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# Among All Nations

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Photo: John Crone/CMS

It may all have started with a 'big bang' but it would have been a silent bang because sound does not travel through space and there was no human ear to hear it. Creation starts in the 'silence of eternity'. Each life starts silently and unseen. The template for a unique individual is laid down to be shaped by environment, the process overseen by an unseen Creator. That Creator broke the silence when he made man in his own image and gave him freedom of choice. Creation is communication. His message is the value he places on us. He has made us caretakers of his creation and of those made in his image. If we do not understand his purpose in starting the process are we qualified for *safe parenthood*?

'Missionaries are too valuable to lose', but they expose themselves to stress and danger because they believe God sees others as too valuable to lose. The articles in this issue tell of some whom society undervalues - those with leprosy, AIDS, TB. They tell of those who go to the disabled and to children without parents or without education. They tell of those who have risked their lives because some to whom they go misinterpret their message 'my God values you highly' as meaning 'I want to control you'.

Meanwhile they are themselves inadequately supported because others think that God has made too many people in his image. But God may be saying that if we assigned people their true value there would not be too many. 'Look after the pennies and the pounds will look after themselves' may apply to people as well as to money. God in Christ is still in the business of repairing the ruins made by our past mistakes. Time is short if we want to join him before he places a limit on our destructiveness.

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## What are you worth?

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*Among All Nations* is produced in partnership with the **Medical Missionary Association** and **Christians in Health Care** as the international section of *Triple Helix*. They also produce the

magazine *Saving Health*, which has more articles on healthcare with mission, and a more comprehensive list of multidisciplinary service opportunities. Details on p15.

# Looking forward

## rebuilding the ruins

North Africa does not get much positive press these days. Algeria seems fixed on self-destruction, caught in the midst of an horrific civil war. Libya is forever portrayed as the haven of Arab terrorism. Mauritania is rarely mentioned - a vast, mainly uninhabited sandy desert. Morocco is infamous as the world's leading exporter of marijuana, and Tunisia is known simply for its dates and tourists. None of these countries has a society or a government favourably disposed towards Christians and yet . . . against the odds God is doing something new.



Travelling in the region one is reminded time and again of its rich Christian heritage. The gospel arrived early in North Africa and historians recount how within 100 years of the first Christians becoming martyrs in what is now modern-day Tunisia, half the Roman province of North Africa professed faith in Christ. The evidence of churches, cathedrals and baptistries

found in the ruins of Roman and Byzantine towns everywhere is a constant reminder of what God has done in this seemingly impenetrable area. The North African church gave Christendom such figures as Tertullian (160 - 230), Cyprian (200 - 258), and Augustine (354 - 430). By Augustine's death we know there were between 6-7,000 bishops in North Africa alone.

But in the 5th and 6th centuries the church went into decline, and it was not difficult for Islam to take over with the Arab conquest at the end of the 7th century. The crusades of the 11th and 12th centuries were the final death knell to the church, which in some small way had co-existed alongside Islam up to that point. Today there is no visible historic church in any of the countries of North Africa as there is in many countries in the Middle East. And yet in our time God is doing something new!

In the past few years the Christian praying public has begun to intercede with a new depth and fervour for the Muslim world of the '10/40 Window'. North Africa is beginning to feel the effects. Many are listening to Christian radio broadcasts. In the past year, *Sat 7*, a new satellite station for the churches in the Middle East, has been receiving half its responses from North Africa. In ones and twos people are responding in faith. The great challenge of the coming years is to see these brothers and sisters gathered into house-church congregations. The social and political obstacles are considerable but God is doing something new.

Perhaps surprisingly for a region that appears closed to Christian efforts, there are in fact some tremendous opportunities for practical service and ministry, and the need is great for those with gifts in friendship and discipling.

Let's join forces with others, not simply to pray for those whom God is bringing to faith, but also that God would call many more to work with him today in North Africa . . . for God is doing something new, he is rebuilding the ruins!

**Healthcare professionals with a vision for service in North Africa are invited to enquire through the MMA office.**

# Looking back



## some 'working visionaries'

**Retired missionary ophthalmologist Henry Backhouse reflects in September 1997 on colleagues he met in the Holy Land**

I am reminded that it is 50 years since I first set foot on the Mount of Olives on Ascension Day. It was the beginning of my love for Israel and it also introduced me to some remarkable workers in that land.

