

# MISSION CONNECTION



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

Late Summer 2004 Volume 11, Issue 3

## PUTTING A FACE ON COMMUNITY HEALTH

BY PAM ATOR

I met Go-Yong in the Miao village of Ganhzizi located in the mountainous Yunnan Province of southwestern China. She had been trained as a health worker in her family village and when she arrived at Ganhzizi there had not been a health worker there for many years. Although Go-Yong has no official title, over time other villagers have come to her for advice and help. Her greatest challenge has been teaching her fellow villagers about hygiene. A small room adjacent to the village community center is her clinic.



Go-Yong and her mother-in-law.

There are only a few bottles of medicine on the shelves. When I asked her about the types of illnesses in the village, she mentioned stomach ailments, cancer, malnutrition, colds, and the problems of women.

Like Go-Yong, village health workers in developing countries are often selected by villagers because they are especially able and kind. Some are volunteers and some are paid by the village or other organizing groups. Others receive training and are part of mission hospital programs. Go-Yong is part of an Amity Foundation program to train Christian village health workers throughout China. A project funded through MBF by Peachtree Presbyterian Church has committed one million dollars, over ten years, to rebuild a network of Christian village health workers throughout rural China.

Even though I have traveled to deeply impoverished countries, as an American I still find it difficult to imagine a world where immediate access to health care is not available. For most of the developing



Health workers weigh a baby in a mobile clinic in Bangladesh.

world, however, health care is hours away at the minimum and, in many cases, days away.

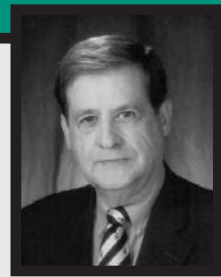
As the MBF Associate Executive Director, on a recent trip to visit our overseas partners, I stood in the reception area of a mission hospital in Malawi looking at a wall map that charted the hospital's mobile clinics. I counted fifteen.

PC(USA) Mission Co-worker Frank Dimmock said that mobile clinics are one of the few ways we have to reach the very poorest of our brothers and sisters. Deeply impoverished, with fields to work and children to care for, most will not leave their homes for the days it takes to travel and find treatment at hospitals and clinics. Only when they are too sick and can physically no longer work do they begin the journey. For many the journey is too difficult and the treatment is too late.

The cycle of poverty and illness has become a resounding theme in world health programs. When people already living below the poverty line become ill, they can no longer work and sink deeper into poverty. When they are unable to work there is little or no food, recovery becomes more difficult, and the malnourished family becomes more likely infected, leading to more

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## EXECUTIVE DIRECTOR TO RETIRE



**E**ndings are never easy. Moving toward retirement at the end of this summer, brought to mind a book that I have read a number of times over the years: *Transitions: Making Sense of Life's Changes*. It has helped me in many ways as I stopped doing one thing in order to start another. These eight-plus years as the leader of the Medical Benevolence Foundation (MBF) have been filled with challenges, new knowledge, joy, new friendships, and sadness. I say "sadness" because the need in the area of international health care for the poorest of the poor is always far greater than our resources.

MBF, now in its 41st year, is a great organization with an outstanding Board of Trustees, a fine staff, and with a vision

for international health that deserves to be supported. Though I leave the paid service of this organization, I will continue to be a supporter and a donor. Thank you for your support of this ministry. A Search Committee is hard at work looking for the next Executive Director.

"Every transition begins with one. Too often we misunderstand them, confuse them with finality—that's it, all over, finished! Yet how we recognize endings is the key to how we can begin anew."

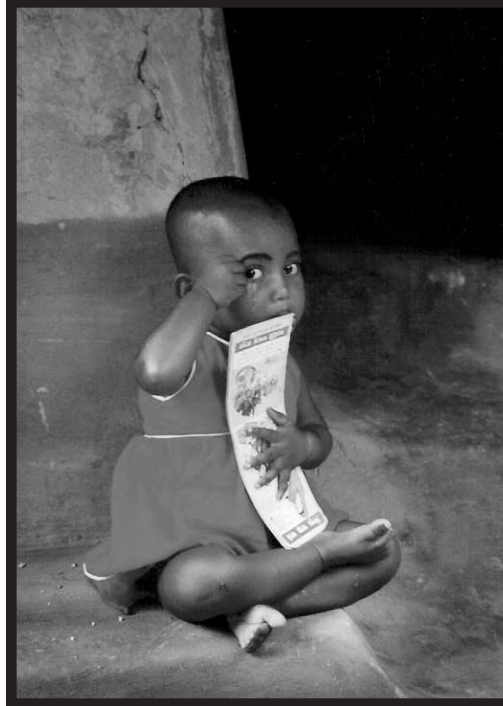
My retirement is both a new beginning for me and for MBF. God bless you.  
*Daniel L. Force*

### Community Health *continued from first page*

illness and even greater poverty. For our partners overseas, the hope is in health education and preventing illness.

