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M I S S I O N A R Y

HERALD

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HEALTH WORK IN AFRICA

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AGAINST THE ODDS
BEING GOD'S PERSON

NEWS ...

NOT SUCH A QUIET WEEK

MISSIONARIES' HEALTH ...

MAKING WAVES



PLUS DOUBLE TAKE ACTION PULL OUT

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Cover photograph: Girl from Cameroon see article on page 8

H E R A L D

BEING GOD'S PERSON AND WITNESS <i>Responding to God's call to work in Mozambique</i>	3
A VISION FOR THE FUTURE <i>Health care in Sierra Leone</i>	6
AGAINST ALL ODDS <i>Trying to find a way forward in Cameroon</i>	8
CARING FOR MISSIONARIES <i>The physical and spiritual health of missionaries</i>	10
DOUBLE TAKE <i>Taking a second look at health-work</i>	11
NOT SO QUIET <i>Another report from Kinshasa</i>	15
RIVER BLINDNESS <i>Eye work in the Central African Republic</i>	16
CALL TO PRAYER <i>Updating the Prayer Guide</i>	17
NEWS <i>LACABY - El Salvador, and Brazil</i>	18
IN VIEW <i>More news from home and overseas</i>	20
CHECK OUT <i>Missionaries' travel and gifts to the Society</i>	21
MAKING WAVES <i>The upside-down side of health work</i>	23

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"Christian health care is aimed at creating whole people reconciled to God, their neighbours, themselves and at one with their environment."

Being God's Person

by Suzanne Roberts

I have a job for you. Don't take it on lightly, you might not want it. You need to ensure that every person in, let's say, England and Wales, gets full access to all the necessary health services. Don't forget the homeless, travellers, remote farms, and so on. And do it during a strike of most GPs and other health staff, with pickets blocking all the main roads and rail routes and lots of the minor ones and most transport out in sympathy. There is also a very large devaluation of the pound so that the government can't afford to give you much money to pay for medicines, vaccines, even syringes and basic supplies. The severe depression has meant a big movement of population, so you have very little idea of where everyone is. Keeping any form of disease statistics has become impossible.

You want to resign forthwith? Me too - in fact, I'd never have got as far as taking it on - yet it's the sort of situation that the Government of Mozambique has been facing during its 17 year civil war, made worse by further population movements because of drought two years ago. No strike of doctors, with closed surgeries, but dispersal and often death of all levels of health personnel, especially in the rural areas. Then there is the destruction of many health posts and facilities - I've seen some of them myself, not much left but the walls. No pickets, but mines and even now here in Milange we are having problems with medicine supplies because the main road to the provincial capital has not been cleared and the longer way round is more difficult. So there is a transport problem, but the plane is too expensive.

Fighting Renamo has nigh on emptied the government coffers. Although we have a vehicle here, the Director often has to find an organisation with money to pay for the diesel before the team can set off on a vaccination trip into the rural areas where most people live, or on a support trip to ➤

What is special about Christian health work? What makes it different from medical work anywhere in the world? Certainly it is not the fact that it takes place in and from institutions run by churches and which have "Christian" somewhere in the name. However, such ownership should be saying something about the quality and style of health care.

Christians start with Jesus and his concern for the whole person. Modern medicine is good at hitting disease on the head. Science has made amazing advances and today's drugs, antibiotics, and surgical techniques are excellent tools in the fight against disease - but has it produced a healthier generation of people?

It is not just disease that has to be treated it is people and people are physical, spiritual and social animals. Illness touches all aspects of an individual, something which Jesus recognised when he linked healing with the forgiveness of sin. Healing is at the heart of our Lord's ministry which is aimed at creating whole people reconciled to God, their neighbours, themselves and at one with their environment.

However, we recognise that this costs. Jesus, the divine healer is a wounded healer, the suffering servant, scarred with the marks of the cross. Those who carry forward his ministry today must be prepared to be wounded and scarred too. In this season of Lent, it is well to remember that the disciples of Christ, in any generation, are called to be servants and expected to carry a cross. That is not a popular concept in our "instant" society of quick and easy solutions. Out of love, God sent his son to heal the world, not a planned programme, not a set of new techniques. And today he is calling us to risk all in following Christ, to risk being honourably wounded in his ministry of healing.

BEING GOD'S PERSON



Continued
from page 3

one of the scattered health posts manned by a single nurse with wide responsibilities.

In this situation, several Christians from different churches were given a vision by God of helping the Government in its restructuring of the health services thus bringing Christians into a

country where, until recently, Christian witness was not easy or welcomed. Now the churches have been asked to join in the rebuilding of the country. There is much openness to the gospel. So ACRIS

(Interdenominational Christian Action for Health) was formed in faith. The first group of workers is now in place. However working out the vision in practical terms, within the context of government priorities and programmes and in situations which change, has not been either easy or straightforward.

The government, understandably, wants to know what each organisation plans, in order to fit it into the overall strategy and maximise the use of limited resources. So it can take time to get all the necessary permissions. So far, I and my colleague Salome Greef, a South African nurse, don't have the vehicle we need to work out in the rural areas and Salome will only get her work permit when she returns from a visit home.

Events have already overtaken the original plan in that other organisations have already done a lot of the training of local health workers that we were expecting to

do. So the programme may need to be altered - anything from minor tinkering to major surgery. Our brief remains community health, but we need to be open to the government's local priorities, although their main thrust is to get staff, facilities and supplies as far into the community as possible.

So what do I actually do? In spite of the hiccups on the medical side, the vision itself remains the priority for us all - being Christ's people within the health service in whatever capacity.

My present capacity is not at all my scene. I am the doctor in the health centre in this district headquarters. Don't get any grand ideas. We have extremely basic facilities and certainly one of my uses is to be able to write the documents in English for transfer to a hospital in Malawi. Even so, I am not a hospital-type doctor any longer so I need to rely on the Holy Spirit's wisdom while looking forward to the day when a Mozambican doctor arrives, which I trust will be before the rebuilt hospital opens and people start expecting this "doctor" to perform wonders in the operating theatre. That is something which I thought I had left, with great rejoicing, some years ago.

I like to think that I am able to contribute something in teaching the staff which I do both formally and in referral clinics when the referring medical assistant is there with me. I have enjoyed the visits to outlying health posts to work with the nurses there but this programme has been particularly subject to transport problems.

I am constantly amazed, given the political history of Mozambique, that I am allowed to pray with patients and even give out tracts on occasions in a government centre. In my other - I think more appreciated - capacity

as English teacher to about a dozen staff, I have been able to bring in Christian material. Several of the staff "went to church" when relating their Christmas activities, in English, but for most it is not a living faith. There is a big opportunity for witness when the time is right, probably more when wearing my English rather than my medical hat. Please pray that God will open up these opportunities.

As I see a number of the results of promiscuity, I am wondering when, not if, we will see an explosion of patients with AIDS. The disease is still treated with disbelief here so preventive health education is very difficult. That's frustrating, as is trying to be the





Right: Suzanne Roberts with colleagues on a ferry.

Below: Hospital in Mozambique.

HEALTH SERVICES IN AFRICA		
<i>where BMS has medical and health workers</i>		
	Without access to health services (millions)	Without access to safe water (millions)
Angola	7.0	6.5
Cameroon	7.0	8.1
Central Africa Republic	1.7	2.7
Guinea	3.9	3.9
Mozambique	8.0	11.9
Niger	4.4	
Sierra Leone	2.4	
Tanzania	5.2	12.2
Zaire	26.3	23.6
Zimbabwe	2.7	



sort of doctor I'm not and the uncertainty of how my work here will develop and of what precisely God wants of me. I am here in response to God's call and ACRISS's vision, to be God's person and witness in the health services in Mozambique for as long as he chooses.

It won't be the first one I mentioned, it almost certainly won't be what you expect, it may not be in Africa, but God has a job for you - to be his person and witness, maybe in Jerusalem or Judea, but maybe in one of the uttermost parts of the earth. ■



Before moving to Mozambique **Dr Suzanne Roberts** served with the BMS in Bangladesh, latterly based at Ruhea in the north of that country.

In 1795 Sierra Leone became the first country in Africa to which BMS sent missionaries, but it was a short-lived arrangement, ending within two years. It was not until the 1960s that BMS again became involved, handing over the work to the European Baptist Mission (EBM) about three years later.

EBM now works in partnership with the Baptist Convention of Sierra Leone (BCSL), established in 1974. BCSL has other partners: the Southern Baptist Convention (SBC) and the Christoffel Blinden Mission (CBM). Together with EBM they work in church planting and building, Christian education, development, Bible and theological training and schools as well as in health work.

