

MISSION CONNECTION



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

Spring 2001 Volume 8, Issue 1

A MESSAGE FROM JANE GRANT, NEW MBF BOARD PRESIDENT

What a joy it is for me to accept the reins from Dr. Teryl Brooks, who so ably led MBF over the threshold of the new millennium! MBF now stands firmly supported by an outstanding Houston staff, enthusiastic regional directors, and a trustee board comprised of physicians, nurses, pastors, retired missionaries, lay leaders, professors, business persons and others—each with a heart for medical mission. In this, our 38th year, we can look back with pride at all that has gone

before and what continues to make MBF unique in scope and purpose. This fine legacy serves as a solid foundation upon which

Jane Grant, new MBF board president, holds Sam Rubin—Grant, one of her three grandchildren. Jane is into her fourth term as an MBF Trustee, and is a lay leader at Brentwood Presbyterian Church in Los Angeles.



to build our future.

In looking at the future of medical missions in developing countries and the part MBF will play, we may wish to consider "What's new?," "What's not?," and "What's next?" "What's not new?" is, perhaps, the logical starting point. There are people the world over in developing countries, the poorest of the poor, who lack even the

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CAMEROON: PARTNERSHIP PERSONIFIED

Instead of marching into a developing country with its own hospital blueprints, medical programs, and agenda, the PC(USA) has seen the wisdom of partnering with existing medical missions. Around the world, in places like Nepal and India, Central America and the Congo—and in Cameroon—

Presbyterians are supporting hospitals and clinics in need of even basic equipment, medicines, and personnel. For Cameroon, International Health Ministries and the Medical Benevolence Foundation are seeking the following support



for hospitals sponsored by Cameroon's French-speaking Presbyterian Church.

A new ward rises up from Cameroon soil at Metet Hospital.

Hopital Central d'Enongal

\$20,000	4x4 vehicle for community health work
\$2,000	microscopes for bush clinics
\$10,000	ultrasound machine
\$10,000	Olympus fiber optic gastroscope
\$2,000	audiovisual equipment

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THERE IS STILL TIME ...

... to sign up for the Cameroon 2001 trip. If you are a person interested in learning more about health missions, and are willing to share that first-hand information with PC(USA) congregations when you return, consider Cameroon 2001. Contact your regional director (see page 4).

The Healing Ministry of the Church

In November I found myself in the Philippines. I had been invited by the United Church of Christ to take part in a Hospital Ministry Consultation. The leadership of the five UCCP hospitals came together to take a new look at their mission. There is no room to tell you everything now about this spirit-centered event, but let me share this experience.

One morning the Dean of the Silliman University Divinity School spoke on Matthew 15: 29–31. The following are a few lines from his message: “This passage from Matthew gives us an image-picture of Jesus as healer. Perhaps people followed him more for his healing than his



preaching and teaching. I believe that a vital part of the church is lost the moment it gives up on its healing ministry.

“Jesus healed the people of their conditions out of compassion. Compassion is the purest of all human motives, even more than love. Compassion seeks no compensation, not even reciprocation. Compassion is a motive that is all-sufficient and needs no other motive to make it effective. Jesus healed those who came to him for healing simply because he had compassion for them. Jesus’ ministry of healing should provide the church’s own healing ministry its proper orientation.”

Daniel L. Force

Jane Grant *continued from first page*

barest essentials: food, shelter, clean water, access to health care, and spiritual sustenance. As a validated support group of PC(USA), MBF has long been providing hospitals, clinics, and medical missionaries with much-needed funding, equipment and supplies, and short-term volunteers. What’s not new is the continuous geopolitical flux which creates an ever changing environment in which missionaries function.

“What’s new?” is the need to extend health care beyond hospitals and clinics and into outlying communities with little or no health care possibilities. In November of 2000, I was privileged to represent MBF at an international health conference in New Delhi, India which focused on congregational-based community health care as a possible answer to that end.

“What’s next?” will be the responsibility of MBF staff and trustees to determine how we might fit into this global picture while continuing to support those international partners who look to us for continuing help.

