
Among All Nations

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Christian healthcare worldwide



Photo: Valerie MacKay

Opportunity or threat

There is a big difference between serving the 'selfish gene' and serving the Creator. The gene tells us other people must be divided into opportunities or threats. In global health nations may be seen in this light.

Health professionals who see medicine as an insight into the mind of the Creator, who made all things well but who made himself vulnerable by giving freewill to those he made, will be excited by all they discover of that mind. They will keep the patient at the centre of what they do because that centre is around their Creator and not around themselves. Care of the weak replaces 'survival of the fittest'.

A new baby and the new relationships which follow will be seen as part of divine providence. Responsible parenthood is part of

the stewardship of creation and does not include killing any individual made in the image of God.

When a nation like China, long isolated but now growing in influence, invites foreign experts to serve among its poor the servant mind sees opportunity not threat. When people groups who might otherwise be seen as threats allow visitors to serve within their borders the opportunity should be welcomed.

Global history has reached a stage where weapons of mass destruction can destroy both sides. The advice of the selfish gene could destroy civilisation and above all could blind us to the God of all peoples who is able in Christ to break down the dividing walls between us and who will eventually do so.

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.

all you need... ...is love

Christian nurse Jill Patient working with Bombay's Aruna Project was glad to be mistaken for a prostitute . . .

At 15 Loma was offered a chance of a new life away from her homeland of Nepal. It seemed like a life line. Having been married off as a child, she had already borne and lost two children. Her husband had given up on her and was looking for a new wife, and his family treated her with ridicule and abuse. So when given the chance of a new life in the city, she was sure her life could only improve.

Sadly, Loma ended up in Mumbai (Bombay) where she was repeatedly forced to give her body over to men for what this world so often calls 'love'.

Loma is not alone in this situation as literally tens of thousands of girls are thought to be earning their living through prostitution, living and working in the brothels in the red light zone of downtown Mumbai. Most of them come there against their will, with thousands coming from Nepal every year, often as young as 12 years of age.



The girls are grossly abused and instilled with fear so they soon learn to trust no one. By the time they have paid off the debt (the sum paid for them by the 'madam') they are in theory free, but the stigma of what has happened to them means they cannot go home, and they don't know how to live a 'normal' life. They are often illiterate, uneducated and have no skills. They have poor access to health care, and studies show that over 40% are HIV positive.

When the girls reach their early twenties their ability to attract customers dwindles, as customers prefer younger girls, believing they are less likely to be HIV positive. Some of the girls manage to buy a set of rooms and become a madam, while others become, for example, 'maids' for the younger girls and madams. Those who are HIV positive and can no longer hide their HIV status are normally thrown onto the street, where often the only choice they have is to beg until they die. The plight of these girls seems hopeless and 'love' is a dirty word.

The Aruna Project aims to share the love and hope that only Jesus Christ can bring. The name 'Aruna' means 'Bright Morning Sun' - bringing the picture of hope after the dark night. The project is still in its infancy, but through regular visits to the girls, precious friendships have been built. When suitable premises can be found a Drop-in Centre will enable the girls to access help, either at the centre or through referrals for training, work experience, rehousing, repatriation and, when necessary, hospice care.

Getting to know the girls is a real privilege and we have been made to feel very much 'at home'. One day when visiting Loma, some other girls came to introduce themselves to us. Having asked us where we lived, they asked 'How's your business?' and 'Do you work from a bar or privately?' We had to smile, but it showed the positive level of acceptance, and we were encouraged.

There have been so many encouragements with the work, but the biggest encouragement has been the girls themselves. They are fully aware of the 'love' of this world and the lack of hope that it brings, and they long for real love - a love that encompasses hope and trust.

Jill Patient is a partner with Interserve and has completed a Master's course in Community Medicine at the Liverpool School of Tropical Medicine with the help of an MMA grant.

saving motherhood or destroying it?

From 25 years' obstetric experience in southern Africa, David Clegg asks: does abortion in the developing world really lead to 'safe motherhood'?

Gradually the carefree play of girlhood becomes interwoven with a more serious approach to life. She matures earlier than her brother. Her vision for the future which may have expressed itself in dolls and imitations of domesticity becomes larger than that. It is to care for the world as she sees it. The way she sees it also grows, and depending on character, culture and circumstance takes on a shape unique to her. Her vision includes the need to prepare, to protect, and to pass on. As her body develops she recognises new powers that are hers. Young men react to her in different ways. She has the power to tame or to inflame their competitive and territorial tendencies.

She may devote her motherhood to a family of her own, to a world wider than a family, or to both. A mother's face is normally the first symbol a newborn baby sees and hers are the first eyes with which it establishes contact. The new child comes to associate her face with motherhood. Society is attracted by motherhood and expects it to be gentle and protective, especially of children. Motherhood is cohesive and healing, holding a family around her, and bonding society together.

