

Medical Missionary News

Supporting Christian Mission through Healthcare - Winter 2015/16

Teaching
Preaching
Healing

HOLY
BIBLE

The need of mankind before God remains unchanged.

*an editorial by Peter Gill, MD, FRCS,
chairman of MMN trustees*

Jesus went throughout all the cities and villages of Galilee, teaching in their synagogues, proclaiming the gospel of the kingdom and healing every disease and every affliction (Matthew 9:35). These three things defined a large part of Jesus' ministry; teaching, proclaiming the gospel and healing or, if you prefer, teaching, preaching and medical work. I find it intriguing that Jesus' priorities were not the same as the people's. When Jesus began to teach in his home town the people took offence at him, such that he marvelled at their unbelief and 'he could do no mighty work there, except that he laid his hands on a few sick people and healed them' (Mark 6:5). Healing people's sicknesses is an almost 'by the way', the 'least thing' that he did. To almost everyone who is sick or disabled this 'least thing' is the main thing and it is what brought the crowds to Jesus (Matthew 15:30).

Today, very little has changed. In western societies healing and cures for bodily ailments are big business with vast sums of money being spent on often tenuous claims of improvement, with many devoting their whole lives to the study of the human body and disease. In contrast, in resource-poor situations, sickness and disability often have to be patiently endured as there may be no prospect of



medical intervention (see page 12). It is in this type of setting that I have witnessed the power of prayer and the gift of healing, when the glory can be due to no-one else but the Lord. However, this type of healing is not the normal occurrence. Most commonly, help comes through someone who has spent a long time training and learning the craft of medicine, whether this be the western medical model or the traditional herbal crafts so often, sadly, associated with the witch-doctor.

These crafts have developed a lot since the time of Jesus. For example, in the story of the Good Samaritan (Luke 10:25-37), trauma care amounted to binding the wounds and pouring oil and wine on them. Today, debridement and suturing (binding) and the use of antiseptics (wine) would be standard with perhaps antibiotics (oil). Likewise, today we know a lot more about the wind and the development of a foetus in a mother's womb than did the author of Ecclesiastes (Ecclesiastes 11:5). However, the underlying message of the basic need of mankind before God remains unchanged, despite the many other advances in our knowledge.

With this development has come a vast increase in the range of conditions that we can treat and cure, and disabilities

that we can improve. A quick glance at the Developing Health Course training programme run by the Christian Medical Fellowship gives testimony to this (photo below - see reports on pages 12 to 17). And anyone who has ever visited a developing world mission hospital will bear witness to the crowds which throng in the hope of healing; no different to Jesus' time. What I ponder however, is

how many people come wanting healing of their bodies but find, instead, permanent healing of their souls and something of much greater value? I ponder too about whether we are as diligent in preparing ourselves for the teaching and preaching as we are for the healing. To learn and to understand how to minister these three, as Jesus did, is really worth spending one's life on.



'Stand by Me' in Ethiopia

by Rebekah Adams, Communications Manager

Stand by Me is a Christian charity, committed to rescuing and caring for some of the world's poorest children regardless of ethnicity, religious belief or social status. Through our children's homes, schools and care centres we are meeting the individual needs of over 3,500 children who are orphaned, abandoned, abused, victims of war or disease, or living in extreme poverty.

We aim to make lasting improvements to children's lives, caring for them as Jesus would, by restoring their dignity and giving them a sense of self-worth. We believe that as we show and teach children of God's love, we offer them hope, the same hope that allowed Jesus to see not only people's suffering and sadness, but also their potential.

We started working in Ethiopia in 2006 in Bekoji, a town that opened our eyes to a new level of poverty. We adopted an under resourced 'school' that was teaching 200 children in two classrooms. The now fully functional Bethany School is providing a quality education, regular meals and medical care to 480 impoverished children. We care for orphaned or abandoned children who were living on the streets in our two children's homes giving them a loving family and care.

In Ethiopia we have faced some of our greatest health challenges. Over the last few years Medical Missionary News has generously helped us provide for the medical needs of our children in Ethiopia, several of whom have been referred to hospitals in Addis Ababa, the capital city, and a two day bus ride away. Thanks to this support, children who were looking at a life of hopelessness, unable to access medical treatment for their health problems, now have a full and happy life.