The work in Kassiri began through the establishment of a

Right: Kassiri, Sierra Leone.

Below: Nurse aid weighing a baby



A VISION FOR THE FUTURE

by Helen Johnston

preaching station in 1974 as an outreach from the main work in Mambolo, upstream and south of the river. Mobile clinic work followed in 1975. Prior to that, the nearest clinic was a government health centre three hours walk away - a long journey in the heat when somebody was ill. A clinic building was erected about ten years ago and the church services were held in the patient waiting hall. Meanwhile, across the road, the church building is in progress.

The need for a doctor for EBM arose when the previous one was unable to return after home leave in 1992. Since I was unable to go to Zaire, I was seconded to EBM to work in the rural health clinic in Kassiri, a town on the northern bank of the Great Scarcies river in north-west Sierra Leone. It is a predominantly Muslim area. I arrived in early 1993.

My first patient was a six day old baby boy with tetanus. His muscles were almost continuously in spasm so that he was unable to feed. His mother was the victim of a temporary failure of government vaccine distribution leaving her unimmunised whilst local medicines had been applied to the

baby's umbilical cord.

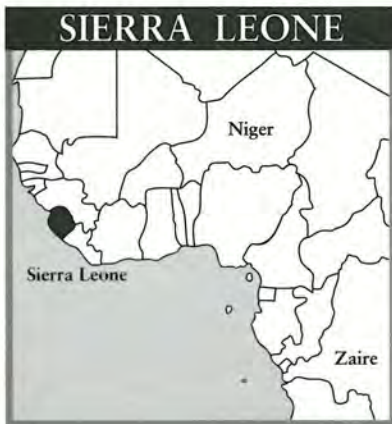
Fortunately, after about a week, he was able to return home fully recovered. This is just one of many conditions I encountered when I first arrived in Africa.

As I try to carry out my work I am thankful for my colleagues - two EBM missionaries, Sierra Leonean nurses, nursing aids and others without whom the work as it is would not be possible. Let me tell you about one of them.

I met Lamin "Mada" Kamara when he rejoined the clinic staff shortly after I began working in Kassiri. He comes from a Muslim family. His father was a farmer who also taught the Koran. Lamin attended the local primary and secondary schools before joining the clinic as a nursing aid in 1986. After a few months, he returned to school to complete his exams, working part-time as a day-watchman in the clinic.

During this time he became a Christian and was baptised in 1987. Fortunately he did not face the open hostility common in other Muslim families.

In 1990 he began training as a State Enrolled Community Health Nurse, qualifying in May 1993.



He is a caring and efficient nurse who endeavours to live as a good Christian example at work and in the community, despite being surrounded by strong Muslim and traditional beliefs and practices.

As Medical Officer, I also travel by *pampa* (a narrow boat for about 50 people powered by

an outboard motor) to the mother clinic in Mamolo where other EBM missionaries and nationals work. We are exploring the area of community based health care/development. We have a vision for the future and plans are in an embryonic stage.

There is great poverty in the country, worse in rural areas. Overall the death rate for children under five is one of the highest in the world at over 25 per cent. We hope that community based health care will be a sustainable and effective way to reduce this and give each child a chance for a better life. ■



Sarah Prentice

by Jenny Wilson

AIDS

Most cases of full-blown AIDS are found in North America, sub-Saharan Africa and Western Europe. But since it takes ten years, on average, for HIV to develop into AIDS the number of AIDS cases is set to rise in other parts of the world by the year 2000.

The World Health Organisation (WHO) estimates that the total number of HIV cases worldwide will have risen to between 30 and 40 million by the end of the century.

The above figures are from a WHO document published in 1992. Latest estimates suggest that there are now 13 million cases of HIV world-wide with 8 million of them in sub-Saharan Africa. However Nigerian churchman, Amos Omodunbi, has challenged these figures. "How are these figures arrived at?" he asked. "Is not this saying that every evil must have a black African origin?"

Who would have thought that working in the CLC bookshop in Paris at the end of my French language study would be excellent preparation for running a Cameroonian dispensary. At the end of my GP training in 1990, when the new GP contract was first being implemented, I couldn't see how it might be relevant to my future work as a medical missionary. Surely medicine in a developing country would be different, more clinical, more patient centred, with less paperwork and administration. How wrong I was.

I've always maintained that health care is not a consumer product, unlike baked beans where one can manipulate that market and hence the profits.

Even in Britain we know that the poor often have the greatest health needs. In Cameroon the

problem is more evident, yet the health system is even more governed by market forces than the NHS is at present.

I arrived in Cameroon to find that I am in charge of two dispensaries with 20 beds each, separated by a distance of ten miles. One is at Ndiki, the other at Makéné. The centres are in chaos financially and, although

my principal job is to consult, I am expected to sort out the administrative muddle and make the dispensaries viable.

The two dispensaries belong to the Union des Eglises Baptistes du Cameroun (UEBC), but the only input from the Church is in administration, not finance. All the money for the dispensaries comes from the sale of drugs, laboratory tests and patients admitted. This income has to pay for salaries, equipment, maintenance, electricity and, of course, the replacement of the drugs used. The dispensaries are expected to function as a business, even to make a small profit, but the present economic situation in Cameroon, combined with a good measure of dishonesty and corruption amongst previous personnel, has meant that I have inherited debts - debts for drugs bought at credit long since used up and debts for taxes not paid for two years. If the dispensary is a business, as we think of a business in the UK, then we are bankrupt, finished and should be closed for ever. But health care doesn't quite fit the mould of a consumer product so we battle against all odds, just surviving.

How do we survive? I really don't know. Patient numbers are low because they claim we are too expensive, but where do they go instead? Often the answer is nowhere. They suffer in silence.

You may ask, "But doesn't the Church help you?" The answer is yes and no.



Jenny Wilson providing health care for people in Cameroon.

AGAINST

Others go to traditional healers and witches and many to the market to buy cheap Nigerian copy drugs. The end result is confusion and unnecessary expense. I still think back to my first month here when I saw a malnourished two year old whose parents told me that he had been prescribed red wine to thicken his blood. He came too late for our treatment to work, yet malnutrition shouldn't kill in southern Cameroon where there is plenty of good quality food.

So how are we trying to solve the problem? One way is to drop the prices. We have done that and patient numbers are increasing but how far can we go when the Cameroonian government wants to ban imports from IDA, our cheapest source of World Health Organisation essential drugs. Other suppliers in Cameroon are expensive and unreliable. Now, with the devaluing of the currency, prices can only go up further.

You may ask, "But doesn't the Church help you?" The answer is yes and no. Why is it that those in the Church have the largest debts, don't try to pay and bring to me their request for abortions and treatment of sexually transmitted diseases? It surely reflects the general state of the Baptist Church in Cameroon. But yes, we know that the situation is upheld in the prayers of many Christians in

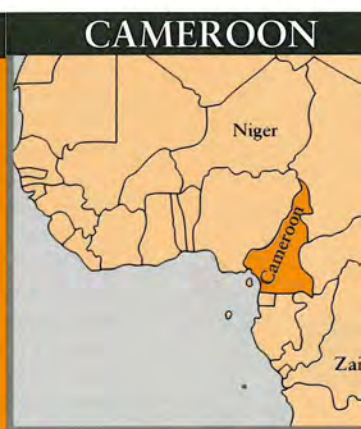
Cameroon and around the world. God is there and listening.

So what are my conclusions? What is the way forward? I still don't know. Any suggestions on a postcard please. What I do know is that God has the dispensaries at Ndiki and Makénéne in his hands, along with the Church in Cameroon and, in his mysterious way, he will show us the way forward. ■



Child and mother clinic in Cameroon.

AIDS WORLDWIDE		
<i>HIV INFECTIONS - since the pandemic began</i>		
Adults	9-11	million
Children	1	million
Sub-Saharan Africa	6.5	million
Latin America and the Caribbean	1	million
South and South-East Asia	1	million
<i>Those who have reached final stage of HIV infection (AIDS):</i>		
Adults	1.5	million
Children	0.5	million
Sub-Saharan Africa	1	million



ALL ODDS

Caring

for Missionaries

by David
Wilson,
BMS
Honorary
Medical
Officer.



Whenver anyone makes an application to work through the Baptist Missionary Society they are given a comprehensive medical examination. Then before they go abroad, we ensure that they are fully immunised, given health advice according to the country where they will be working and, if going to a tropical country, given malaria prescriptions.