A Christian perspective

For the Christian, biblical teaching will add its own values to the patterns built into creation. This teaching may be seen as optional by a multicultural society, but Christians have a responsibility to protect the mechanisms built into creation for its smooth running as well as a responsibility to make the saving knowledge of Christ available to others.

Today, society is offered technology with the intention of separating sex from reproduction and is then offered abortion as a solution when the contraception fails or is forgotten. This may be destroying motherhood physically, socially and psychologically on a scale greater than any physical lives saved. A mother may have been educated by society to adopt a 'pro-choice' approach to life which is in conflict with all in her mind and her body that fits her for motherhood. She is trapped in a double bind by a secular humanist mindset and a human nature created in the image of God.

Mothers (and fathers) who have in the past agreed to abortion, sometimes against their better judgement, and who have subsequently found faith in God have reported suffering years of inner turmoil, pain and regret. Only in Christ have they been

freed to bring these issues out into the open and deal with them. One scene from a video shown at the recent ICMDA Congress in Durban comes vividly to mind: the mother had had no peace for years until she got out of bed one night, went downstairs and wrote letters to her three aborted children asking for their forgiveness.

Is a cost-benefit analysis of abortion possible?

'Safe Motherhood' is a term coined to refer to methods of reducing maternal mortality and morbidity associated with pregnancy. It includes abortion legislation, which has been associated with a reduction in maternal mortality in some countries which carry enough controls on how it is practised. How much of that reduction would have happened without the law we do not know.

Similar legislation in low income countries is likely to have more complications as a direct result of procedures used without adequate controls on practice. However, the indirect long term complications may cause mortality and morbidity in ways that are not being measured. For example, young unmarried girls in the cities of developing countries queue for termination as a quick fix when they find they are pregnant. They may have no intention of changing their lifestyle, which brings them material rewards in a depressed economy, and their doctors busy in their private practice may have neither time nor inclination to warn them of such dangers of that lifestyle as HIV infection.

Valuing the gift of motherhood

Abortion is a cheap way of limiting births and some maternal deaths. Elimination of poverty would achieve much more. How do we discover abortion's indirect complications, and measure them and put a price on them? What are its effects on mother and child bonding, family stability, child and spouse abuse, and mental illness, not to mention wider effects on national and international welfare?

We must measure what we can but if we believe God made us in his image we should also treat ourselves and our patients according to this belief, even if we do not understand all this means and cannot measure all the consequences of its abuse. The gift of motherhood needs to be valued at least as highly as the gift of sex, for both are part of God's creation. The descendants of Rachel wept when King Herod ordered all boys in Bethlehem who were two years old and under to be killed. A nation that loses that ability to weep is a very sick nation.

David Clegg is the Overseas Support Secretary of CMF and the General Secretary of MMA

Friendship with th

Dr Reginald Tsang and Dr James Hudson Taylor III describe the work of Medical Services International

Medical Services International (MSI) is dedicated to serving the health-related needs of peoples in China and East Asia, as an expression of Christ's love and the Great Commission. MSI teams work in partnership with national, provincial and local authorities in developing services in needy areas and upgrading them. The approach is long term, low key, and culturally sensitive. Through the work MSI promotes friendship and understanding with the peoples of China.

Foreign experts welcome

Major changes are occurring in Asia. Over the past decade, under the policy of Four



Photo: MSI

Modernisations, China has welcomed many foreign experts to share in its opening and development. This welcome extends to health services, especially in China's inland provinces, in its rural areas, and among its national minority peoples.

- training 'village medics' and health personnel
- providing medicines and medical equipment and training in their use
- providing a Christian testimony of love and concern

MSI is a channel through which skilled Christian health personnel from the United States, the United Kingdom, Canada, Australia, New Zealand, Singapore, Malaysia, Taiwan, Hong Kong etc can serve the medical, physical, and spiritual needs of these areas. MSI provides a programme of orientation and preparation for both short term and long term volunteers and sends these individuals in teams to needy areas.

Long term co-operation

Four years ago, leaders of the Sichuan Bureau of Public Health, Yenching Alumni Association and MSI joined in signing our first Memorandum of Long Term Co-operation. Since then MSI has enjoyed the privilege and challenge of partnership in an increasing number of programmes - medical, livestock, English and accountancy.

MSI personnel are involved on-site in:

- hands-on care in needy and strategic areas
- lecturing on advanced medical techniques and health services and demonstrating them
- English language teaching, accountancy, and sheep farming
- developing training programmes for improving environmental hygiene and preventive medicine

From the beginning Chinese officials and MSI leaders recognised that our joint efforts in community development and education should be 'long term'. This would involve long term planning, long term co-operation and long term commitment. For MSI such a focus also clearly called for the mobilisation of colleagues who were prepared to serve long term in order to see these programmes through to completion.