One of these children is Batru (photo left) who came to the Bethany School in Bekoji in 2011. We soon discovered that she had been born with clubfeet (congenital talipes). This affected both her feet and limited her ability to walk, run and play. We took her to receive medical care in Addis Ababa and were happy to hear that Batru would be able to undergo operations and recover completely during her childhood.

Batru waited over a year on the waiting list for her operation as clubfeet is common in Ethiopia. The operation was a success and she has since been following her medical treatment. It has been tough for Batru as her wounds took longer than expected to heal, but now she is in better condition and is enjoying her new found confidence as she walks, jumps and takes part in sport at school.

We've also been able to provide expert care and hope for Grum (photo right). Grum was six years old when she accidentally triggered a cluster bomb while playing with her friends near her home. The bomb left Grum unable to use her legs, paralysed from the waist down.

When we heard of Grum's condition, we immediately investigated how we could help, and we bought Grum a wheelchair. Grum is the first child in our Bethany School who is in a wheelchair and we have gone the extra mile to fulfil her needs including installing ramps so she can access every classroom.

In 2014 we found that due to sitting in her wheelchair all day Grum was beginning to develop sores. Thankfully, a visiting nurse from Northern Ireland was able to treat her sores and give advice on how to ensure they heal and do not re-occur. The nurse, on



returning to Northern Ireland, was able to arrange a wheelchair to be tailor made for Grum. Life for Grum is so much brighter now and when she grows up, she wants to be a doctor so that she can help treat people like herself.

In 2013 we began working in another town in Ethiopia called Dembi Dollo, a town even poorer than Bekoji. We opened the Abdi Academy to provide an excellent education, regular meals, medical care and family support programmes.

One of the children we met in Dembi Dollo was Sena (photo left). Sena was born with a deformity in her right leg. Her mother couldn't cope with Sena's disability and abandoned the family. Sena's father couldn't afford to take her to hospital until Stand by Me intervened and provided Sena with medical treatment and an education at our Abdi Academy.

After an X-ray it was found that her fibular and tibia bone were malformed at her knee joint on her right leg and Sena was referred to a hospital in Addis Ababa to receive crutches tailored to her height, allowing her to stand up, walk and attend school for the first time. She became so speedy on her crutches that it was hard to keep up with her.

In early 2015, after a year on crutches, Sena's height had increased considerably so she returned to Addis Ababa for another appointment. This time the hospital examined her and decided that she was ready for an operation to amputate her leg below the knee so that she could have a prosthesis.

After discussions between Stand by Me, Sena's father and the doctors about the psychological implications of this operation for Sena, it was decided that the operation would go ahead. Sena had no sign of nerves, only excitement that one day she would be able to wear two shoes that match.

The operation was successful and Sena coped tremendously well. She spent several weeks recovering then returned home to heal. In July Sena was fitted with her prosthetic leg and began walking without her crutches. Sena's father said, 'This is unbelievable to see my little daughter walking, I never thought my child would stand up, walk and learn. I never thought this. Before Stand By Me intervened in my situation, I was hopeless and my plan was to carry Sena and sit beside the road and beg for money and food for all my children and myself but thanks to God and Stand By Me, my child is able to walk and learn and I'm free to work and help my other children.'

Lati (photo right) is another student at our school in Dembi Dollo and has a bone deformity in his left leg. He started at the Abdi Academy where he receives an excellent education, nutritious meals and we were able to refer him to a good hospital in Addis Ababa. In 2015 an operation was carried out to surgically correct his leg.

Thankfully the operation went very well and Lati was able to travel home to heal. Our nurse regularly visits him to check that his leg is being kept clean, a particularly hard task when there is no running water in their home. His mother is looking after him well and he is waiting for a follow-up appointment. Lati hopes to be a pilot when he completes his education and we want to support him and help him to achieve his dreams.

Because the health of our children is vital to their development and happiness, going the extra mile to ensure they are fit and well is at the core of our care. With their medical needs met, our kids are free to enjoy their childhood. We are very grateful for the support of Medical Missionary News that will allow us to stand by children like Batru, Grum, Sena and Lati in their long-term medical needs.