We assure them that if they have any health problems or any concerns about their health they can just write to the BMS Medical Department for advice or for help in obtaining medical supplies.

When they return for home assignment they again have a medical examination. Treatment is arranged for any health problem they may have.

Missionaries almost invariably pick up bowel parasites because of the unhygienic conditions in which they live and work. But I hope that all boil and filter drinking water to combat blood sucking parasites that inhabit the intestines causing anaemia and undermining general health.

Another important health issue is AIDS. A small but increasing number of doctors and nurses have been infected by HIV. This has not happened in BMS but we have to be aware of it. Our doctors and nurses have to be careful not to prick their finger, particularly during operations.

When a doctor tried to get medical insurance for Africa he was refused. He was told that if he intended to work as a surgeon in Zaire no insurance company would be interested because the risk of contracting AIDS.

All our missionaries are sup-

plied with syringes and needles so that if they need an injection, they can ensure it is given with sterile equipment. We have also arranged for pregnant mothers to come home to have their babies rather than risk a blood transfusion where there is no guarantee that blood is not infected by HIV.

All BMS missionaries have a psychological assessment. They will be exposed to considerable psychological strain by being away from home, family and working in an unfamiliar culture. They are going to be in conditions of psychological stress and we have a pastoral responsibility for them.

One missionary said the biggest stress came from having to live alongside and work with expatriates from different nationalities. This was more stressful than living with local nationals.

Another cause of stress is the relative affluence of a western missionary compared with most people who live in the two-thirds world. There is the sheer misery of seeing people who live in abject poverty, children who are brought up in conditions of hunger and infants dying in their mother's arms from sheer starvation. It is bad enough seeing such things but it is even worse when you realise that, whilst you are able to live adequately, even if you gave everything away that you have your contribution would merely scratch the surface of world poverty.

Medical staff are trained in the UK with modern equipment and all the sophistication. Then we go to the two-thirds world where we can provide a valuable function, but at a very different level from where we have been trained. If we had the resources available in the UK, so much more could be done.

Another issue is physical

danger. Although there are more vehicles on the road in the UK, they are in good condition and driven in a reasonable manner. In Albania thousands of vehicles are being brought in, mostly failed MOT types, and sold cheaply.

There is no highway code in Albania and no driving test. If they can make the car go they do. You can see grown men in their 40s and 50s driving their newly acquired first car up and down the main street, not going anywhere just demonstrating to all that they are now a car owner. The local population has been used to walking in the centre of the road, just moving out of the way of the donkeys and horse-and-carts.

In other parts of the world missionaries often have to travel long distances over dangerous roads where facilities for maintaining vehicles are not like in the UK.

BMS has a strong pastoral concern for the physical and spiritual health of missionaries. They are important and precious people. We have a responsibility to care for them in every way we can. ■

BMS MISSIONARIES WORKING ON HEALTH PROJECTS

NEPAL

Sue Frame, Isobel Strang, Andrew and Linda Mason, Ian and Sally Smith, Ruth Berry.

AFRICA

Adrian and Sylvia Hopkins, Central African Republic; Alan and Ruth Wood, Niger; Brenda Earl and Gwen Hunter, Zaire; Helen Johnston, Seirra Leone; Andrea and Mark Hotchkin, Guinea; Andy and Jenny Wilson, Cameroon; Suzanne Roberts, Mozambique.

ALBANIA

Chris and Mairi Burnett, Gill Thurgood (volunteer)

BRAZIL

Mary Parsons

ASIA

Phil Commons and Sue Headlam, Bangladesh; Ann Bothamley and Betty Marsh, India.

Discussion Starter.....

1 The World Health Organisation has defined health as "a state of complete physical, mental and social well-being.." (see Bible Study on p 12). If this is so, who is healthy? What about those who suffer from a disability? How would you describe a "healthy" person.

2 Suzanne Roberts says that her vision is to be "Christ's person within the health service in whatever capacity." (p4). A modern poet, Pierre Emmanuel has declared that "medicine today enjoys the prestige of the magician and electronic engineer, yet it loses sight of the invisible individual: fails to correlate old wisdom and new knowledge: and does not recognise the existence of the potentially sick." What can Christians offer to any health service anywhere to redress the balance. (see Making Waves, p 23).

3 It has been said that "the problems of health and development in Africa are the problems of mankind - of the relationship between the North and the South, of society and human values, of politics and ideology, of leadership, of transfer or lack of transfer of technology, of mismanagement, lack of planning....." In the articles from Africa (pp 3,6,8) the vision of Christians who run different health programmes is frustrated by economy and politics. Is there anything "politically" we can do to redress the balance?

4 In Sierra Leone "the death rate for children under five is 25 per cent." (p7) In an average western country like Britain the rate is 1.5 per cent. In the devel-

oping countries, 140 children die from malnutrition and associated causes every year and over 300 million are chronically hungry. In Europe, ten per cent of infants are classified as obese and another 20-30 per cent as overweight. Looking at health work in Cameroon, (p 9) Jenny Wilson asks, "What is the way forward? Any suggestions on a post card please." In light of the above, how do we answer her?

5 In the developed world, Africa, which used to be known as the dark continent, is often portrayed as a place of dark problems. A Nigerian, Amos Omodunbi (p 9), amongst others, has complained bitterly about this. "Is not this saying that every evil must have a black African origin." Griff Fellows (p 23) talks about the "Upside as we see it." What "upsides" can you think of?



Double Take Double Take

D **DOUBLE TAKE?** Double Take is a way of using the Herald to consider, more deeply, the theme which is highlighted each month. Whether used privately, within a missionary or house group, or as part of Sunday worship, the hope is that a better understanding of the issues will lead to a change in attitudes, a commitment to prayer, to involvement in mission and to action.

Bible Study



A definition of health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. From the constitution of the World Health Organisation.

Spend some time discussing the WHO definition. Is it adequate? As a Christian, is there anything you would add? Try writing a definition of health from the Christian point of view.

Now read Mark 1:40-45

If you want to, you can make me clean. (v.40)

This is the act of a desperate person. Down on his knees, he begs Jesus for help. Is it just to be cleansed of his skin disease, or is there more to it?

What must it have been like for a "leprosy sufferer", an outcast, marginalised, living on the edge of society, shunned by "normal" people, an untouchable? This man had not experienced any human contact for years. No one had dared to come near to him for fear of catching his disease. His condition had social implications.

It had religious implications too. "This man must have sinned badly to be punished in this way." And because he was unclean he was excluded from the synagogue or the temple and unable to perform his religious duties according to the law.

Who are the marginalised today in our society and in the wider world? Do we regard anyone as "untouchable"? And how many do we exclude from our churches because they don't fit in?

Jesus was filled with pity...(v.41)

Some versions translate it as: *Jesus was filled with anger.* It is surely both because Jesus' feeling was not soft, helpless sentimentality. He felt strongly about what people were doing to this man - their cruel rejection, the way they saw him as less than human, not worthy to be at the centre of a warm, caring community.

How often do we feel angry about

the way people are treated in our world? Contrast the way in which BMS is able to care for its missionaries (p10) (and the health care available to us in the UK) with the health care problems of a poor country like Sierra Leone (p6) or the war weary country of Mozambique. Does this makes us angry? What can we do about it?

"If you want to, you can make me clean."... He stretched out his hand and touched him. "I do want to," Jesus answered.

Anger and pity and tears are not enough in themselves. They are the way we are motivated into action. Here the reaction of Jesus to the man's plight is to reach out and touch him.

And the man was healed of his disease, but there was more meaning than that in the touch. By it Jesus brought him back from the brink into the heart of the human family. This first human contact in years swept away all the loneliness and misery. He belonged once again to the human family, to God's family.

Can we blame him then for rushing off to shout his good news to the rooftops? Celebration always follows



a meeting with Christ.

Does our anger lead to positive action? Are our tears agents of healing for

someone else? In what ways should we be reaching out, in the name of Christ, to touch the lives of today's outcasts that they too may be able to rejoice in the good news of his healing wholeness?

Back to the beginning.

Look again at your definition of health. Are you satisfied with it? Or, in the light of the Bible Study, is there anything you would like to change? ■

Action Points

1 Happy Birthday to you.

Have you thought about joining the *BMS Birthday Scheme*? It is a way to thank God on your birthday, by giving an offering back to him, which is then used for BMS medical work. A lot of churches have a BMS Birthday Scheme Secretary, and if yours is one that does, contact him/her for more details. Basically, you tell him/her when your birthday is; and when your birthday arrives, he/she will send you a special BMS



birthday card, with a gift envelope inside, which you hand back to the Birthday Scheme Secretary or Treasurer.

