

MISSION CONNECTION



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

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PROJECT C.U.R.E. AND MBF PARTNERSHIP WILL EXPAND MEDICAL SURPLUS MINISTRY

In the past ten years, many PC(USA) hospital partners overseas have benefited from donated medical supplies and equipment gathered and shipped by MBF. Because of limited warehouse capacity, this part of MBF's stated mission has remained comparatively small. Offers of medical surplus have often been turned down because of lack of space. For example, MBF had to decline when a closing U.S. hospital offered "all or nothing" of their equipment. Recently, this ministry was further reduced when Drs. Harold and Harriet Hanson, retired PC(USA) missionaries, concluded their medical surplus collection site in Fresno, California, which they faithfully operated for many years.

Now, MBF and Project C.U.R.E., a non-profit humanitarian organiza-



Larry Streshley (left) PC(USA) health consultant for Cameroon and Congo, first met Project C.U.R.E. in Africa when founder James Jackson (right) shipped in equipment for hospitals there and set up a system to cut customs costs.

tion whose mission is to identify, solicit, collect, sort and distribute medical surplus, have entered into a partnership that will greatly enlarge MBF's ministry to PC(USA)

partners overseas.

Under the partnership, MBF and Project C.U.R.E. will share the operating expense of a much larger facility in Houston. Along with MBF, Project C.U.R.E. will provide donated medical supplies and equipment from this and other facilities to MBF/PC(USA) projects. MBF will underwrite expenses of the Needs Assessment trips and shipping of containers. The goal for the first year is to ship at least 12 containers to MBF/PC(USA) partners, and to increase that number each year.

Project C.U.R.E. now has centers in Nashville, Phoenix, Denver, and Los Angeles, with long-range plans to expand to 25 centers. Since Project C.U.R.E. encourages and recruits local volunteers to sort supplies, PC(USA) congregations will have an opportunity for personal involvement at centers in their areas. This joint program will improve the quality and quantity of supplies and equipment available to PC(USA)-supported hospitals and clinics.

This is the Decade of the Child. Remember children around the world who need hope and healing, like these children who benefit from the ministry of the Society for Nurture Education and Health Advancement in Dehradun, India, one of the recipients of MBF-channeled funds.



Through the Lens of the Nightly News

I share your grave concern for the tragic events in our country. In this time of crisis, we find solace in prayer and communion, and there is a renewed sense of the role of community and caring relationships in daily life.

Through the lens of the nightly news, many have begun to fathom the plight of those suffering overseas as well. Medical Benevolence Foundation has long held the conviction that we must aid those in desperate need anywhere on God's earth. Prosperity is hollow when others around the world face unimaginable poverty, rampant dis-



ease and starvation. God does not ask that we help those who are less fortunate than us, He expects it.

Lately, cards, letters and phone calls, resulting from the PBS Visionaries series and the nightly news, have poured into this office from people wanting to help people in need. You who have faithfully supported the work of MBF year after year, already know the joy of helping people in need. You are helping bring healing and peace to this troubled world. In this season, when we welcome into our hearts and homes the Prince of Peace, I pray that you and your family will experience peace. *Daniel L. Force*

MBF BOARD APPROVES NEW APPROACH TO FUNDING

You are the director of a PC(USA) partner hospital in Africa with a desperate need for an emergency generator. Early last year you presented your need to the Medical Benevolence Foundation, and it was approved for this year's project list. MBF area directors have worked all year to raise money for your generator, along with the many other projects on MBF's list. Soon the money will be on the way, but during this time of waiting, severe storms have cut power to the hospital six times, endangering lives and postponing necessary care.

Scenarios like this fictitious one have moved the MBF Board of Directors to approve a new plan for project funding, patterned after Presbyterian Women's "Thank Offering."

With the new plan, MBF will raise money each year under 7 major categories rather than for specific projects. When overseas partners present their needs to MBF and International Health Ministries at the end of a year, funds for approved projects will be allocated from funds already raised. This will not only assure funds being sent out more quickly and timely, but will prevent under-funding and over-funding of projects.

"As in the past," says MBF Executive Director Dan Force, "if desired, donors will be able to designate their gifts to support a specific mission site or personnel, and we will continue to raise support for approximately *20 medical missionaries."

*list not available at press time.

MBF 2002 OPPORTUNITY LIST

When overseas partners present their needs at the end of 2002, funds for approved projects will be allocated from money raised during the year under the 7 categories below. MBF will then issue a report to donors listing projects receiving funds.

Category	Goal
Mission Hospitals and Clinics—Partner Churches	\$1,000,000
Medical Assistance Fund—Free Care for Needy Patients	\$200,000
Community Health: Prevention and Treatment	\$250,000
Diseases of Poverty: AIDS, Malaria & Tuberculosis	\$1,000,000
Development and Training for Indigenous Personnel	\$100,000
Overseas Shipping of Supplies & Equipment Containers	\$270,000
Medical Benevolence Foundation	\$3,000,000

Sue Makin writes

from Mulanje Hospital in Malawi . . .

Greetings from Malawi. I am sending this photo I took of our sparkling new autoclave, which is in full service now, and a wonderful thing it is. We are very grateful to MBF for making it possible for us to have this autoclave. It is crucial to the successful running of the hospital. Also, we have been able to help the government hospital recently when their autoclave broke down, so the machine functions for all of Mulanje at times. As you probably recall, MBF advanced us the money on an emergency basis last year when we felt an urgent need to go ahead and order the autoclave. It is bought and paid for now, of course. . .