Mambilima Mission commenced from humble beginnings in 1898 and is a beautiful site on the banks of the Luapula, looking across the river to the Democratic Republic of Congo.

The work has progressed over the years and at the mission there are now a hospital, primary and secondary schools for physically handicapped children, bookshop, church building and residential accommodation for staff and children. Approximately two kilometres away is a large conference site where the Luapula Conference is held every two years.

We had the joy of visiting Mambilima during the month of August, 2015. We arrived in the village by plane and, as usual, the crowds gathered as the plane approached and the welcome was loud and joyful.

A most striking feature these days is the amount of vehicles there are in the village. There are also two large telephone masts and many people carry a mobile phone. Gone are the days when one stood at the door and knocked. Now they phone and say 'I am standing outside'. Very soon one discovers that the people are the same, the needs are just as acute, disease and death takes its toll and there is much superstition around.

Kaoma Nsabaula is the hospital administrator, a quiet man with boundless energy and he is also a deacon in the church. After many years of being promised an upgrade from a rural health centre to a grade two hospital the government has finally given their approval and this was formally granted in August this year. This makes a big difference to the amount of staff and finance the government provide.

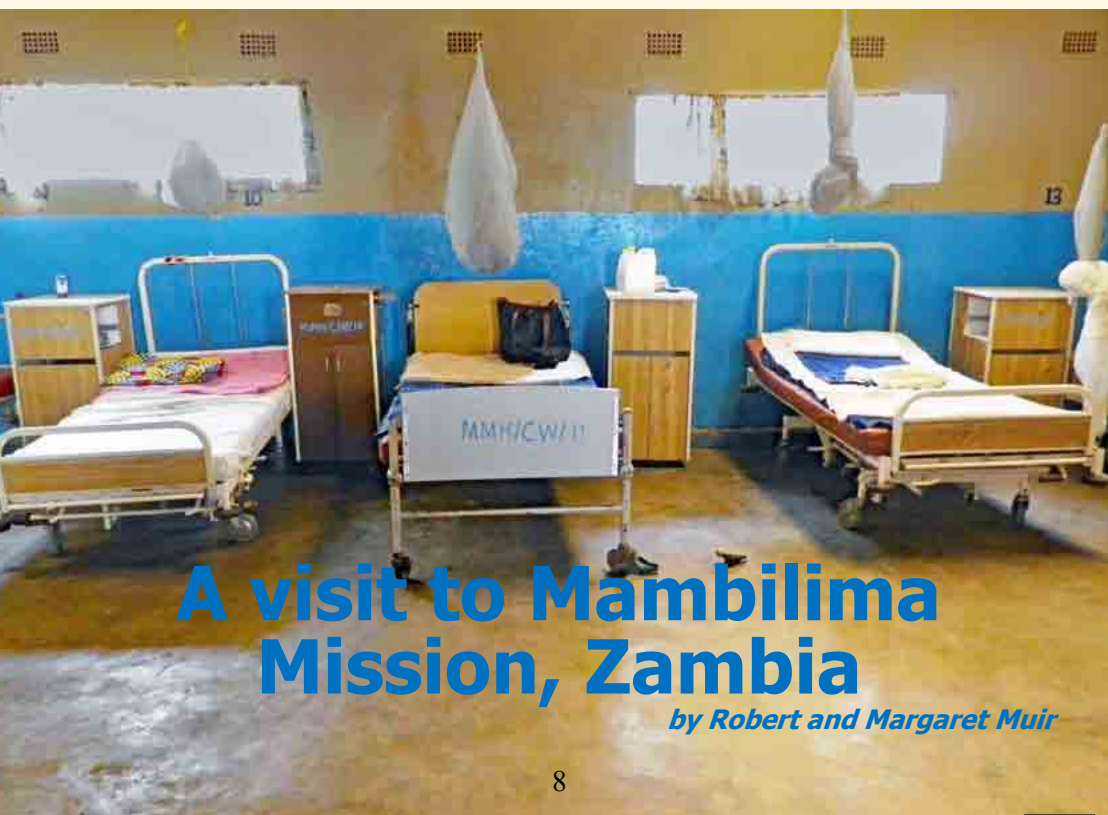


The medicines, medical aids and other goods received by container from Medical Missionary News continue to be a blessing to the mission. A lorry load of goods arrived from MMN while we were there and we take this opportunity to record our appreciation for the medicines we receive from the UK.

