Among All Nations
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Out of the frying pan into the fire

Jesus spoke of the rich man who neglected the beggar at the gate of his estate. Then of the beggar resting in heaven at Abraham's side and the rich man cut off and tormented in hell. The message that challenges me most powerfully in this parable is not the lostness of the lost but the selfishness of those who thought they were saved.

We may be able to debate the theology of hell but are we willing to help those in torment now? There are so many diseased or orphaned by AIDS. Others face hunger and ignorance resulting from economic domination by the rich or are left with wounds and bereavement resulting from wars often waged with Western weapons. If we can not respond to their needs can we confidently claim to belong to the Kingdom of Heaven ourselves? How will we relate to these people when we meet them there?

And yet medical mission is not just healthcare. The medical mission partner aims along with secularised aid workers to bring relief from poverty, ignorance and disease. As a member of the fallen human race he or she is also liable to bring materialism, pride and new lifestyle diseases. This bad news must be counterbalanced by good news.

The good news is of a Kingdom where all things are restored. Relationships between both God and man and amongst human beings are made new. Working alongside overseas Christians and their churches we may have the reward of seeing them escape from the poverty trap. Living alongside them we can learn from their lifestyle of the dangers of a materialism we have left behind. We can then warn them of the dangers of a purely secular salvation. Jesus came healing but also preaching the Kingdom of Heaven. Without this dual role we shall only encourage others to jump from the frying pan of poverty into the fire of decadent Western materialism.

Living below street level in Mongolia

David Clegg

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.

tradition in transition

Ian Campbell and David Clegg describe how AIDS in Zambia has made the hospital for the community become the hospital in the community

The past

Chikankata Hospital in Zambia was founded on the edge of the Gwembe valley in 1946 by The Salvation Army to provide a health service for some of the poorest people in the country.

The present

The AIDS pandemic in a situation of economic restructuring and declining net national and international aid has made the hospital in its present form unsustainable. At the same time the community's existence is threatened. Continuity between past, present and future is valued highly. AIDS is seen to kill individuals and their extended families slowly and this causes loss of hope for a better future and produces a fatalistic response which further destroys community structures.

A programme of home-based care that is clinical, pastoral and educational has been linked to family and neighbourhood-based counselling. This has enabled the neighbourhood groups in the areas covered by the programme to recognise and respond to the problem of HIV infection. The response is seen in the expression of care for each other, and in sustained commitment to change, where this is needed, in attitudes and behaviours. Thus a process of care is seen to have an emerging prevention impact.

This process has happened in both low and high prevalence areas. A team approach both in hospital and in home visits to those infected, to those affected, to those in danger of being infected, and to those connected in other ways, widens the circle of prevention.

The future

Led by its traditional headmen, the community around the hospital has begun to recognise that it has the capacity to care for its own health and to accept the responsibility to do so. It can discuss its own problems, recognise their causes, decide how to solve them, and determine the priorities in the light of the resources available. This process can extend to all aspects of its healthcare and not just to HIV/AIDS.

The hospital and home care staff, most of whom are Zambian and many of whom are locally employed, need increasingly to become identified with the community in this process. They can facilitate change by:

- drawing attention to problems
- exploring concerns and hopes when people discuss what they see
- encouraging the living and giving hope to the dying by working for better relationships and a more secure future
- planning with the community a sustainable use of hospital resources
- seeking within the church a holistic spiritual response to sickness and poverty
- helping home care programmes in other areas and countries

Maureen and Thadeo ... facing the future together

This process of using care to facilitate participation and change becomes community-owned rather than being the imposition of solutions from outside. The hospital and clinics become resource centres for the community. A community confidentiality develops. A degree of 'community informed consent' is found which may allow HIV testing without time-consuming pre-test counselling.[1] The process of care resulting in change 'is as simple and yet as profound as the recognition that the love of Christ tranforms'.

Maureen and Thadeo

Maureen and Thadeo are a married couple and both are HIV-positive, diagnosed in 1988. They have two children. Through home visits from a Chikankata team, and because of an increasingly supportive neighbourhood, influenced through some committed senior headmen, they worked through a difficult separation, reconciling after a year or so when they realised they could face the future better together than apart. They were visited regularly. The process of community counselling in the neighbourhood of their home helped their families to lose their fear and to include them in the wider family circle.