Firstly that lover of people, Tom Lambie, the veteran US doctor from Ethiopia who was building his seventh hospital in the Valley of Beracah. He had heart trouble, liver trouble, blood trouble and bleeding when we joined his team six years later, and he had to be carried up into the building to supervise the work. The Muslim sheikhs from Hebron came occasionally and threatened his life if he continued to preach, but the witness went on. He died preparing his sunrise service message, whilst at the Garden Tomb talking of the seven appearances of Christ after his death.

Then there was Dr Eleanor Soltau, his successor as leader of the work. She had already lost half her right lung from TB. She was dismissed by the Mission for her responsible and independent spirit, so she and Aileen Coleman, a young Australian nurse, moved to Jordan, built their sanatorium and began to serve the Bedouin with God's help from many quarters inside and outside the land.

They allowed no Muslim activities in their compound but served with skill and love, talked freely of the Lord Jesus, saw the *Jesus* video go out in hundreds and saw many come to a living faith, including Franklin Graham, now head of the Billy Graham organisation. We visited them this summer. Despite a severe road accident, Aileen was supervising the hospital whilst Eleanor had retired, and now aged 80 plus was pioneering a work down near Aqaba. There too literature and videos 'disappeared', and from time to time she would have to transport a case of TB back to base (at breakneck speed)!

Both were thinking of retiring soon and spending their time visiting their many friends throughout the Middle East, fully equipped with flannelgraphs, books, videos - in case 'anyone would want to know about Jesus'. Sadly, Eleanor was then fatally burnt in a fire in her house. Her funeral was a gospel celebration, attended by more than 300, mostly Muslims, from the palace to the desert.



Photo: CMS

Jerusalem's Jaffa Gate

Then there were Ida and Ada, the Mennonite identical twins, whose school in Hebron which they started almost 40 years ago is still functioning as the only Christian witness there. They left the work only when age and loss of sight demanded it. No one knows how many local children had responded to the Lord Jesus through them and their team. I came across one this year.

And there is Florence. She worked in the Lilian Trasher Orphanage in Upper Egypt until made to retire. She came to Jerusalem after 1975 feeling that there was work for her there. She got Government approval for her Church School Service to supply churches throughout the Middle East. Some years ago she had severe trouble with crumbling bones and left to organise support in the USA. She wrote recently 'I have a broken wrist and painful teeth, but I feel that with a few months rest I shall be fit to carry on again'! Her most recent letter acknowledged that the time had come to retire, at 85! Spiritually, there is no retiring in this war and we are enjoying various ways of serving the Lord. To our joy our children and some of our grandchildren are following on.

### **Henry Backhouse now lives in Cambridge**

It has been well said: 'If you merely work, and have no vision, you are a drudge; if you have vision, and don't work, you are a dreamer'. But if you have a vision, and work towards making that vision a reality - then you're a missionary - wherever you are, at home or abroad.

*The late Dr Stanley Browne, in the 1984 Maxwell Memorial Lecture.  
The world is crying out today for working visionaries.*



# A.I.D.S.

**Pat Macaulay, Chief Executive of ACET (AIDS Care Education and Training), describes the scene in Africa and Asia**

As the millennium approaches and the 20th century becomes part of our history, the sudden and disastrous onslaught of AIDS ranks as one of its great calamities. The statistics speak for themselves. In the UK, government action and effective education leading to behavioural change brought the epidemic under control relatively quickly - though at the cost of 14,000 lives so far.

Elsewhere it is a different story. With over 2 million deaths every year due to AIDS, an estimated 30 million people infected with HIV, and 40 million children losing one or both parents to the disease, the social impact in the worst affected nations is nothing short of devastating.

## **Africa**

The heartland of the HIV/AIDS epidemic



Photo: Mike Webb/Tear Fund

today is Africa south of the Sahara. Here it is believed 7% of people aged 15-49, totalling over 20 million, are already infected. Almost 8 million children have been orphaned and in some areas only children and old people are left.

Uganda is one of the countries worst hit. In some urban areas a staggering one in three is HIV-positive. Here, as in most of the world, the main mode of transmission is heterosexual sex. Of particular concern are the rising infection rates in women, and consequently in children. In this mainly male-dominated society, women are often powerless to protect themselves, so, whereas in 1995 there were two HIV-positive men for every infected woman, by the year 2000 the ratio is expected to be six women for every five men. Cultural practices such as polygamy, wife inheritance and ritual circumcision with shared knives accelerate the transmission of the virus.