Work on the new maternity unit is just commencing and we look forward to this being completed, as this busy part of the work needs upgrading. As the number of staff increases so also does the need for housing which is suitable for trained personnel. The Beit Trust have given a lot of help by enabling a block of four staff houses to be built. The electricity supply has been upgraded allowing the new laundry and kitchen equipment to be operational. The water supply from the river is augmented by the borehole on the mission. Dennis (photo above) looks

after and drives the ambulance and while all other ambulances in the province have needed to be replaced, it is to his credit that the Mambilima ambulance is going well.

The Secondary School is controlled by Evans Chingwe and his deputy Manda Chibwe. Both are elders in the church, and the school is progressing well. There are approximately fifty physically handicapped scholars in residence and 250 day scholars who live at home. A full range of subjects, both educational and practical are offered from grades eight to twelve. The Primary School is led by Lazerous Mulenga and his deputy John Kalaba. There are a total of around 150 scholars in grades one to seven with thirty children in the Pre-School. It is to their credit that the school success rate is very good and they are in the top quartile for the province.



A visit to Mambilima Mission, Zambia

by Robert and Margaret Muir

There is always a need for hospital furniture and equipment and much of this comes via Medical Missionary News as they transport wheelchairs, walking aids, crutches, teaching tools and educational aids. Recently the government supplied some desktop computers and Mission Medicare, a charity based in the Copperbelt, supplied and fitted out a room for physiotherapy (photo below). It is a great benefit to help correct the deformities in the children. There is a problem getting an orthopedic surgeon to operate on the older children who present with club feet.

While in the capital, Lusaka, we were grateful for the assistance of Share Zambia in the purchasing of a bus for the Secondary School. Eddie Kahn and Wandu Wandu gave excellent advice and eventually a twenty-seven seater Toyota was purchased. This is being painted and

serviced then driven to the Luapula. We are thankful to all who have helped in the purchase of this much needed transport. We are also grateful for contractors with earth moving equipment clearing an area for a playing field.

The Bookshop on the Mission is a gathering point for staff, students and visitors. Bemba and English Bibles, hymn-books and commentaries are available. A freezer offers cool drinks and other essential goods are sold, making the shop economically viable. A hammer mill to grind maize and a barbers shop are planned for the mission to help raise funds for the various works.

August was the conference season in the churches. The Luapula Conference is held bi-annually at a beautiful site down by the river. Last time around 20,000 attended for a week of fellowship,



teaching and rejoicing with much singing. The site continues to be developed and more permanent shade erected, and greater ablution facilities provided. We are grateful for the Lord's protection against infection and disease during such gatherings.

Every other year smaller conferences are held in different locations. We were able to give help at two of these. The first was held in the hall at Mulundu and the second outside, under the trees at Kashiba, with over 1,000 at each conference. The Word of God is taught, the gospel is preached and a number professed faith in the Lord Jesus Christ at both.

At Kashiba a baptism was arranged (photo above) and around twenty people gave public evidence to their faith in Christ including those who had just

trusted. It is a beautiful sight to behold as you gather at the river where those confessing are immersed. A lookout is always maintained for the odd hungry crocodile!

We give thanks that the crops have been harvested and we pray that the rains will come next year.

We thank and praise God for the visit and rejoice in what he is doing at Mambilima and in the surrounding localities. We give thanks too for what is being accomplished for God through so many people involved in this ministry. Your prayers for this area of the harvest field are much appreciated.

Editors note: A history of Mambilima Mission Hospital is recorded in 'The River, the Rock and the Redeemed' written by Robert Muir.

Developing Health Course

by Dr Ian Spillman

The Developing Health Course (DHC) is run by the Christian Medical Fellowship (CMF). It is a unique mix of holistic Christian healthcare training for work in resource-poor settings (see page 2). Specifically, the course is for those considering or preparing for healthcare work in resource-poor countries and also for those already working in these environments who want an update and refresher course on current practice.

The course is for junior doctors, nurses and allied health professionals seeking to spend time serving overseas and for

retired GPs and hospital doctors scoping out potential service in resource-poor settings.