Jesse Mughogho, a clinical officer at Ekwendeni Hospital, explained that mobile clinics have helped to assure that nearly 80% of Malawi's children under two are fully immunized. At the same time, nearly 50% of the children under five are stunted due to poor nutrition, and only 8% are sleeping under mosquito netting to protect them from malaria, the leading cause of death for children in Malawi. Hygiene education, prenatal care, immunizations for children, family planning and nutrition are all vital parts of the mobile clinic programs.

What does it take to keep these programs going? Vehicles, trained personnel, and operating funds are vital. Imagine taking almost half a day to



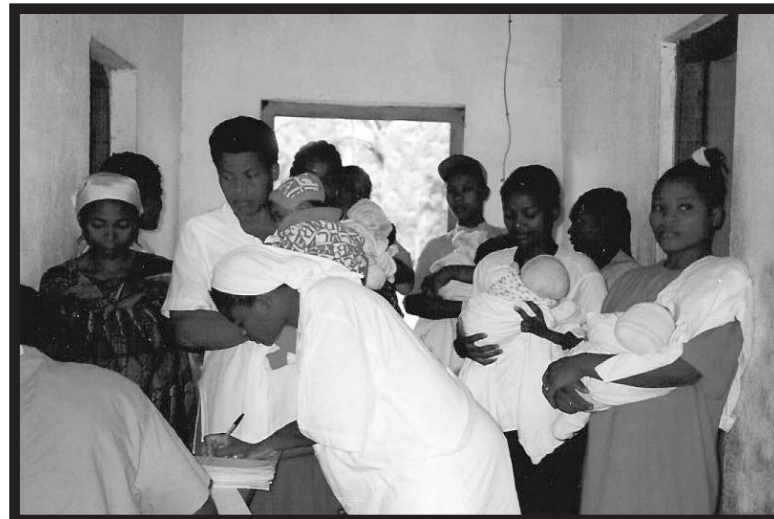
**This child, waiting for treatment in a Bangladesh clinic, holds her health card. On it, health workers record her vaccinations and other important information.**

travel less than 20 miles. Imagine a speed bump three or four times the size of the last one you eased your car over, and at least ten of them within a block. Imagine days on end of rain and mud halfway to your knees. Imagine mothers and children gathering at earliest light and waiting in long lines for the mobile clinic to begin. Imagine

few, if any, antibiotics available. Imagine only half of the team present today but the lines twice as long. This would be a regular day for a mobile clinic team. Many times this year your gifts to the Medical Benevolence Foundation made the difference on whether a clinic took place. MBF donors provided a vehicle in the DR Congo; operational support for community health programs in Malawi, DR Congo, Ethiopia, Madagascar, Nicaragua, Nepal and India; and health worker training in Haiti, China, Egypt, Kenya, Zambia, and throughout Malawi. On behalf of our overseas partners and the hundreds of thousands of lives made more whole in the name of Jesus Christ, I thank you.

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**Mothers with babies line up at a PC(USA) partner clinic in Cameroon.**



**Mission Conference  
2005  
International Health  
April 8-9, 2005  
Valley Presbyterian Church,  
Scottsdale, AZ**

# A DAY IN THE LIFE OF DR. LES MORGAN

**NORTHERN BANGLADESH** • You've ridden ten hours over precarious roads in a "tin can" of a bus while standing in the aisle tightly wedged between two of the 150-or-so passengers. Then for two more hours you've bounced over rough dirt roads in a rickshaw. Now you are visiting one of the huts in a remote Bangladesh village neglected by government services and health agencies. A five-year-old boy here shows signs of the same ailments that killed his mother—vitamin and calorie deficiency, intestinal worms,



anemia, and chronic malaria, the scourge of this area.

You cradle the child in your arms and realize how precious this one life is in God's eyes.

You treat him and even get him to smile.