Reference

1. Campbell I and Radar D. Community Informed Consent for HIV Testing. *Tropical Doctor*, 1999; 29:194-195

Captain Dr Ian Campbell is Medical Adviser to the Salvation Army International HQ

learning about leprosy

Miriam Noble reports on the nursing elective she and Tamsin Gilbert did in India

Tamsin and I went to Salur, a town near the east coast of India where The Leprosy Mission (TLM) has a hospital with 125 beds of which 77 are for leprosy. We were met at Calcutta airport by a TLM worker and taken to the hospital for a few hours. My first impressions were vivid: a very distinct smell, the clothing the people wore (we stood out blatantly from everyone else), it was raining but warm, the journey in the TLM jeep - there seemed to be no organisation on the road and a lot of hooting! We had our first taste of the food and noticed the small lizards on the walls.

We were put on a train, travelling first class with air conditioning but I was very scared and held onto my luggage tightly for the whole journey. This took 17 hours but we had beds, so got some sleep. We were met, taken to another TLM jeep, registered with the Superintendent of Police, and then had a two hour journey to Salur. Here we shared a basic but comfortable room.

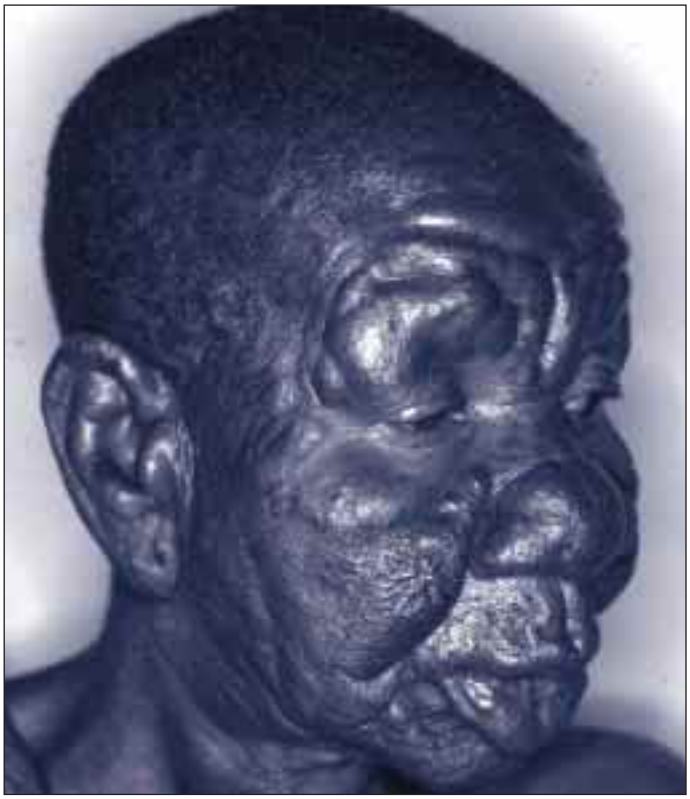
Nursing

The first day we attended an eye camp. They selected over 30 people to have cataract operations the following week and these were completed in one day by the same surgeon. For the first week we took part in the Prevention of Disability Workshop. About 20 workers from TLM hospitals all over India came to Salur to have lectures and be examined.

The patients washed themselves or were helped by relatives. The equipment used was very basic and nothing was thrown away unnecessarily. Needles were rather blunt for giving injections! Very large pieces of gauze were cut and folded into the small squares by the staff. The patients were given rice and curry at lunch and tea times with meat or egg twice a week.

I learned about the multidrug therapy and spent a morning with the community team going to villages, assessing and treating patients and trying to contact others. I learned about the treatment of ulcers and watched reconstructive surgery on the hand and the foot. I visited the physiotherapy department, watched double rocker shoes being applied and window Plaster of Paris casts made, spent time in the shoe department, watched part of an artificial limb being constructed, and spent time in the pharmacy and the laboratory. The hospital staff were all very keen to explain to us their area of work.