There are usually some national colleagues from different countries joining the course, bringing to it an extra richness.

The course is held at Oak Hill Theological College every year in June and July (photo below taken this year), and it is an excellent venue having a very good academic block for the training sessions and beautiful peaceful grounds with tennis courts. There is a chapel and

lounge area, and participants stay in rooms used by post-graduate students in term-time. The college is conveniently situated near to the M25 and close to Piccadilly line stations at Cockfosters, Oakwood and Southgate so it is possible to travel directly to Heathrow airport.

The course is comprehensive with a spectrum of clinical topics including community health, mental illness, obstetrics and gynaecology, ophthalmology, medicine, tropical diseases, HIV, palliative care, surgery, orthopaedics and trauma, dentistry, paediatrics and neonatology. In addition there are sessions on strategic planning, teaching, and member care.

Participants can attend for the full

fortnight or may sign up for a single week or specific specialty days such as, for example, the HIV day.

The course lecturers are of high calibre and almost all have significant overseas experience to ensure their input is appropriate for the participants who will work in situations with very limited investigations, imaging, treatments and support services. Lecturers all generously give their time freely and this allows the course to be offered at extraordinarily low prices compared with other medical conferences.

As well as formal lectures there are a wide range of seminars, small group sessions, films and practical's (photos on pages 14 and 15), including the application of plaster of paris, suturing,



spinal anaesthesia, umbilical vein catheterisation, intraosseous needle insertion, breech delivery and the extraction of teeth from pigs' heads!

Participants are provided with USB computer sticks with previous course presentations and resources and a Dropbox folder is used to store the latest talks and materials for immediate access. These resources can then in turn be used overseas as a valuable teaching aid. Having these resources provided electronically means participants don't have to spend sessions trying to write everything down but can concentrate on the content and take away the presentations to review again later. So it is not unusual to see the majority of participants following the presentations with laptops in the lecture theatre and adding specific notes as they go.

Oak Hill students share Bible teaching in the morning chapel session before breakfast and these sessions have proved stimulating and valuable. In the evenings there may be interviews of course participants or CMF Staff including Dr. Peter Saunders the Chief Executive, and opportunities to pray together. A communion service is held on the last evening of the course. There is huge blessing in the fellowship and interaction over meals, and in the lounge. Friendships form that last for years.

New insights are often gained regarding what is going on in the world that may not reach the press and it may guide those seeking the way forward as they are open to God's guiding for their future. There is a Mission Fair held during the course that brings a range of Christian organisations together so participants can

talk with representatives with a wide range of ministries and geographical focus areas. Pastoral care and counselling is made available to participants as some will have come from very traumatic situations and may be very tired and in need of support.

The course is quite intense, though no sessions are compulsory. Delegates will always have opportunity to have some quiet time or go and play a game of tennis to unwind. In the middle weekend a group may take the visitors from overseas to see the sights of London. A barbeque is usually held at the end of week one and there always seem to be some jigsaw addicts!

Course evaluations are consistently excellent. But does it really make any difference out there in the real world? A survey run by Dr. Vicky Lavy, International Director of CMF in 2014 gave very encouraging feedback from those who had attended the course the previous year with many reporting that they had directly been able to put into practice things learnt on the DHC and that many patients had benefitted as a result. In addition, many participants stay in touch with each other on social media groups and exchange questions and clinical challenges with one another, and are often helped with valuable advice.

Editors note: Dr. Ian Spillman is a pediatrician and Medical Superintendent at the Kisiizi Mission Hospital, Uganda. Ian is also a course director of the Christian Medical Fellowship. The reports on pages 16 and 17 are from two junior doctors whom MMN invited to the course in 2015. Tatiana and Efimia from Moldova specialize in infectious disease and pediatrics respectively, and they also work voluntarily at the Emanuel Christian Clinic in Dancu.



Reports from the Developing Health Course

My name is Efimia Curudimov (right of photo). I am from the Republic of Moldova, which is situated between Ukraine and Romania and I am studying residency training in pediatrics.

I thank God that I had the wonderful opportunity, with the support of MMN, to participate at the Developing Health Course, run by the Christian Medical Fellowship last year.