I am very excited about the upcoming medical mission conference to be held this year in Solana Beach, CA, April 27 & 28, entitled “Putting the Pieces Together.” This conference, sponsored by MBF, International Health Ministries PC(USA), and San Diego Presbytery, promises to help each of us define our role in “What’s Next?” Now you, too, can play a part in this exciting process. I invite you to consider attending or sponsoring someone from your church or presbytery who might. Together with our overseas partners, we can make a much-needed difference in the lives of others.

Cameroon *continued from first page*

- \$5,000 completion of doctors’ residence
- \$2,000 renovation of interns’ residence
- \$2,000 renovation of community hall for educational programs
- \$3,000 computer and photocopier for medical information office

Metet Hospital

- \$42,500 laboratory equipment
- \$7,450 renovations of laboratory
- \$5,500 renovations of wards
- \$30,000 construction of doctors’ residence

Djougolo Hospital

- \$22,000 Toyota HiLux pickup for transport of supplies and personnel to community clinics

THESE CHILDREN WENT THE “SECOND MILE”

Since last February, the twenty-four children of First Presbyterian Church’s Sunday School in Crescent City, Florida, have raised their second “mile of pennies”—enough to send 500 children in India to school for six months, and inoculate 33 of them against childhood diseases.

The children’s interest in mission began when they watched a video from the Medical Benevolence Foundation featuring the medical ministry of Dr. Reeta Rao and her husband, Harri. When the Crescent City kids saw how low-caste Indian children live without the conditions we take for granted, they wanted to help.

Carolyn Smith, First Presbyterian’s Christian Education Director, worked out a unique giving plan, “A Mile of Pennies.”

“Imagine 84,480 pennies laid end-to-end from the Handy Andy store on one side of our town to the one on the other side,” she told the children. “That’s how many it will take to make a mile of pennies.” Then she asked them to vote on how they would use the pennies they collected. Inoculations won.

When the money went off to MBF headquarters to be sent to India, the children were ready to start on their second mile of pennies. Again, they voted on how to use the money, and now have enough to send 500 Indian children to school for 6 months.

(For information on MBF’s medical mission education resources, such as the video mentioned above, contact your regional director listed on page 4.)

CHURCH

Well done, good and faithful servant! You have been faithful with a few things; I will put you in charge of many things. Come and share your master’s happiness!

Matthew 25:21

AN INTERVIEW WITH DR. DERRICK MATTHEWS

“Every Presbyterian needs to support the church with their prayers and their material support according to how the Spirit has called them.”

Dr. Derrick Matthews, now a pediatrician in Louisville, KY, served 4 years as medical director of Metet Hospital in Cameroon. Dr. Matthews talked with us recently about the upcoming study/travel seminar to Cameroon which he is co-coordinating with Elizabeth York and Larry Sthresley.

MBF: What is the purpose of the study/travel trip to Cameroon?

Dr. Matthews: This is not a work mission where you go and build a house or help with some project at a mission hospital. This is more of a challenging trip to expose people to health missions in real settings that illustrate the concept of partnership with groups already in a particular country, and that clarify the changing paradigm of health mission in the world. Then, we hope these people will not just come back and say what a good trip they had, but will be able to pass on to their congregations what they have learned and experienced.

Why Cameroon?

Mostly because it's a good example of what can be accomplished. Cameroon has a good infrastructure in place and significant cooperation within the hospital system for ordering drugs, cooperation in economics, and so on. Cameroon has been better off than many countries in Africa, even at its worst, because it is more stable and has oil resources. But when I first came there it was hitting bottom after a recession where oil, cocoa, and coffee dropped on the world-wide market, and their money devalued by 50%.

Also, doesn't the PC(USA) maintain a strong partnership with the Presbyterian Church in Cameroon?