Photo: MSI

e peoples of China

Although MSI has seen more than 500 Christian professionals participate in short term trips, this commitment to long term service has not changed. Indeed, it has been strengthened as we have witnessed the encouragement of a growing number of professionals whom we describe as 'non-residential long term colleagues'. While they may live and work in Hong Kong, Singapore or the USA, by returning regularly for service, they are actually building on the foundation of their previous visits.

Long term commitment

Without doubt, however, the most effective service is being rendered by colleagues who are committed to living in China, mastering the language, identifying with the people, partnering with their professional counterparts and serving society's needs. It is marvellous to see their number growing steadily.



Photo: MSI



Photo: MSI

The long term medical team which is working among the Yi minority people in Sichuan has been able to assist in raising the standard of medical care in the Zhaojue County Hospital. From that base they have been reaching out to conduct health fairs for the community and train health workers for the villages. Lives have been saved, drug addicts rescued, and hearts transformed.

The long term livestock programme has already lifted some of the 50 families chosen in the first 'sheep on loan' project out of abject poverty. In July 1998, 40 of these families returned ten sheep each, thus enabling 40 new families to start in the expanding project. Gaining skills in sheep farming, these Yi families are now beginning to enjoy the dignity of self-reliance.

MSI colleagues who are teaching English long term have a privileged opportunity for service. Some are training local English teachers, others are teaching undergraduate students, working with MA and PhD candidates, or helping doctors and nurses improve their English. One MSI colleague recently reported that two of their students took first and second place in the university-wide English competition.

Long term service

The impact of the lives of these long term Christian professionals will be multiplied many times over through the students, farmers, professionals and patients they live among and work with day by day. Only eternity will reveal the full measure of God's grace.

When the Lord saw the crowds in his day, we are told he had compassion on them and instructed his disciples to use their resources to meet the people's need. They did. Will you not pray about using your God-given professional resources in long term service to meet people's needs in China? Whether you have just completed your professional training and a lifetime of service awaits you, or you already have a lifetime of rich experience and are considering taking early retirement, there is a place of fruitful long term service for you. MSI may be able to help you find it.

Further information

Dr Ronald Clements, 42 Telston Lane, Otford, Kent TN14 5JX. (Also see 'Vacancies overseas' on page 15.)

Reaching Refugees at Cairo Cathedral

Bryan Kane describes a joint relief ministry for people from Sudan and the Horn of Africa

The country where Joseph, Mary and the infant Jesus fled 2000 years ago today receives many Sudanese fleeing a seemingly never-ending war in their homeland. They come to Egypt and its capital Cairo, now the largest city in Africa with a population predicted to reach 20 million by the new millennium.

When we took on Sala (not her real name) we referred her to a good obstetrician who sees some of our hard cases for free. When she came to us in subsequent pregnancies I talked with her about God's love and how her previous miscarriages were not because God was punishing her. Many times we sat with her, laid hands on her and prayed. After three more miscarriages we were still puzzled why this was happening but each time we gave her the opportunity to grieve and acknowledge the loss of life, and we



Medical work at All Saints Cathedral began when a pregnant Sudanese woman collapsed. She didn't want to go to an Egyptian hospital, as she was unable to pay the costs at foreigner's rates. This prompted Mark (our co-ordinator) and Annette Bennett (a midwife) to start the antenatal clinic in 1995. Last year it saw 120 pregnant women. It serves Sudanese women not helped by the UNHCR Cairo office and provides consultation, home visits and some small tests on site. We refer major work including delivery to nearby contracted hospitals and we cover all the costs. Our paediatric clinic is open the same hours, to save the mothers' time. The general medical clinic open two days a week held approximately 2200 consultations in 1997, seeing cases from TB to peptic ulcers to mental instability.

'The greatest privilege of working in the clinic' says Annette 'is how we can serve the Sudanese community with a complete ministry. We try to keep prayer as the main focus. It is exciting to offer that as part of our normal care . . . when we register, when there is a threatened pregnancy or when a mother reaches term . . . we stop the clinic and pray for her. Although we've had people from many different backgrounds we've never had anyone say no to prayer.

would weep together. In the midst of it all we continually reminded her of God's love for her.

After her last miscarriage, she went alone to the hospital for a D&C. A few weeks later she came to me at the church. 'I came to talk to you about Jesus' she said. In hospital she was very lonely and sad. As she came out of the anaesthetic she was struggling emotionally. She was all alone and had no one to cry with. She closed her eyes for a bit, and when she opened them again, there stood Jesus, touching her hand. She knew it was him although he didn't speak. She had this incredible feeling inside her and felt her heart change. She thought about some of the things we'd talked about and realised the most important thing was to love Jesus. She is now trusting Jesus although she may never have a baby. When she first came to the clinic, she said she had put all her hope in me. Now she realises she has to put all her hope in Jesus. It is a great joy and privilege to be part of something like this.'

Bryan Kane is ministry co-ordinator at All Saints Cathedral, Cairo. See 'Vacancies overseas' on page 15.