Nevertheless, Uganda is one of the success stories of the developing world. A highly successful national education campaign is credited with achieving the fall in the number of new HIV cases seen in Ugandan clinics now recorded for two years in succession. One UK-based Christian charity, ACET (AIDS Care Education and Training) has been at the forefront of this campaign, providing AIDS education for over 20,000 students and training over 1,000 community AIDS workers in one year alone.

But according to David Kabiswa, Director of ACET in Uganda, the efforts of the various charities involved would not alone have been sufficient to achieve what has been accomplished. The attitude and approach of the Uganda government has proved crucial. 'The President himself declared open policy on HIV and AIDS' says David. 'An AIDS Commission was set up in the President's Office, and there is an AIDS Officer in every Government

ministry.' At the same time an effective surveillance system was established using data from blood banks, hospitals and clinics as well as from academic research and surveys.

## **Asia**

Whilst Africa has borne the brunt for the last ten years, attention is increasingly shifting towards Asia, and to India in particular. With a population exceeding that of the whole African continent, and the early stages of an AIDS epidemic which threatens to be every bit as severe as Africa's, the prospects are bleak. By mid-1996 UNAIDS estimated that 2.5-5 million were already HIV-positive. By the year 2000, the number of HIV infections in India is likely to exceed the current total for the whole of Africa.

With the only effective treatments for HIV prohibitively expensive in the developing world, and with more resistant strains of the virus, effective education is the only hope for truncating the epidemic. But there is no sign as yet of the kind of government intervention which proved so crucial in Uganda.

One strategy for addressing the developing problems in countries like India is to develop successful existing campaigns in neighbouring countries into regional centres of excellence. In neighbouring Thailand for example, at the epicentre of the south-east Asian epidemic, organisations such as ACET have already embarked on education and information programmes in partnership with the Thai government and the European Commission.

Addressing the issue of prejudice is key to implementing a successful programme. Social stigma directed against those with the disease drives it underground, encouraging denial and the avoidance of HIV testing, preventing effective monitoring, and so keeping open the routes of infection.

# across the world

Photo: Damian Williams



Sadly, amongst churches in the West, attitudes to homosexual people and the perception of AIDS as mainly a homosexual disease have to some extent hindered a Christian response. A response of unconditional love and care is as appropriate towards those with HIV as towards any other medical condition. A non-judgmental approach, modelled by Christ himself towards the woman at the well and the woman caught in adultery, is the only one which has any hope of winning real trust, and of opening the door for real and positive influence on people's attitudes, lifestyles and behaviour.

With the support of governments and good financial backing, the experience gleaned in the first decade of the AIDS epidemic can be put to good use in areas such as Asia and eastern Europe, where it is still soon enough to make a difference.

**Pat Macaulay** became Chief Executive of ACET in 1995 after working for 18 years in NHS financial management and six years in the private sector. She visited Uganda and Thailand on behalf of ACET in 1996 and 1997

For further information about ACET please contact **Bruce Townsend** on 0181-780 0400

## 'The staff actually touched me'

**Damian Williams** discovered in Thailand that leprosy and AIDS share something in common

Medically speaking leprosy and AIDS are worlds apart. One owes many of its symptoms to an overactive immune response whereas the other is a failure of the immune system. Yet during my elective I saw a very important link.

Manorum Christian Hospital was started 40 years ago in central Thailand. Since then it has provided excellent health care for the local people but most especially has sought to reach out to those with leprosy, people with very real physical need but who are cast out by society, as in the time of the New Testament. Just as Jesus cared for the outcast, so the staff at Manorum have extended Jesus' love to those with leprosy. The results are dramatic. Of the 5,000 patients they have treated and continue to treat, 1,000 have come to faith in Christ. Not only have their physical needs been met but even in a Buddhist country their deepest need has been met. Now there are far fewer patients with active leprosy and it is here that the link with AIDS becomes evident. As leprosy becomes less prominent so AIDS is emerging as a significant problem. Just as 40 years ago leprosy left the person an outcast, so today AIDS has similar devastating consequences.

I shall not forget the day I spent at a hospital in Bangkok. We arrived early for the clinic and so went up to the AIDS ward. I was not sure what to expect. It was perhaps a good thing, as I'm not sure I would have chosen to go if I'd have known what I would see. The ward was just a big room with about 24 beds, back to back, housing both men and women. Words cannot describe the suffering. Young men and women barely had the strength to move or care for themselves.

They were without hope, simply waiting for death. Perhaps even worse, many with AIDS know not only physical suffering but also the pain of being rejected by family and friends.