The nurses were very dedicated and busy. At night, there was just one nurse for the whole hospital! They gave anaesthetics for eye operations. They were very much answerable to the Superintendent of Nursing, who was keen to glean from us any ways in which we felt nursing practice could be improved. She was keen for us to send her research and any other things that would be useful to guide nursing practice in the hospital.



Reliance on prayer

I found coming to terms with the difference in culture and the great poverty extremely difficult. Each day I had to rely on God for everything, which I hadn't been used to. I found great help from Bible reading, prayer and fellowship with Tamsin and from the English service on Sundays. We saw answers to prayer at times when we were feeling lonely and were invited to people's houses. We saw the reliance on prayer in the hospital - at the beginning of any journey in the jeep and before any operation was performed. I was moved whilst watching some of the leprosy patients sitting by their beds singing hymns. There is much Hindu opposition to Christians in India. Even while we were there, reports came of churches burned and people killed.

I am very appreciative to TLM for arranging our elective. We were able to spend our last week travelling up to Agra to see the Taj Mahal, and also to Delhi.

Miriam Noble received an MMA grant towards her recent nursing elective in India

Urologists United

American urologist Doug Soderdahl and his wife Nancy, a nurse, who travel the world under their World Medical Mission, visited Mongolia. We have their kind permission to publish the following extracts from their e-mail reports. They were associated with a team of 10 from the US Christian Medical and Dental Society's Commission on International Medical Educational Affairs (COIMEA). They went believing 'Wherever I cause my name to be honoured, I will come to you and bless you' (Exodus 20:24b)

Advice received before departure

. . . The lecture one might be prepared to give may not be the lecture they want to hear. Operating facilities are limited. Patient privacy and modesty concerns are decidedly not Western. Mongolian surgeons, nevertheless, accomplish a great deal. The visitor has much to learn and should be quick to compliment and slow to criticise. If an attitude of love is amplified by lecturing, operating, rounding, etc then all the better, but the basic motive of love in Christ must be expressed.

First prostatectomy by vaporisation

We started out meeting the top surgeon in all of Mongolia, a gracious older gentleman of about 70 years, who is still considered everybody's teacher. Doug had examined two patients, but after they had been given a time slot on Tuesday's schedule they both informed the Mongolian urologists that Tuesday would 'not be a good day' for surgery. Even comparatively minor events only take place with concurrence of the religious practitioners, who consult charts and books. The patients had been switched unbeknownst to Doug!

A senior urologist had come by bus across town to watch the procedure. No interpreter was available among the 25 plus people milling around in the OR but the chief of urology spoke English a bit better than Doug speaks Russian. Two electricians were on hand. The OR and Nancy worked as a team by sign language. Men and women change clothes together in the coffee room for the surgery. Mongolia's single television station videotaped the operating theatre for two-hourly nationwide broadcast for the subsequent 24 hours!

Mongolia - a long way from Georgia, USA

Drapes and gowns were in tatters. Gloves in only one size are re-used until they break. Blood pressure monitoring and ventilation is done manually by a second anaesthetist. Our instruments were soaked in 'spirit' in a glass, such that about half of each instrument was not in contact with the antiseptic. There was no prophylactic antibiotic given. The grounding pad (to prevent electrocution or severe burning of the patient) remained a source of anxious concern right up to the last moment.

'Lights, camera, action!' Everything worked smoothly . . . minimal bleeding, excellent view for everybody on the monitor, no patient complaints. The hospital has all the equipment it needs to do the procedure, save for a $140 electrode which can be used 10-15 times. Between the two cases of the day we remove gloves, wipe our hands with

The Soderdahls in conference with Mongolian colleagues

Mongolia and USA

Learning new techniques

alcohol and don new gloves. The surgical gowns are not changed. The second case went more smoothly and quickly.

Urban poverty

In the afternoon we loaded clothes from churches in the States into a van. Traffic was chaotic and speedy, with near misses of vehicles and pedestrians exceeding one a minute. Among dilapidated buildings and potholed roads, the sunshine was a sharp contrast to the black, white and grey of the city. Trolley buses, dangerously overloaded, chug down the thoroughfares.