If your church does not have the BMS Birthday Scheme in operation, what's to stop you starting one?

Last year the Birthday Scheme raised over £190,000 for BMS Medical work.

For more details about any aspect of the Scheme, contact BMS Didcot (0235 512077).

2 The listening friend

We may not have the academic qualifications, inclination, or even a strong enough stomach to work in the medical profession. But if we believe that healing is not just something that is to be applied to physical wounds, but rather is wholeness, reconciliation, salvation and well-being, we can all minister to one another to bring to effect these things in each another. Whatever your situation, think how you can help your fellow beings, and when tragedy strikes, think how you can be the one who is the listening ear, the shoulder to cry on, the one who is simply there, not necessarily saying or doing anything, but BEING there.

3 Contact lens wearers skip this one

Your old spectacles can be used to bring sight to someone else in the Third World. Don't just leave them at the back of a drawer! Donate them and let the new owner have a whole, bright, new outlook on life.

Send your old specs to: Mr Thomas Slade, 12 Priory Way, Hitchin, Herts, SG4 9BH. (No hard spectacle cases please).

4 Even operating tables can be recycled...

Herald readers who work in the Health Services or in medical professions generally, might like to know that BMS works alongside an organisation called ECHO International Health Services, which supplies medical equipment to all developing Third World countries. If you know of any medical equipment that is due for disposal at a local hospital or medical work place, please notify them. Suitable and appropriate items will be collected by ECHO and reconditioned for a new life in overseas hospitals. Contact: Maureen Cooper, Secretary to Supplies Manager, ECHO International Health Services Ltd, Ullswater Crescent, Coulsdon, Surrey, CR5 2HR. Tel 081 660 2220. Fax 081 668 0751.

5 Coffee break time

You may or may not be aware that a previous BMS General Committee voted to support the boycott of Nestlé products, and in particular Nescafé coffee, as part of the campaign to put pressure on Nestlé to change its baby milk marketing practices in the Third World. The Nescafé boycott petition has recently been relaunched and will be presented to Nestlé's board and shareholders at its AGM on 26 May. You could help by collecting signatures for the petition, or distributing leaflets. More details from Baby Milk Action, 23 St Andrews Street, Cambridge, CB2 3AX. Tel. 0223

464420.

A word of warning: if you write to Nestlé yourself, don't be surprised if the letter back to you is full of some very seemingly convincing arguments as to why they should carry on what they are doing.

6 And finally... If you are interested in the issue of health and healing, and would like to meet together with other like-minded people, there is a Baptist Union Health and Healing Fellowship which organises regional conferences, and church based seminars. Write to the Secretary, Revd Michael Jones, 13 Brassey Road, Broadstairs, Kent, CT10 2DG for more details. ■

Double Take
Double Take



LINK-UP

Evaluation! Who needs it?

"Hello! Can I speak to the World Mission Link Organiser? We've just had a Link-Up visit. You sent us a form and I can't find it. Do you really need me to fill it in, after all you know the visit happened?"

Yes! We really do need it.

When World Mission Link was introduced we stressed that all parts of it would be monitored and evaluated to that the programme could respond to the needs of the churches. Evaluation forms are one way of doing it.

This is your opportunity to comment on what has happened, to say what needs to be changed and, most important, to point out what other things are needed to help people and churches to get more involved in world mission.

Will BMS listen to us?

- Churches told us they needed ideas, activities, Bible studies, children's material. We have now put together a Power Pack. Have you got your copy?

- Link-Up groups have had an input into our visit bookings are done. They have offered ideas on programmes for missionary visits.

- Those attending training days have helped guide each year's programme content.

- Staff Teams continue to evolve in the light of comments received.

So please fill in your evaluation form!

A healthy World Mission Link programme needs to hear from all those who are involved - churches, Link-Up groups, missionaries, missionary secretaries

Worship.....

Drama

Dramatise the Bible Study reading on page 12 (Mark 1.40:45) or the following story in Mark 2. Depending on how large your group is divide into two or three teams. The first team can act out the story as at the time of Jesus; the second team from an African or developing world point of view; and the third team as of today in the UK.

Prayer

Get different people to read the articles *Being God's Person and Witness* (p3), *A Vision for the Future* (p6), *Against all Odds* (p8) *River Blindness* (p16) and *Caring for Missionaries* (p10). Then ask them to suggest items for prayer perhaps reading a few sentences from the articles to illustrate their concern. No more words need to be said. Just pray in silence for a few moments.

Read the latest letter from your Link-Up missionaries and pray for their physical, mental and spiritual health.

And Jesus said to him, "What do you want me to do for you?" Mark 10.51

*What a question and what an answer!
 "I want my sight back!"
 Nothing complicated,
 no wistful longings,
 no vague wonderings,
 just straight talk
 from one who yearned to see.
 Lord, is that what you want today?
 people with a desperate need
 for change
 for life
 for health
 and with enough faith
 to know that you can reach out
 to touch and heal?*

Therefore, having this ministry, by the mercy of God, we do not lose heart.

2 Cor 4:1

*It's easy to lose heart in Zaire
 where money is scarce
 and medicine expensive
 and where people must choose
 between feeding a family
 or healing a child.*

*Lord, be with the Church
 in its ministry of healing today,
 may each hospital and clinic
 be places where people come first
 and where doctors and nurses
 bear witness
 to the truth of your love.*

(David Pountain, BMS Prayer Guide 1994)

Meditation

"Christian health begins with a recognition of Christ's unique concern for the whole person and the implications of seeing each illness as a disturbance which touches all the physical, mental, social and spiritual facets of the human person. Reconciliation is central in healing. There is the need for reconciliation with our neighbours, with ourselves, with our bodies, with the environment and with God."

Spend time, before God, thinking about broken relationships, with your family, neighbours and friends. Bring to him your unhappiness with yourself, your life and circumstances. Seek forgiveness for anything which comes between you and God. Ask for guidance and strength to build new bridges of love and understanding with others. ■

Another quiet

WEEK

Not so QUIET this week

I wish I could say it's been another quiet week on the CBFZ compound, but I can't. It hasn't. It's the infernal hammering in the boatyard down below. Someone keeps hitting metal sheets with a large hammer. They can't be nailing them together, surely! This isn't one of your Tyne and Wear style boatyards. They just build one boat at a time, like Noah. It gradually rises from the ground to the level of our compound. Only Noah made a quieter job of it. You don't read of anyone complaining, only mocking.

Then below the boatyard is the river, tall grass at the edges. Right next door, to the left, is a small port, which services barges plying the river as far as Kisangani. There's been a couple of these in port this week. That means crowds of people bustling and jabbering during the day with loading and unloading going on. Then at night someone has a radio going. All night as far as I can tell. Whenever I wake up it's the same music. Loud, rhythmic and jangly. To the uninitiated it sounds like they only know one tune. They just put different words to it. You can hear the same music coming from any bar in Kinshasa.

Also Jean (as in French), the odd-job man, has had a spot of bother this week. One morning he arrived for work breathless and in a state of some agitation. He said he'd been attacked by bandits. That's local parlance for small groups of petty thieves and muggers. They don't mean you any harm. They're not vicious. It's just your money they want.

I asked, Where? Just up the road. I asked what happened? He said they'd snatched his cap and



Down by the river, Kinshasa, Zaire.

told him to stay away from them. From the fact that his grubby baseball cap was manifestly in its place on his head, whereas his shirt had been half-ripped off his back, I concluded he had put up a spirited resistance. But he was shaken. I went in and found a brown T-shirt. You don't see many T-shirts that colour. This one had a maple leaf on it and BWA. I bought it in Toronto in 1984. Good quality. It still had plenty of wear in it. I told him to take the day off and to pick a different route to work in future. He quite cheered up.

Next day Jean asked why the pastors and authorities didn't do something about bandits. I said that pastors preached against stealing but bandits didn't come to church. He thought that was a cop-out. I said that it was the State's responsibility to guarantee security. They controlled the forces of law and order, who were armed. The Bible was clear on that. I could have thrown Romans 13 at him, but I refrained. He said that they were the first to harass the population for money, on the slightest pretext and that they had, on two occasions, now gone on a looting and pillaging spree. How did I explain that?

He had me there. I couldn't answer. You can't win them all. As a face-saver I mumbled something about there being a place for lay Christians to put their faith into practice in all walks of life and at all levels, but it didn't help. He felt I was clutching at straws. I hadn't answered his question. He went away muttering.