Participation in this course had a major impact in my life, particularly as a Christian and as a future medical specialist. That is because of two main reasons, first, that I enjoyed the moments of worship and praying with every delegate. I realized that most Christians all over the world have the same vision and principles and when they meet each other it's as if they knew one another a long time before. The second reason is that the course helped me to acquire very useful medical knowledge and practical skills, when being somewhere in a remote village in Moldova, as I often am, without advanced medical equipment. One should always provide basic medical care to a patient of any age in any physiological or pathological condition. In our country of Moldova there are cases when a patient needs urgent medical care but when the emergency team arrive after about half an hour or more, one must know what to do, because in some conditions 'time is tissue' or 'time is brain'.

I was very pleasantly surprised by the organization of this course which included lectures and practical skills

workshops which are very important for every practitioner. Also I saw a great interest that every speaker and participant had in the accumulation and transmission of knowledge. Speakers with great experience helped us to understand the priorities. We were given a broad overview and then shown what is important. We learned how the guidelines actually work in practice and heard stories of real patients whose lives have been changed as a result.

One cannot practice clinical skills on the internet but the course workshops gave hands-on experience. I have always considered practical skills as knowledge applied in practice, so I had the opportunity to practice what we were taught at lectures. One can very quickly forget the theoretical knowledge if it is not put into practice immediately.

I enjoyed plastering wrists, giving spinal anesthetics, placing intraosseous needles, pulling out teeth (using pig's heads) and practicing skin suturing. It was so important for me to practice intubation procedure and resuscitation on child manikins of different ages. Everyone had the possibility to make a kidney ultrasound (even at the university where I studied as a student we didn't have the chance to do that). Of course, practicing on models for an hour doesn't make you a competent surgeon or specialist in one field but it does give you confidence that, with a bit more help, these are skills you could learn and use.

There were some wonderful people on the course. Delegates and speakers alike told stories sharing their wisdom,



experience and testimonies and this challenged me.

Above all, the course helped me understand that a Christian can only be a real doctor when they understand that the soul and body of each individual patient is inseparable and each disease must be seen in terms of the whole, that is, body and soul. I was honoured to be part of the course this year.

My name is Tatiana, and I am a first year student studying Infectious Diseases in Moldova. This summer I had the chance to participate together with Efimia at the Developing Health Course. I learned a lot of useful things there for me as a future doctor, and it helped me physically and spiritually in my care for patient's treatment every day.

I learned a lot of useful practical skills through clinical cases or medical manipulations. We learned how to give the first aid to the children and adults as well in different critical situations for life. We learned how to remove teeth, how to apply a suture on the skin, how to apply

a gypsum bandage, how to assist a natural birth, how to do an ultrasonic exam and many other useful things we can apply in our work here in Moldova, especially as the equipment we have here in Moldova is not enough.

I also had the opportunity to obtain very good study books that we do not have access to in our country. All the lectures and resources I received will help me in my professional development and at the Emanuel mobile clinic where Efimia and I work as volunteers.

I very much want to tell people about Jesus Christ who is our real doctor and healer. It is God's command to go to the whole world and to tell them about Jesus Christ. I am happy that we are able to do this here in Moldova, our country.

I want to thank all those at the Christian Medical Fellowship and both Medical Missionary News and Breadline, who support mission in Moldova, for their support and prayers for us, and may God help us all in our lives to be dedicated to him through our respective professions as well. May God bless you!

God is at work and this is why we serve

by Laurence Garnett, Chief Executive, Love into Action



As you leave the comfort of the airport terminal at Tel Aviv, Israel, you get hit with the hot humid air. The airport is busy and you are surrounded by adverts for much the same as any other western country. As you get in the taxi and begin the drive south you join a horde of other vehicles bustling to get wherever they are going.

Looking out of the window you might notice the fencing along the road, razor wire in places, sometimes thirty feet high concrete walls. As you pass some roads leading to Palestinian villages there are warning signs 'danger to life' in case you dare to enter and other signs that are army checkpoints, and you realise that somehow this road has begun to snake through the West Bank. Quickly you are

out of the West Bank again as you enter the outskirts of Jerusalem and into a bustling city with its chaotic mix of old and new. You drive past the old city, within a few hundred metres of where the greatest events in history took place, and moments later it is passed.