You tell him you'll be back because you know that

something must be done to bring medical help to the people of this area.

This is a typical day in the life of Dr. Les Morgan, PC(USA) health worker for our partner, the Christian Mission Hospital in

**Les and Cindy Morgan**

**"One of my goals as a physician is to help [patients] regain hope for their lives."**

Rajshahi, Bangladesh. Les and his wife Cynthia, both physicians, have served in Bangladesh since 1989. They have three children, and are members of First Presbyterian

Church in Shreveport, LA.

"One of my goals as a physician," says Dr. Les Morgan, "is to help [patients] regain hope for their lives . . . My experience has shown me that one who cares from the heart can sow the seeds of hope . . . Ministry from the heart is a fundamental task of Christian ministry."

This year, the Morgans are depending on MBF to raise support for their continued ministry in Bangladesh.

## GOD USES A FAMILY PET TO FUND A MOBILE CLINIC IN AFRICA

**L**eslie Montgomery has always responded to disappointments with an attitude inspired by I Thess. 5:18. "In all things give thanks." That positive approach to problems was tested when her small manufacturing plant began feeling the pinch of a tight economy. With the added stress at work, Leslie kept trying to stretch her energies to include being a good wife and mother and member of the church and community.

"Things got tougher and tougher," she says. "We were a little ship in a big sea. Revenues were falling and we thought we would have to lay off employees or cut salaries."

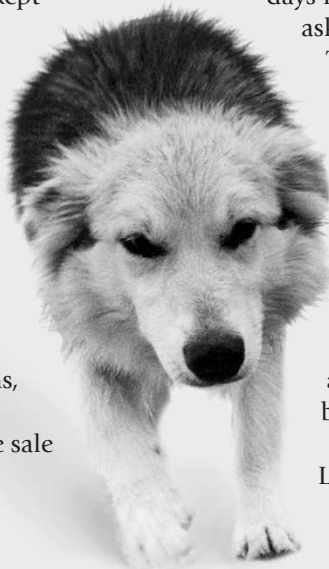
Then, unexpectedly, one of Leslie's customers offered to buy her business. This meant that the business could expand and jobs would be secure. Leslie and her husband had always given to the church and to mission organizations, even when it meant keeping personal spending down. Now she had the joy of giving 10% of the sale of the business. Where should it be sent?

The answer came when she was taking a very sick Lucky, her German Shepherd, to the veterinary clinic. "As I prayed, trying to be thankful for the blessing of a nearby vet, I realized that his medical care was far more than most people in the world could expect," she says. "Amazingly, only a few days later I happened to see the MBF newsletter asking for help to build a rural hospital in Africa. The money needed was exactly 10% (a tithe) of what I could expect from the sale of the business."

Leslie contacted Pam Ator at MBF, who said the money for that project had come in, but there was another opportunity—the rural mobile clinic programs of Ekwendeni Hospital in Malawi.

Leslie has asked that her gift be in honor of her grandmother, Orie Lea Black, who always hoped that her granddaughter would be a missionary.

"God indeed works in mysterious ways," Leslie says.



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## Putting a Face on Community Health



### **DISTURBING FACTS/ COMMUNITY HEALTH**

**99%** of women who die from complications of pregnancy and childbirth live in the developing world. Every minute, somewhere in the world, a woman dies from these complications.

**44%** of Malawian women had no trained midwife during childbirth.

**20%** of all people in the developing world are malnourished. That's 800 million people worldwide.

**49%** of Malawian children under five are stunted due to poor nutrition.

*Unsafe water and lack of improved sanitation are highly related to public health.*

**2.4 billion** people in the year 2000 lacked access to improved sanitation.

**1.1 billion** people lacked access to safe water sources.

**1.8 million** people die of diarrhea diseases each year. **90%** are children under five.

**1.2 million** people die of malaria each year. **90%** are children under five.

**146 million** people are threatened by blindness due to trachoma, a disease strongly related to face washing and unsafe water.

*Village health workers and mobile clinics with classes in hygiene, nutrition, and child health can dramatically affect these statistics.*

FROM WWW.WHO.ORG

### **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.

### **Plan an MBF Sunday ... and We'll Help**

**How can you keep your church aware of opportunities to be involved in medical mission? One way is to plan a Sunday focused on those needs. We can help with our new bulletin insert, "Putting a Face on Mission."**

**To order, call 800.547.7627**



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