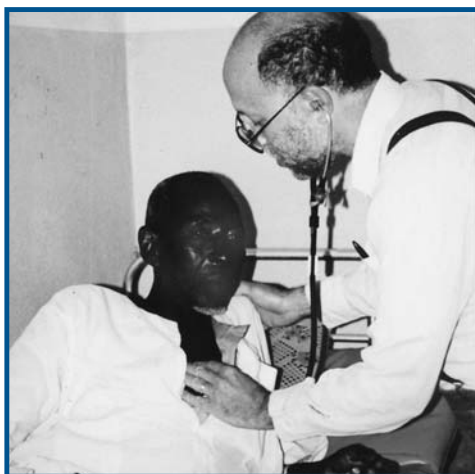
Yes, L'Eglise Presbyterienne Camerounaise, the French-speaking church, and the Presbyterian Church of Cameroon, which is English-speaking. Three of the hospitals affiliated with the French Presbyterian Church have applied to our Health Ministries for special help. [See p.1]

Like other countries in Africa, malaria is the #1 problem, with TB following. Until recently, Cameroon has not had the problem with HIV/AIDS as do other African countries. When I first went there, we didn't hear much about it at all, but now the HIV rate is doubling every 3 to 4 years. When I left, we were seeing at least one or 2 people with HIV on the ward at all times. But doctors there still see people dying of illnesses that could easily be taken care of in the U.S.

Only 15 people will be making this trip to Cameroon, but your hope is that the

experience of those 15 will have an impact on many PC(USA) congregations.

The purpose of the church is to show the love of Jesus to those who know Him, and to those who do not. Health missions are an essential part of the Gospel, and an essential part of the church's overall ministry. Health ministry is not an end unto itself, but an integral part of the presentation of the Gospel of love and salvation to all people to all the ends of the earth. Every Presbyterian needs to support the church with their prayers and their material support according to how the Spirit has called them. Health ministries will always remain one of the expressions of that Spirit.



MULTIPLIES PASTOR'S \$ FOR MEDICAL MISSION

Last November, when Pastor Paul D. Woodall, Jr. preached on the parable of the talents, he placed \$437 of his own money on the communion table and issued a challenge.

“Take some of this money, multiply it, invest it, or use it, and then bring the results back to me in January,” he said. Whatever came back was to go to the Medical Benevolence Foundation for immunizing children of other countries against deadly diseases.

Twenty people at the First Presbyterian Church of Whiteville, NC accepted Rev. Woodall's challenge. They

baked and sold pies, invested in the stock market, sold Christmas tree ornaments, washed cars, raked yards, sold cosmetics, and cleaned houses. By January, they had grown \$437 to \$1225, enough to vaccinate almost 5,000 children.

Pastor Paul Woodall offered his own money to the congregation at First Presbyterian Church, Whiteville, NC, to be multiplied for medical mission.



Cameroon



KNOW YOUR REGIONAL DIRECTORS

MEET LYNN SWINKE-WORKMAN SOUTH CENTRAL REGIONAL DIRECTOR

Churches with a heart for medical mission keep Lynn Swinke-Workman encouraged in her job as South Central Regional Director for MBF. Recently, Lynn com-

pleted an extensive tour of PC(USA) medical missions in India, Nepal, and Bangladesh. As always, after visiting hospitals and clinics partnering with the PC(USA) in developing countries, she returns with a fresh message for Presbyterians in her territory of Texas, Louisiana, Arkansas, Oklahoma, Kansas, and Missouri. The message is that they can make a difference in the

lives of people in these countries who desperately need medical and spiritual help.

Along with her travels, home, and husband, Lynn tries to keep up with the star basketball player in the family, her 15-year-old son, Dax. Her daughter, Brianna, is preparing to be a medical missionary as she studies pre-med at Texas A&M.



Rev. Howard Gleason (far right) of St. Mark Presbyterian Church in Ballwin, MO, and Ken Haeuber of the Church Support Committee present a \$13,000 check for PC(USA) medical mission to Lynn Swinke Workman.

The mission of Medical Benevolence Foundation (MBF) is to proclaim and demonstrate the gospel of Jesus Christ through a healing ministry. In partnership with the Presbyterian Church (USA), MBF provides mission education in congregations, solicits financial support, medical supplies, and equipment, and recruits brief-term volunteers for overseas service in health care.

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