The final stop is Bethlehem, passing through one final checkpoint as you re-enter the West Bank and back into a Palestinian city. Having finally arrived, the first thing that strikes you most is that there are no Jews in Bethlehem and everyone is speaking Arabic. Then you are aware how run down everything appears, how busy the streets are, the noise of so many taxis and their drivers trying to get your business. You then think of the Christmas carol 'O little town of Bethlehem, how still we see you lie'

and realise that maybe you have not come to the place you had imagined. But if you have made it this far, then there are incredible experiences to come.

The first time I came to Bethlehem, I was visiting an institution where I thought God might be calling me to serve for a short time. Three years later I finally left, only to return again seven years later, this time with a wife and three very young children in tow. And now we have been here for nearly five years, two of which running a small ministry called 'Love Into Action', a reminder that so often we need to see God's love in action to be able to recognise it.

'Love Into Action' grew out of other Christian ministries in Bethlehem serving people with cognitive and learning disabilities. Our experience had shown us that families with disabled children were

desperate for help, but too often the very little help available didn't lead to any improvement in the home situation. From this came a vision to make a practical difference for the whole family. It also allows us to be witnesses to God's love in the very heart of these families as we build deep and lasting friendships with them.

Although people with physical and sensory disabilities are slowly being accepted in the wider community around Bethlehem there still remains great ignorance, stigma and shame attached to having a child with a learning disability. The more disabled a child might be, the greater the shame they bring on their family and the greater the abuse and neglect they are likely to experience. State run facilities are non-existent and the few charitable projects in existence are mostly based in Bethlehem rather





than further south where the need is greatest.

South of Bethlehem, in the towns and villages around Hebron, there are no Christian communities, no local churches, no indigenous Christian ministries. Simply put, local followers of Jesus don't want to go there (apart from a few exceptions). And so there are few witnesses for Jesus in this community despite the commission of Jesus to be 'witnesses in Jerusalem, ALL JUDEA and Samaria, and to the ends of the earth'. Despite Jesus choosing to specifically mention this one small area out of all the places around the world 'Operation World' rate it as one of the least reached and unreached areas.

How can I describe the very first time a mother told me she wished her son would just die and stop being a burden to her? How can I describe the very first time I saw a child tied with a rope and chain? How can I describe the very first time I recognised the signs of brutal and repeated abuse? These are dark places. And yet we are allowed the privilege of getting to know these families and serving them in the name of Jesus. It was while I was still a sinner that God sent His Son for me, and He certainly loves these families no less. It is our privilege to be God's witnesses in these families and communities and it is true that in the darkest places God's love shines the brightest.

The main project of 'Love Into Action' is Beit Yusef which means Joseph's House. The name comes from Jesus' human father who knew that Jesus was not his biological son but loved Him all the same. We are not trying to take the place of the families we are working with, rather coming alongside them and supporting them to make the needed changes so that everyone's life can be better.

In our work we take groups of up to six young people at a time for a short break at our centre which is based in Bethlehem (although all of the young people come from towns and villages further south). After visiting us for four days they return to their families for the next seven weeks, before returning to us again and the cycle repeating itself. The time spent with the family is at least as important as the time our disabled guests stay with us. By having young people stay for only a short time, it also allows us to work with several groups of young people over the

eight week period, all of whom will then keep coming back after their seven weeks with their families.

Noor (photo left) is one of four disabled siblings. With severe disabilities she is not able to care for herself in the simplest of ways such as dressing or feeding herself. Unable to talk or comprehend what is said to her she spends her days tied to a bed in the corridor of her family home, on the same bed that her brother is chained to. Despite how harsh this may seem, families see few alternatives just to be able to survive.

Since working with Noor and her family, Noor has experienced many things for the first time in her twenty challenging and difficult years. These include eating a proper meal with her family, going on a picnic, playing in a swimming pool, going to the park and not being tied up at night. I still can't decide which was the most special moment that we have



witnessed with Noor, whether it was the first time she giggled and smiled, or when she was having a hand massage and in her very simple way tried to do the same back, or maybe it was when her dad's heart softened towards her and he wanted to join her on an outing for the first time in her life. I didn't dream any of these could be possible for a girl who was so incredibly damaged.