Come back St Paul, we need you! By the way, that banging seems to have stopped for a bit. Maybe we shall get a quieter week this week. ■

*From our special correspondent,
Owen Clark, in Kinshasa.*

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by Adrian Hopkins

Those who watch Blue Peter regularly will remember that there was a project to help River Blindness in Mali not so long ago. River Blindness is found in many countries in West and Central Africa including the Central African Republic (CAR) just to the north of Zaire.

River blindness is caused by a parasite that is transferred by a black fly that needs fast flowing or turbulent water to breed. The fly is appropriately called *Simulium Damnosum*.

The females also require blood as part of their diet! Hence those people who live or cultivate gardens alongside rivers where the blackfly breeds are at risk of getting the parasite.



Blindness occurs when the numbers of parasites build up in the body over a period of years due to bites since early infancy. This means that often those who go blind are in their late 30s or 40s just when they have

young families to bring up. Once a person is blind it is irreversible but with modern treatment (the drug Ivermectin or Mectizan), the effects in the eye can be arrested so that those who are not yet blind can have their vision preserved.

On my first trip out, one afternoon, visiting some of the villages around Bassangoa in the CAR, where we now live, I saw 37 blind people. I just stopped in a village unannounced and asked if there were any blind people around and then examined them. Of these 37 all were irreversibly blind due to River Blindness. I am told that in

one village half of the congregation in the local church is blind. In the north west of CAR we have found that in most villages between 70 and 100 per cent of the population have the parasite so it is usually necessary to treat all the village.

Since May of 1993 we have treated over 200,000. This treatment however needs to be carried out every year so this year, since we hope to double the number of people treated, we also need to look for ways of sustaining the programme for the next ten to 15 years.

As well as River Blindness I am also involved in regular eye clinics and eye surgery as I was doing in Zaire. Over the last year we have visited almost every corner of the country except for the north east where the population is very sparse.

Life is full, challenging and exciting. The Christoffel Blindenmission, who largely supported the eye work I was doing in Zaire, have been asked by the government to run the whole national programme in the fight both against River Blindness and blindness due to other causes. This is an interesting situation for me because I have to run the programme and relate closely to the Ministry of Health.

Having had the door shut as far as working in Zaire, but still feeling very much led as a Christian to work in Africa still, this present job has been a continuation and an extension of the work we were doing in Pimu and the area around. If we can reduce blindness in the population from a level of over two people in every 100, (much higher if you limit it to adults only) down to perhaps one in a 100 in the space of ten years the work will have been more than worthwhile. ■

River
Blindness



Above left: Eye patient at Pimu hospital Zaire, and (Below) Adrian Hopkins doing the rounds at Pimu.

CALL TO PRAYER

Do not be amazed; you seek Jesus of Nazareth, who was crucified. He has risen, he is not here. Mark 16:6

*Risen Lord
we praise you!
You are alive and active
and working with people
in Albania
where we thought
all was dead and dark
and where women and men
are encountering your good news
in a hospital
in an agri project
in a Bible study
and in dedicated
Christians
who are making you
known
in word and deed.*

WEEK

13

March 27 - April 2

AFRICA GENERAL

Africa is the "forgotten continent." While the eyes of the world are focused on Eastern Europe, particularly on Bosnia, greater tragedies are being played out in Africa. Last year, the United Nations described conflict in Angola as "the worst war in the world." At the same time, Zaire has been groaning in agony. Unable to solve its political problems its economy is in tatters and ordinary people are those who suffer. Similar problems plague other African nations where strong leaders are loathe to leave office. Nevertheless we rejoice in the peace which has arrived in Mozambique and Namibia and in the progress towards multi-ethnic democracy in South Africa.

The Church too is growing rapidly on this continent, evidence of a shift in the Church's centre of gravity from the prosperous north to the poorer south.

WEEK

14

April 3-9

ALBANIA

Easter and we rejoice in new life with the people of Albania who suffered the stifling deadness of a repressive Communist regime for over 40 years. As they struggle to understand how to use their new freedom we pray that they may discover the liberty which Christ offers to them. The European Baptist Federation has brought different Baptist groups together to work in Albania. The first workers were BMS doctors Chris and Mairi Burnett. They have been joined by

Glyn and Gill Jones, working at the Agricultural University; Heather and Rider Rogers, who will be doing evangelism and church planting; John and Lynne Thompson working at English Language School project and Gill Thurgood who is a nurse. They are part of an international team including Pastor Saverio Garna from Italy who had the joy of baptising a group of new Albanian Christians last autumn.

WEEK

15

April 10 - 16

ANGOLA

News from Angola is intermittent. Even the newspaper seem to tire of reporting the situation in a country which has known

over 30 years conflict. The warring sides agreed to peace in 1992 but UNITA refused to accept the results and in spite of all efforts by international peace-brokers the conflict was renewed with increased vigour. Children and the old are suffering particularly, especially in those cities which have been under siege for many months. Thousands are dying each week. The economy is in tatters and, in the present world economic climate, will take years to recover.

Baptist churches are maintaining a positive witness in spite of the conflict. They are sharing their faith in serving the needs of people, in evangelism and church planting. People are turning to the gospel as the "only hope" and Sunday services are packed.

WEEK

16

April 17 - 23

PEOPLE IN MISSION

The BMS now has a Department for Missionaries headed by Sian Williams, the new Director. Andrew North, former missionary in Zaire and recently minister at Wellingborough, has just joined her and together they will be responsible for all matters relating to missionaries and missionary candidates.

We thank God for the way people of different ages and backgrounds are hearing the call of Christ to "go to all nations to make disciples..." For people are still needed by our partners overseas to strengthen their outreach and service in a variety of situations.

This week we remember missionary candidates going through a period of preparation and training and for those who are now

engaged on language study.

WEEK

17

April 24 - 30

BAPTIST ASSEMBLY

The theme of this year's Baptist Assembly, which is being held in the Royal Spa Hall in Bridlington, is "Out with the Church - the Word in the World." During the Assembly, the Revd Eric Watson will be inducted as President of the Baptist Missionary Society, and the Revd Stephen Gaukroger will be inducted as President of the Baptist Union of Great Britain.

Continuing the pattern of last year, the afternoons will be given over to a varied seminar programme. The Missionary Sermon on Tuesday will be preached by Mrs Evangeline Raj Kumar. On Wednesday evening, during the World Mission Evening, the new BMS management structures will be introduced, missionaries will be farewelled and the overseas work of the Society will be featured. The Annual Members' Meeting of the BMS will take place on Thursday morning.

Correction for Week 10 (see last month). Peter and Valerie Harwood are living in Kathmandu where Peter is managing the Butwall Power Company.

Alison Maclean and Tim Lehane are based at KHIMTI on a new hydropower scheme.

CALL TO PRAYER

**1994
Prayer
Guide
Update**

(Week numbers correspond with those in Prayer Guide)

TEN THOUSAND POUNDS? NO PROBLEM!

Can you raise £10,000 in two years? You can if you are an enthusiastic group of young people from Lancashire and Cheshire.

Each year, the new president of LACABY (Lancashire and Cheshire Alliance of Baptist Youth) elects a project for the young people to support, through getting informed about the project and doing something practical.

Well 1991-92 was elected as "Window on the World" to



look at the work of the World Church - it was the time leading up to the BMS BiCentenary.

LACABY wrote to BMS to find a project linked with El Salvador and were told that James and Susan Grote needed a vehicle. The Grotes could obviously not wait until the young people had raised some money so LACABY decide to replace the cost to BMS. The amount was £10,000 - a tall order.

The project took off and a group of young



people decided to find out about things for themselves. Through the Summer 28:19 programme they visited El Salvador and had a "whale of a time" which changed their lives.

El Salvador, having suffered greatly through the war years, was in an uneasy state of peace. They had been briefed about the situation but were amazed at what they found. The country was war-torn and many people had "lost!" members of their families. "Lost" being the word for some who had died whilst other had just disappeared.

But still the Church was growing and lively. The group split up and worked with pastors and church-workers, visited orphanages and did Christian drama, and sang and learnt songs in Portuguese. They cried and laughed with the people as they learnt of the atrocities and the wonderful way people had and still react to these horrors. They were deeply moved by the garden of roses planted by the man whose wife and daughter were slaughtered with the six Jesuit priests. They met James and Susan and the boys, saw the vehicle and some of the work they could now do because of it. They also presented a Bible to them, a gift from LACABY.

In just four weeks they learnt to love the people and the country.