Having negotiated the potholes and large rocks of an alleyway we spotted a young lad perching atop a manhole as a sentry. The van halted and soon the occupants - a group of children, an older man and two middle-aged women - all had scrambled up ladder rungs to the light of day. One lad came up shirtless - it had snowed the night before. What joyful faces as the parcels (typically a sweater and a jacket) were passed out. Gospel tracts were included. The old man said the children could read.

Dining with our hosts

Thursday evening our entire team hosted our hosts at the Ulaanbaatar hotel. We reserved the private dining room with a single table for 52 people. Exactly 52 turned up! What a wonderful evening of camaraderie! Doug explained our mission in some detail with a chief surgeon through a translator who turned out to be a senior manager. We capped the evening with a contest of song between our team and the various Mongolian speciality teams. The nationals won hands down!

The national cancer centre

The Soviet-built building is spare by any standards. Patients mostly present late and are admitted for the duration of their radiation therapy. They receive totally free care from the Government. Common cancers include liver (secondary to viral hepatitis, and thus preventable), lung (smoking and heavy pollution contribute), oesophageal, stomach and cervix. Futile surgery occurs regularly while chemotherapy and radiotherapy are applied quite aggressively. No palliative care unit exists. Doug lectured on bladder tumours to a very eager audience of about 50. The evening temperature had dipped to well below freezing, and heat had not yet been turned on centrally by the government so that we had to change venues three times before we could find some reasonable comfort from the cold.

Lasting memories

Later off to fellowship with 100 or so exuberant young folk. An English teacher, in Mongolia for seven years, has offered to train the entire urology group (eight in a country of 3 million) in English free of charge. They are on cloud nine. Recall that their salary maxes out at $50/month, which makes private tutoring totally out of the question. They wish to study the Word in Mongolian as they learn English.

Just 20 minutes ago a young paediatric urologist came to our room as we were packing to tell of her spiritual journey. We are overwhelmed, with needs of every kind being met by our gracious, loving and merciful Father.

Doug and Nancy Soderdahl are based in Georgia, USA

from Belarussia with Love

'Your mission, Bunn, should you accept it, is in Eastern Europe.'

'Certainly, M. Whereabouts?'

'Somewhere near Chernobyl.'

It was with trepidation that I accepted my mission from MMA/CMF to go to Belarus last summer. Andrew Greenfield, Annie Leggett and I joined a conference near Minsk, organised by the International Fellowship of Evangelical Students.

The Chernobyl fallout, equivalent to nine Hiroshimas, ruined eastern Belarus. Whole villages were razed, communities dispossessed, hundreds of thousands mobilised for the clean-up operation. The highest reward for suicidal acts of sacrifice was a 'hero's bus pass'. Geiger counters are still used to test food bought at market.

The students we met have far less materially than students here. Textbooks are prized items to be shared amongst a large group. Most live on less than £7 per month, and work on a farm is essential to survive. And qualification does not bring the prosperity and freedom we expect in this country. Even doctors working on punishing rotas would find a car or foreign holiday unaffordable. Yet despite material disadvantage, the students we met were highly educated. Students who had never met a native English speaker corrected my grammar on more than one occasion!

The conference was a great success. One hundred and thirty people came, arriving on two buses. The blinds were tightly pulled down to avoid prosecution! A whole generation has been withheld from church, in a state policy intended to stamp out faith. But the 'God-shaped hole' in the human heart is universal across cultures. Even in a country devastated by Chernobyl and stifled economically and politically by communism, the most pressing need is spiritual. The students were hungry to hear news about God's rescue plan for man through Jesus. And it was embarrassing to receive gratitude for passing on a message I take for granted.

I was left to reflect on how much I have received at no cost. Yet my reluctance to share some of my abundance contrasts sharply with Jesus' example: 'For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sakes he became poor, so that you through his poverty might become rich' (2 Corinthians 8: 9). Will you accept the mission?

Anyone interested in a trip of this kind next summer should contact the CMF office, or e-mail alex@cmf.org.uk

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