When we met Noor she had never seen a dentist (nor seen a doctor for as long as anyone could remember). Just one hour from their home are world class medical facilities and leading specialists in all sorts of fields, and yet for Noor they are a world away, completely beyond reach. In all of Hebron, a district of 500,000 people, there wasn't a single dentist who would or could treat Noor because of her special needs. Instead she was left with teeth that had completely rotted away

leaving nothing but the nerves painfully exposed. It has taken twelve months of searching to find a medical team who can remove Noor's damaged teeth, relieving the constant pain she endured, and now we have twenty-two more young people needing to see the Dentist.

In Noor's town, where there is no Christian presence, the wider community now know of the strange foreigners who are helping the family with all their disabled children. In a community otherwise closed to the gospel, we are allowed to be witnesses for Jesus as we care for and serve the most dishonoured in their community. Sometimes they put this down to the strange foreign way, sometimes they think that it is because foreigners are simple or stupid, but some slowly begin to recognise that this is not about the foreigners, but that God is at work. And this is why we serve.



Thank you for your support for Gaza

by Shaun Newton, Nazareth Trust



When conflict tore through Gaza last year we were grateful for the support that enabled us to help five thousand people with war related injuries and health problems. Victims were provided with essential medicines, equipment, food and bedding needed for the doctors and staff to continue in such difficult circumstances.

A man who lost his leg after stepping on a landmine has seen a miraculous change to his life thanks to the work of the Nazareth Trust. After fifteen years of isolation and immobility Khader Daraghmi is now able to get up and about after being fitted with a prosthetic leg.

Khader is from a Bedouin community in area C of the West Bank. Hospital staff met him through one of the mobile clinic trips. His circumstances were dire, with little or no access to medical provision. He lives as part of a tented community with poor sanitation and no infrastructure to make his life any easier.

The team contacted a specialist in

prosthetics, got the necessary permission for Khader to travel to Nazareth and arranged transport to take him for surgery. With specialist consultation and a new prosthetic leg, Khader's life has been transformed.

From being a prisoner in his home, Khader is now able to walk as normal, using his new leg to enable him to move around naturally and easily. We recognise God's hand in all that we do and so our work in the West Bank has changed one more life for the better.

Not every story may be as dramatic as this but even treatment that might be minor or everyday in other areas can be miraculous in these very cruel and extreme circumstances.

We are raising support to provide Mediboxes for the remote West Bank communities, which contain basic but essential medical supplies. Although simple, they will be life savers, and we thank Medical Missionary News for their wonderful support in helping our work advance in the West Bank.

MMN Accounts Summary

	Year ended 31 Mar 15 £	Year ended 31 Mar 14 £
Incoming Resources		
Donations		
- Personal	60,189	78,319
- Churches	86,931	90,678
- Trusts	87,574	47,529
- Corporate	3,060	5,360
- Gift aided	107,603	79,027
- Gift aided tax recoverable	26,901	19,757
	<hr/> 372,258	<hr/> 320,670
Legacies	176,493	137,848
Reimbursements from Missions	224,868	359,663
Other income	13,017	13,264
Total Income	<hr/> 786,636	<hr/> 831,445
Resources Expended		
Gifts to missionary organisations	277,538	288,333
Equipment and medical supplies	261,471	368,430
Container costs	98,654	133,221
Deputation and publicity	14,424	14,768
Warehouse and office expenditure	98,030	99,621
Total Expenditure	<hr/> 750,117	<hr/> 904,373
Net Incoming / (Outgoing) Resources	£36,519	£(72,928)

MMN Magazine

The magazine is available as an Adobe Acrobat PDF file on the MMN website. If you would prefer to access the magazine through the site, then please contact the office and we will send you an email alert for each new magazine issued.

Stamp and Coin Collections

Please send stamps and coins to the MMN office or directly to Alex Grimson at;
10 Braefoot Crescent
Law-by-Carlake
Lanarkshire
ML8 5SH
Telephone 01698 376361

MEDICAL MISSIONARY NEWS

Registered Charity No. 229296

Director: Tony Cox

Chairman of Trustees: Peter Gill

All correspondence and any donated goods clearly marked with the contents should be sent to:

Unit 1, Victory Close,
Fulmar Way, Wickford,
Essex, SS11 8YW.

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