At the beginning of September 1992 at the LACABY Assembly I was presented with a cheque for £2,000 to offset the cost of the vehicle. I was overwhelmed and said to myself: "Well, if they manage to raise anymore it will be great, but £8,000 in one year is out of the question." Oh ye of little faith!

The El Salvador group, as they became known, with supporters visited many churches and some schools, sharing and presenting BMS and El Salvador in a most moving and yet alive way.

They even crossed the Pennines and gave the presentation at the Yorkshire Association Assembly. Everywhere

they went the reaction was the same - deeply moved people wanting to help.

Money came rolling in. People were moved to action. One dad did a sponsored cycle around the churches in his area and ended at the Assembly in Lytham-St Annes. Another dad did a sponsored golf-day visiting 18 different courses in the Association and doing one hole at each.

And so, at the end of the second year, the cheque for BMS was £8,000. They had done it! The whole cost of the vehicle had been covered.

LACABY you are wonderful. It is so good to see young people who are enthusiastic and full of God's love and who care about others. Thank you for the work you all put in to achieve this wonderful amount.

"No problem," said one as I thanked them all. "No problem."

Can you and your young people do something like this? Do you know about the BMS 28:19 Year and Summer Teams? If not, find out by writing to BMS. But be careful. You never know where and what it could lead to! ■

Cath Mawson, BMS Representative for the North of England.

VISIT TO LINK MISSIONARY

Last year, Angus Creighton, a deacon of Calderwood Baptist Congregation, East Kilbride, spent a week with the McDougall family in Joinville, Brazil.



Angus is a prison social worker and was awarded a Winston Church Memorial Trust Travelling fellowship to research a prison in Sao Jose dos Campos, near São Paulo.

The visit to Brazil gave him the opportunity to visit the McDougalls, who are linked with the Baptists churches in the East Kilbride area.

"Brazil is a country of young people and children," wrote Angus Creighton. "They make up 70 per cent of the population and the McDougalls give them priority in their church planning ministry.

"The backbone of the new work at Costa e Silva is the all-age Sunday School where everybody studies the Bible. Vincent McDougall gives special attention to the Baptismal class.

"Sharing the family life of Vincent, Sadie and Ross was a great blessing. Missionary life is costly. Kyle McDougall is at school in Sao Paulo, 400 miles away. Missionary life is also very practical. I saw the way the McDougalls cared for a family with three young children who had serious medical problems.

"Vincent has two weekly radio programmes with a potential listening audience of three million. Whilst I was there he spoke over the radio on what the New Testament says about the family, particularly appropriate for Brazilians who make a lot of family life.

"He told me the story of the Brazil nut which actually contains 24 segments. One of the segments puts roots out through the strong outer casing. The other 23 segments sacrifice their nourishment to feed the one as it tries to root itself. Vincent said, 'The message of the Brazil nut is that we need your commitment and sacrifice as we seek to plant God's Church in Costa e Silva.'" ■

ARACAJU 1994

During January, the port capital of Sergipe hosted the 75th Brazilian Baptist Convention. Over 2,800 delegates, representing all the states in Brazil, took part. The pre-Convention programme included meetings for men, women, pastors, educators, musicians and those involved in social action.

The opening ceremony was attended by over 5,000. It was held in an indoor sport's stadium. The State Governor was present and decorated the pastor of the First church in Aracaju with the highest award the State confers.

The Convention theme was *Preserve the family - save the world*.

The highlight of the Convention was the inspiring report by the Brazilian World Mission Board. They now have 147 missionaries serving in 28 countries. Three new areas of work were reported: Ukraine, Botswana and the Arab peoples in South America.

The most dramatic moment was the testimony of Nalzira, a nurse who was captured by rebel forces in Angola and disappeared for several months. Her stories of the suffering of the Angolan people, of the faith and courage of the church and of her own experiences created a tremendous impact.

Less edifying, but just as important, were the constitutional changes and the acceptance of a document setting out the philosophy of the Convention. The economic crisis has put the publishing department and the communications division under tremendous pressure. It was the first Convention for the new General Secretary, the Revd Salvo Bernard.

The most controversial issue was a motion calling for action over "the penetration of Pentecostal and charismatic doctrines and practices into Baptist churches." The last time this was debated at a National level it resulted in 165 churches leaving the Convention. Although that was 30 years ago it is still a sensitive issue. The question has been referred to state conventions. A report is to be given at the next assembly. Stand by for fireworks. ■

OFF THE BEATEN TRACK NOT OUT OF THE WOODS

The current total for this year's Women's Project Off the Beaten Track is £13,170. We are grateful to all the women, and others, who have supported this Project so far. However, to reach our target of £30,000 we need another wave of enthusiasm. If you have not already seen it, ask BMS for the booklet, full of stories and interesting ideas.

Visit the real Brazil, meet the real people, make a real difference, in the name of Jesus. ■



ROOFING PROBLEMS

The building of the new chapel at Parque Marinha, Rio Grande, in the south of Brazil, has fallen behind schedule.

Roger and Angela Collinson wrote at the end of January, "Our aim was to have the chapel walls and roof completed by Christmas, or, at the latest, the beginning of January. For a variety of reasons we have still not finished the roof."

The building work, which is being helped by a donation from the BMS BiCentenary Fund for the Future, ran into difficulties with the roofing in November and December because of the problem of spanning an area of twelve metres square.

"However, we are nearing the end and February should see the roof finally in place."

Roger and Angela ask for prayer for the people as well as the building work. "We are re-learning the truth of something written by Eugene Peterson: It is not difficult to get a person interested in the message of the gospel: it is terrifically difficult to sustain the interest." ■

WHO ARE THEY? HAVE YOU TOLD US?

Have you appointed a new Missionary Secretary, Birthday Scheme Secretary, BMS Magazine Distributer, Young People's Secretary, Treasurer, or anybody else in your church?

And have you told us about it? We can't write to the right people unless we know who they are. It doesn't matter if you think someone else might have told us. Better for us to be told twice than not at all.

BMS, PO Box 49, Baptist House, Didcot, Oxon, OX11 8XA

PLEASE NOTE THAT:

NAME

ADDRESS

..... POST CODE

HAS BEEN APPOINTED AS (Position)

FOR BAPTIST CHURCH

SIGNED

If you wish to inform us of more than one appointment write the information on a separate piece of paper and send with the above.

Christian Perspectives on Disaster Management

Editors: Ian Davis and Michael Wall
Publication sponsored by: Interchurch Relief and Development Alliance and available from Tear Fund.

The book follows a logical sequence. It begins by dealing theologically with the question of suffering, disasters and the poor then proceeds to biblical disasters. Of the five main disasters dealt with, one is from the New Testament and four from the Old Testament. This would seem a reasonable selection because, according to my computer, the word "disaster" does not occur in the NT of the *Good News Bible* whilst it occurs 104 times in the OT.

Referring to the role of the church in development programmes, the authors face up to the real life situations. Many aid workers discover corruption and the authors make some useful suggestions. They acknowledge that, in the handling of money, corruption can occur and suggest that the pastor should not automatically be in charge of funds, preferably a qualified person.

They say that disaster situations should not be exploited for evangelism. Furthermore there should be no discrimination in the distribution of supplies. Relief work should be in the context of taking the Good News of Jesus to all people.

There are sections dealing with kindness, respect and impartiality. So it is surprising that, in this major Christian manual on disaster management, a differentiation should be made between working with non-evangelical and evangelical groups. However, they do say that so called evangelicals sometimes have limited management experience.

The second section deals, in more technical terms, with the knowledge needed by aid workers. The expected topics are there including shelter, nutrition, health, water and sanitation. There is a noticeable omission in that "communications" is not mentioned. Disaster areas often lose their terrestrial telephone links. Hence portable short-wave radio and satellite communication terminals have to be brought in and put into immediate operation. ⁽¹⁾

The final section deals with the implementation of the previous sections, that is the actual management of disasters. Here are familiar words to those already involved in management, team building, goal setting, project design and financial accountability. These and other associated topics are explained.

The editors have put together a very interesting and factual book which satisfies their title. Christian perspectives are well presented and biblically supported.

Aid workers will find it encouraging and refreshing, whilst it is a good training manual for prospective aid workers. It is important too that those not actively engaged in aid programmes should read it. It may well influence their attitude towards aid.

John R G Corbett *Ross-on-Wye*

(1) **Where there is no telephone**, by John Corbett, has been revised and reprinted. It is a handbook on short wave radio communication for mission and aid agencies in developing countries. John set up the radio telephone network for the Baptist Community of the River Zaire.