In general things are going well. We are delighted that the ground has been broken for a 30-bed nursing dormitory to house our nursing students. We currently have about 32 nursing students on campus and expect more this year. . . . It is a thrill to be able to respond to some of the crying need for more nurses for Malawi. The money for this project came from Pittsburgh Presbytery.

Sincerely,

Sue Makin



The new autoclave (for sterilizing equipment) at Mulanje Hospital, provided through MBF, is "crucial to the successful running of the hospital," according to Dr. Sue Makin.

AN INTERVIEW WITH DR. SIMON AND HAEJUNG PARK

After a long and distinguished career in finance and academia, Dr. Soong (Simon) H. Park and his wife, Haejung, offered their services as mission specialists with the PC (USA). They have now returned from the Congo, where Simon served as business manager at IMCK (Good Shepherd Hospital) at a very difficult time in the history of the hospital and that country. We interviewed them from their home in Nashville prior to Simon's double cardiac bypass graft surgery. (We're happy to report that he is doing well.)

MBF: Because you came from the business world to IMCK in Congo, were there big adjustments, big surprises?

SP: Yes and no. I guess I said I would be very much a fish out of water, but the two years of preparation really helped us. We decided to enter the mission field in July of '97 and then it took almost 18 months for the orientation and training and to find a place of service. I think that really softened the shock to go from the corporate world where everything is done in the next 2 hours.

But the shock was that when we got there we realized that not everyone was looking at it in the same way. The nationals have an every day struggle just to survive and it's very difficult to talk about long-term goals and objectives.

When you arrived in Congo, there were very few missionaries left. Why was that?

SP: The PC (USA) does missions in partnership. Our goal was to develop leadership in the Congolese Church. Also, during the 90's there was a safety issue because of the unrest in the country. Even the American Embassy in Kinshasa did not allow their dependents to remain in the country. For several months, we were the only missionaries there.

How did you feel about that? Were you afraid?

SP: At one time the rebels got as close as 30 miles from us (which was actually a long ways away considering the roads). We did have some concern. But we never had any fear of the

people we lived with there at IMCK. Friends and family back home were probably more concerned . . . they were watching the news and had more information than we did.

Your goal, then, was to train the Congolese to take over.

SP: Yes, clearly, our goal was to work ourselves out of a job. We knew it would be a challenge.



Haejung and Dr. Simon Park

Haejung, where did you find your niche?

HP: I worked at the school, especially with the little children. (My training is with younger children.)

What was the most difficult thing for you?

HP: In the beginning I was looking for some kind of work I could do for them. After a while, because of the difficulty in language and lifestyle, I changed. I let them teach me. For example, I had a Congolese gardener. I depended on him to raise vegetables. At the beginning it was

uncomfortable—he tried to teach me and I wasn't happy. After awhile I let him teach me—I tried to learn from him. He was happy. I was happy.

What can we learn from your experience in Congo, Dr. Park?

SP: One very important lesson we learned was: just be there. I don't know that we made a big difference in the standard of living of the Congolese there at Good Shepherd, but we did help them hang on. This came home to me when I made a very difficult trip to a bush hospital. When we got there the people said, "We thought we were forgotten. This is proof that God and our fellow brothers and sisters didn't forget about us.?"

What role did MBF play in your ministry in Congo?

SP: MBF was the main communication link with the suppliers. Whenever IMCK needed some supplies from sources in the United States, MBF did the research, purchased on our behalf, and made arrangements for the shipment. Often the funds for the purchases were also provided by MBF fund-raising. In short, MBF was not only the fund-raising arm but a necessary partner making ministry in Congo possible.

It's a Girl for McGills in Malawi!

Jason and Michael McGill, whose parents are featured on the MBF episode of "The Visionaries," now have a baby sister. Early in October, Jodi and Jim McGill received a phone call from Lilongwe asking if they could care for a newborn whose mother died three days after delivery. The McGills agreed, and now Chrissiana Salome is a permanent member of their family as they continue their ministry in Malawi.

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.

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MBF Expands Medical Surplus Ministry



KNOW YOUR REGIONAL DIRECTORS

MBF APPOINTS TWO NEW REGIONAL DIRECTORS

Susan Sommerville and Jan Schneider were recently named to positions on MBF's regional directors staff. Susan Sommerville will be regional director for the Northeast, and Jan Schneider for the Southeast region.

Since 1992, Jan Schneider has served as a Development Officer for the Presbyterian Church (USA) Foundation. Jan is a member of Westminster Presbyterian Church in Charlottesville, VA where she served as Ruling Elder and co-moderator of Pastoral Care and Fellowship, and has been a member of the Presbytery of The James since 1993. She will serve Alabama, Kentucky, Florida, Missis-

sippi, Georgia, and Tennessee from the new MBF offices in Atlanta.

Susan Sommerville comes to MBF from a similar position as a Development Officer of the PC(USA) Foundation. Previously, Susan worked as a development professional for hospice organizations, and continues to serve as a hospice volunteer. She is active in

the First Presbyterian Church of Oyster Bay and the Presbytery of Long Island, serving as its Elder Commissioner to the 207th General Assembly. She is also pursuing her Masters of Divinity at New Brunswick Theological Seminary. Susan will visit churches in Connecticut, New York, Massachusetts, Pennsylvania, Maine, Rhode Island, New Hampshire, Vermont, and New Jersey.



Jan Schneider



Susan Sommerville

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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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