The outpatient clinic heralded even more suffering. One young woman was so ill that she could barely walk. She was covered in sores from head to foot and had severe abdominal pain. She lived alone. She was just one of the 400 people who came to the clinic that day, a clinic that runs every Wednesday. Manorum have now opened their own AIDS ward to provide for the growing need and to continue to show Christ's love to those rejected and broken. A 30-year-old male patient told his story:

'I was always a strong kid, doing all kinds of physical labour and never thinking anything about it. So, when I started to feel weak and tired all the time I knew something was wrong. I went to one hospital in Bangkok where they took some blood for examination. They talked among themselves; they didn't really tell me what was wrong, but said I needn't go back to them again. That seemed strange . . . then I shopped around at several more hospitals in Bangkok. One of them told me I had AIDS but there wasn't anything to do for it right now.

Only my Mum and Dad knew. I was afraid to tell my friends or my fiancée. I knew she'd dump me on the spot! Then a friend told me about Manorum Christian Hospital, up in the boondocks. After I was well enough to know what was going on, I was amazed at the care I received. The staff actually touched me.'

**Damian Williams** was a medical student in Birmingham when he did his elective in Thailand with the help of an MMA grant

# a world of *opportunity*

## Physiotherapist Jane Tompsett helped set up a community based rehabilitation project to empower disabled people in Nigeria

The Evangelical Reformed Church of Christ was founded by the Sudan United Mission in 1916. Today, under national leadership, it is still committed to evangelism and training believers in discipleship, while on the medical side it runs a comprehensive health centre in Alushi with 30 dispensaries, and a training school for community health extension workers.

In 1997 the church launched a community based rehabilitation (CBR) project, following the example of Jesus who sent this message to John the Baptist: 'The blind receive sight, the lame walk, those who have leprosy are cured, the deaf hear, the dead are raised and the good news is preached to the poor'. The project aims to identify disabled people of all ages and to encourage and empower them to take part in the normal life of their family and community. It also aims to share the love and good news of Jesus with them. Priorities include:

- Arranging for the vaccination of children. In Nigeria nationally only 27% of children were receiving polio vaccination, hence the disease is still endemic and is the largest cause of disability in children.
- Providing mobility aids for polio patients who can only crawl. Local craftsmen are trained to make callipers, skateboards to sit on and hand driven bicycles. Parents need motivating to persist with the use of callipers.
- Encouraging parents of disabled children to send them to the local school.
- Supporting teachers who had accepted disabled children into their class. The CBR workers found that only 10 of the 62 disabled children were attending primary school.
- Providing medical eye services and spectacles. Eye problems formed over half the CBR work.
- Encouraging disabled adults to earn a cash income in some way.

Initially we employed Namo Malle, an experienced health worker and a church elder, to supervise the project. He worked alongside me for a year and visited other CBR projects to catch the vision of what could be done, then we employed eight local people as fieldworkers. They were all in their early twenties and had trained at the ERCC School of Health and Technology in Alushi.

Several of these young people have relatives who are disabled, which gives them a natural empathy with their clients. They were given three weeks training on disability issues, especially identifying eye problems, then we sent them to join church outreach teams in the villages. Each fieldworker was given a bicycle to visit disabled clients. Over the first months they all completed a Theological Education by Extension (TEE) course entitled 'Following Jesus'.

I quickly learned that our clients were the experts. Our most important role was to listen. This was brought home to me by one 50-year-old man who had had polio as a child. Despite having to crawl from place to place he earns his living mending shoes. I offered him a skateboard or a bike at 10% of its production cost, but was rebuked: 'What good are they? I have a wife I haven't paid for yet!' Paying for his wife was the priority for him and for his wife's relatives who would no doubt have made him sell any mobility aid he got to pay off his debt.



Photo: Jane Tompsett

Many families had integrated their disabled member into a household routine, but most of the disabled remain under-utilised. The teenage girl in the photo was born with club feet and could only bottom shuffle. Her elbows were permanently straight but she could plait other girls' hair and prepare melon seed for cooking. Her mother was teaching her at home but she had never attended school.

Our task was to assess and listen and be a catalyst for positive change, perhaps helping with a wheelchair so she could move out of the compound. Supporting the family would enable this girl to reach her full potential.

**Jane Tompsett is a physiotherapist who was employed by Tear Fund to work in central Nigeria with the ERCC from 1994 to 1997. She is now doing an MSc in Community-Based Disability Studies with the help of an MMA grant.**