Where there is no telephone is £5.50 from: Baptist Missionary Society, PO Box 49, Didcot, Oxon, OX11 8XA.



Sculpture class at Eltham College.

ELTHAM COLLEGE CONCERT

The Choir and String Orchestra from Eltham College, where so many missionary sons have been educated over the years, is to hold a concert at Bloomsbury Baptist Church on Wednesday 23 March at 7.30 pm.

Barry Hibbert, minister of Bloomsbury Baptist Church, said, "Because of Eltham's long association with the Baptist Missionary Society, we have agreed that the retiring offering will go to the Society, designated for urgently needed relief and development work in Zaire."

If you are able, please go along and support the "school's young musicians who are preparing an excellent programme."

CAREY REUNION

When the BMS celebrated its BiCentenary with a service at Westminster Abbey, several of Carey's descendants met for the first time. The result? Several hundred of them met again last October for the first annual reunion.

One of them, Mrs Carey Graziano of Palermo, Sicily, is now busily working on a Carey family tree. In a letter to the *Herald* she speaks of

her grandfather:

"I am interested in buying secondhand copies of some of my grandfather's - Samuel Pearce Carey - books, all now out of print except for *William Carey* which was published last year in a new edition."

Mrs Graziano is particularly interested in *Dawn on the Kond Hills*, *Jesus and Judas*, *Jesus and Samuel Pearce*.

If you have copies of any of these books which you are prepared to sell or donate let us know and we will forward the information to Sicily. But *please* do not send copies to Didcot!

BMS STAMPS BUREAU

Last month we reported that Mr Mervyn Mason had given up his responsibilities for the BMS Stamp Bureau. We have learned also that Mr David Hammond has also retired. We are very grateful for all that they have contributed to the BMS through this work.

In future the co-ordination of the kiloware side of the work will be undertaken by Mr David Beaumont and future consignments of stamps should be sent or brought to the BMS Stamp Bureau care of the *Baptist Missionary Society, PO Box 49, Baptist House 129 Broadway, Didcot, Oxon OX11 8XA*.

Mr Richard Camp continues to be responsible for the Retail Sales



Department and collectors wishing to buy any items should contact him at 3 Barnfield Crescent, Wellington, Telford, Shropshire TF1 2ES.

Dr Douglas Neilson has succeeded Mr Hammond in looking after the retail sales of foreign and Commonwealth stamps and these should now be sent to him at "Failte", 4 Argyle Street, Dundee DD4 7AL.

We are grateful for all those who support the BMS through the Stamp Bureau. Last year over £6,000 was raised for the work of the Society.

HOUSING CRISIS



Because of a severe housing shortage, Rio de Janeiro's street population continues to grow. Officials estimate that as many as 14,000 people may now be sleeping on the city's streets, twice the number for 1991. But the growth in homelessness is not just among the unemployed and the beggars, it is people with stable jobs whose incomes do not cover their basic needs who have taken to sleeping under the bridges.

Antonio Silva, 20, not only has a job but he owns a little house in the distant district of Paciencia, almost three hours by bus from where he works. Whenever he can he lives there with his wife and baby. But most nights he sleeps around the

Gavea horse track, in the southern part of the city.

With a monthly income of \$70 a month as a messenger, Antonio cannot afford the \$30 a month it costs to commute by bus.

He is not alone. Around 72 per cent of those who sleep on the streets hold some type of paid job. One third of them have some type of housing, even if it is just a room they rent in distant suburbs.

The housing crisis is affecting all levels of wage-earners. A shack in a distant *favela* that cost \$400 in 1991, costs at least \$1500 today, despite the fact that it is property without a title or guaranteed permanence. An efficiency apartment in a lower-middle class neighbourhood rents for about \$150, which is the average monthly salary of skilled workers. So workers look for single rooms to rent, contributing to the inflation in the cheaper real estate market.

The alternative for Brazilian workers is to ignore the killings and other risks that threaten those who sleep on the streets, and take refuge at night under the bridges.



BISHOP TO RETIRE

Bishop Bokeleale of the Church of Christ in Zaire, the umbrella Church which brings together the different Protestant communities in Zaire, has announced that he intends to retire in July this year.



BMS PIONEER

The birthplace of BMS pioneer to the Congo, Holman Bentley, has been marked by a circular aluminium plaque. It has been placed on the wall of 3 Bank Buildings, Sudbury, Suffolk, by the Sudbury Freeman's Trust, the former home of



Holman Bentley's parents.

Bentley went to the Congo in 1879 and was particularly noted for his work on the Kikongo language. With the help of a young African, Nlemvo, he published the first Kikongo-English dictionary and a Grammar of the Kikongo language and primer. Once whilst home in Sudbury on furlough, at a house in Friars Street, now known as Bentley House, he completed his translation of the New Testament into Kikongo.

Later a town in the Lower River area of the Congo (Zaire), Kibentele, was named after him. At the time of Africanisation, when names foreign to the new Zaire were eradicated, the town was renamed Nlemvo to whom Bentley owed so much.

CHECK OUT

ARRIVALS

Betty Marsh
from India
Action Teams arrive back in UK
(March/April)
Millie Hallett
from India
Joy Knapmann
from Sri Lanka
Derek and Joanna Punched
from Brazil
Sue Frame
from Nepal
Ana and Avelino Ferreira
from Brazil

DEPARTURES

Janet Claxton
to Zaire
Les and Jane Bromley
to Belgium

VISITS

Hugh Kennedy
to Zaire.

ACKNOWLEDGEMENTS

Legacies

From est of	
Miss E Welles	5,000.00
Miss A K Wright	20,437.00
W J Towler	200.00
Miss Florence G Cann	1,760.80
Frances M Ingram	511.64
Clifford Wagnell	5,000.00
May E Webb	627.25
Mrs Florrie Atkins	6,933.10
Miss Mary Turnbull	50.59
From est of	
Mrs E Dyer	1,000.00

General Work

Carmarthen PO: £10; Newport, Gwent: £5.00; Leeds: £50; R&S R, Cardiff: £30.00; SWS via Nationwide: £50; Lloyds, Burton-on-Trent: £100.00; Anon: £20.00; IJK, N'hants: £6.50; Arthur: ú5.00; CAF for HJ: £100.00; S, Manchester: £100.00; Anon, S'ton via Woolwich: £40.00; Mrs HCD: £50.00; GAYE: £46.42; WML via G Hutchinson: £7.00; WML via S Evans for Albania: £5.00.

Relief Fund

Stockton-on-Tees: £25.00; Cardiff: £30.00; Wightguard: £50.00; R&SAW, Canterbury: £10.00; TL&EMP, Bournemouth: £10.00; Nantwich: £57.60; FRL: £5.00; Plymouth: £5.00; PW, Minehead: £40.00; London: £10.00; Wood Lane BC: £10.00; Relief Fund: £40.00; Miss IH: Heanor; ROK, Portsmouth: £10.00; NS, B'ham: £5.00; ACM: £300; KT: £2.00; Mrs SV & Mrs GA: £10.00; KA: £30.00; Arrfryn Eglwysrwrw: £10.00; Anon: £5.00; B, Brackley: £5.00; MT, Holmer Green: £5.00; Anon, Hemel Hempstead: £5.00; Anon, Rushden: £5.00; Anon, Faringdon: £15.00; AG&MED: £5.00; Anon, Kings Lynn: £25.00; CL, Newport, £10.00; Hastings: £5.00; JRP: £20.00; MP: £5.00; HMT: £10.00; CAF: £25.00; Anon, Milton Keynes: £20.00; Miss S, Rye: £5.00; JR&DMJ, Carshalton: £30.00; Anon: £15.00; JP: £50.00; Southampton: £5.00; Bournemouth: £5.00; MD: £2.00; CFG, London: £5.00; Anon: £2.00; Anon, Canterbury: £10.00; Mr & Mrs T, Bedford: £48.50; M MacM: £10.00.

Out of the total of £1673.02 received so far for the BMS Relief Fund, £1022.10 was received in 47 donations in response to the special appeal.



Favela in Rio de Janeiro - Rio has the main concentration of new churches.

NEW CHURCHES

On average, five new evangelical churches are being established in Brazil every week. The main concentration for new churches is in Rio de Janeiro where 710 congregations were opened between 1990 and 1992. In the same period only one new Catholic church was opened.

Benedita da Silva, a member of the Assemblies of God, believes that the growth of evangelical churches is due to the way they organise. "A minister does not necessarily need years of study and, also, to create a new church an impressive building is not needed. Often, congregations begin in the room of someone's home and, as they grow, the whole house is transformed into a temple."

