of Jesus Christ with your brothers and sisters overseas. You may order these free alternative gift materials online at [www.MBFoundation.org](http://www.MBFoundation.org), or call us at 800-547-7627. We will be happy to answer any questions you may have.



### Administrative Charge Continues

Restricted donations increasingly outstrip unrestricted donations coming to MBF. The Foundation is dependent on unrestricted gifts, not only to send overseas, but to continue the ministry of mission interpretation to Presbyterian congregations and to collect and ship medical supplies and equipment. Due to the shortage of unrestricted funds, the MBF Executive Committee continues to place a 5% administrative charge on restricted cash donations. In other words, out of every restricted dollar, five cents will be used for mission interpretation and administration.

### Medical Benevolence Foundation

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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  
For information on FREE subscriptions, call MBF at 800.547.7627.

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