It predicted by the year 2000, evangelical churches in Latin America as a whole, will have grown from a base of 50,000 in 1900 to 100 million members. It is reported that this is making traditional Protestant and Roman Catholic churches anxious.

DID YOU KNOW?

.....

- There are 43 wars taking place in the world today: 22 in Asia, 13 in Africa, five in Latin America and three in Europe. According to the German Protestant Press Service, the annual average number of wars in the 1950s was twelve and in the 1960s it was 22.

.....

- Islam and Christianity are competing for top growth rates. Between 1980 and 1992, the number of Muslims in the world grew by 30.5 per cent, reflecting the very high birth rates in northern and central Africa and in several Middle East countries. However, Islam is also gaining substantial numbers of converts in several non-Islamic countries.

During the same period, according to the Rockford Institute on Religion and Society, Christianity gained "a modest number of conversions" and grew by 30.5 per cent.

Atheists and non-believers grew by 29 per cent, rising from 911 million in 1980 to 1175 million in 1992.

Hindus grew by 28.8 per cent, Buddhists by 21.9 per cent, but Judaism by only six per cent.



Young people in Indonesia

HUMAN RIGHTS IN INDONESIA

Tarmidzi Thaher, Indonesia's minister for religious affairs, has threatened to use the law to halt the rising number of inter-religious marriages. About 86 per cent of Indonesians are Muslims, 6.4 per cent are Protestant and 3.1 per cent Roman Catholic with small minorities of Buddhists, Hindus and animists. A law, promulgated in 1974, calls on Indonesians to marry according to the strictures of their own religion.

On a separate issue, religious leaders have been criticised for their poor knowledge of human rights. Soritua Nababan, former Bishop of the Protestant Church of Batak, said, "Church leaders have allowed themselves to be limited to traditions and rituals, resulting in a stunted religious faith. Religious organisations are reluctant to speak out about infringements of human rights because they fear action against them by the state authorities."

PILGRIMAGE TO VELLORE

Drs Alan and Rena Partridge are planning a "Pilgrimage" to Vellore in January 1995 and are inviting others to join their party.

"We are former CMS missionaries who worked at Christian Medical College and Hospital, Vellore, some 25 years ago, and who led a tour in January 1992 at the invitation of Friends of Vellore. We plan to take a similar party in the first three weeks of January 1995 and invite applications from interested people.

"We shall spend the inside of a week at Vellore as guests of CMCH and they expect to lay on a programme to let us get a good impression of the extent and variety of the work of the College and Hospital and of its outreach.

"For the rest of the time we shall be travelling in south India by minibus spending two or three days each at Madras, Bangalore, Ooty and Cochin. We shall do some ordinary sight-seeing but intend also to visit as many church-related projects as we can. We view this as an exercise

in partnership, and hope that we may be able to give and receive in Christian fellowship at the places we visit.

"Our party must be limited to a maximum of 18 people, though if there are many more applicants we



Children's ward at Vellore Hospital.

might perhaps be able to run two parties concurrently. We expect the overall cost to be in the region of £1,100 per head."

Please write to: **Drs Alan and Rena Partridge, 55 Hipwell Court, Olney, Bucks, MK46 5QB.**

NEEDED URGENTLY

MINISTER FOR SRI LANKA

A minister and his wife are needed for the Baptist Union of Sri Lanka.

Because of the cultural situation, the minister would need to be a man. His wife would have a low profile, but an important supportive role. Acquiring a good working knowledge of the local language is important in order to get alongside and work happily with the local people and to build up good relationships, hence a long-term commitment is necessary.

The missionaries would need to co-operate with and encourage local Christians, not organise them. They would be mature in character and have spiritual maturity to enable them to maintain their relationship with the Lord. There are many opportunities for a varied ministry given sensitivity, adaptability and patience.

If you think God may be calling you to this kind of ministry please contact the

**Department for Missionaries,
Baptist Missionary Society
PO Box 49, Baptist House
129 Broadway
Didcot, Oxon OX11 8XA**

M A K I N G W A V E S M A K I N G

M A K I N G W A V E S

THE UPSIDE-DOWN SIDE OF HEALTH WORK

I write not as a "professional" missionary but as a surgeon working in Britain who has had some experience of work in East Africa and has recently spent three months working in Tanzania. I was teaching and operating at Kilimanjaro Christian Medical Centre in Moshi. My remarks are general and do not apply specifically to KCMC.



The Down-Side as we see it hits you between the eyes. The annual state expenditure on health care per person per year in Britain is about 700 times the figure for many African countries. It is not just MRI scanners that cannot be found, but also dressings, sutures, surgical instruments, plaster of Paris, analgesics and other drugs; in other words the nuts and bolts of western medicine. Wards may be filthy, nurses and doctors demoralised by low wages and corruption is rife at all levels. And so I could go on.

What of the Upside as we see it? I could not have wished for a warmer welcome from the hospital staff. Patients are grateful for the simplest service rendered and it is possible to do a lot in primitive circumstances. Trainee doctors and Assistant Medical Officers (Paramedics who do the work of doctors) are keen as mustard to learn. Joy of joys, there is hardly any paper work.

The Upside-Down Side as He sees it. Jesus has a knack of standing our priorities on their heads. He did not tell us to rid the world of all disease - he was too much of a realist for that - but he did say, "Love your neighbour." This is the motive for obeying his command to heal the sick. Technology without love counts for little in his eyes. "I may have all knowledge, but if I have no love, I am nothing." Whether in Moshi or Manchester we can express our love for him by caring for our neighbours.

Griff Fellows is a consultant surgeon at the Oxford Radcliffe Hospital, Oxford, and the National Spinal Injuries Centre, Stoke Mandeville Hospital.

Videos

Videos from BMS

BAPTIST MISSIONARY SOCIETY

Videos to purchase or to hire
The following all have individual hire
rates, or are available to purchase.

* Please note: if purchasing videos,
please add £1.00 to the price to cover
post and packing. Hire charges include
production, packing and postage costs
and VAT.

VIDEOS TO PURCHASE OR HIRE

Monsters, Monkeys and a Big Big Spider

featuring Roy Castle reading five
stories from around the world
which reflect the gospel in action.
Each story is approximately nine
minutes long. Suitable for 5-11
year olds.

BV4 45 minutes
£5 to hire, £12.50 to buy

Xpect

designed for young people. A news
magazine style video which chal-
lenges the need for mission today.
It recounts William Carey's foot-
steps in India and asks searching
questions about mission. Also fea-
tures interview with BMS Action
Team volunteer members.

BV2 21 minutes
£5 to hire, £9.50 to buy

Crossing Bridges

shot in seven different countries,
looking at issues facing the church
and how BMS is helping to meet
some of those needs in the 1990s.

BV3 24 minutes
£5 to hire, £9.50 to buy

A Weaver's Son

is a historical biographical look at
the life of William Carey, a shoe-
maker and founder member of the
BMS. A shortened version was
shown on BBC2 early in 1993.

BV1 56 minutes
£9 to hire, £19.95 to buy.

Videos

Baptist Missionary Society PO Box 49 Didcot
Oxon OX11 8XA BMS is a registered charity

VIDEOS TO HIRE

Adventures in Unity

about the Church of North India
drawing together Christians from
different denominations. This video
explores the ministry of reaching
people both spiritually and physi-
cally.

VHS49 29 mins
£3 to hire

But I'll be eaten up by Lions

Aimed at the younger person it
takes a humorous look at ideas
about missionary service and realis-
tically answers many questions in
the minds of people today.

VHS02 23 mins
£3 to hire

The Pipal Tree

Looking at the varied work of the
United Mission to Nepal of which
BMS is a member

VHS48 23 mins
£3 to hire

28:19 The Challenge

Steve Chalke and Martyn Joseph
ask questions about the relevance of
mission today and explore how to
put Jesus' words in action.

VHS03 15 mins
£3 to hire

Driven by the Wind

A video to accompany the 1993
BMS Annual Report.

VHS09 12 mins
£3 to hire

No Longer Passing By

This looks at the Church in Brazil
as it focuses on the many social
needs of the community in which
it is based. It serves as an effective
pictorial reminder of God's love in
action. A narrated slide sequence.

VHS158 13 mins
£3 to hire

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Alternative Date
(day) (month) (year)

Person to whom material should be sent:

Name Address

Post Code Tel No. Amount enclosed £.....

Cheques and Postal order to be made payable to Baptist Missionary Society.

Date Signed

Baptist Missionary Society