



GLOBAL HEALTH

Newsletter of Global Health Ministries

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New Challenges and Opportunities Encountered in India



Mrs. Bahamani Marandi, Director of the Mohulpahari Lutheran Hospital School of Nursing

In September, Dr. John Rittmann and Rev. Tim Iverson, together with Rev. Iverson's daughter Rebecca, traveled throughout India to visit with Lutheran Church and medical leaders. Their itinerary took them primarily to institutions that GHM has supported in the past with project grants. They covered a lot of ground during the journey, beginning with Mohulpahari and Parkijuli hospitals of the Northern Evangelical Lutheran Church, supported also by the Norwegian Lutheran Church and companioned with the South Central Synod, ELCA of Wisconsin; the Simon Leprosy Colony of the Andhra Pradesh Church, companioned with the NW Synod, ELCA of Minnesota; Bethesda Hospital in Ambur, and Mallapuram and Karunalaya hospitals in Kerala, all of the IELC (India Evangelical Lutheran Church, the former mission Church of the LCMS). They also visited with the UELCI (United Evangelical Lutheran Church in India) staff to learn how this federation of Lutheran Churches in India might collaborate with GHM in future.

It was beneficial to have direct, face-to-face meetings with people previously communicated with only through letters

and e-mails, and to observe first-hand the needs and resources of these ministry partners. Most of the institutions visited had old and worn-out equipment and furnishings, facilities in need of renovation, but busy patient wards and dedicated staff. Two hospitals had nursing schools in need of support, and eager to develop a sister relationship with a school in America. GHM has never shipped supplies and equipment to India, and there is no question that these services could be very helpful to them. If the way becomes clear to do so, at least five new hospitals could be added to the shipping schedule. But it was also learned that the government of India has enacted laws that restrict, discourage and block Christian missionary initiatives, as well as protect Indian jobs and products, and these have combined in the past to serve as a disincentive to shipping. There is still reason for hope, however, and a number of good organizations in India were identified that can help GHM with these challenges; notably the UELCI, and CMAI (Christian Medical Association

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GHM welcomes new Board Members

The following individuals have been elected to the Board for 2006:

Kathy Quanbeck



Kathy comes to the board with 40 years of experience in Madagascar. As a nurse, leader and trainer in the Malagasy health system, Kathy is a long-time supporter of GHM and a previous speaker at GHM events.

Neil Mattson

A mortician by profession, Neil has served as a Tuesday warehouse volunteer for the past 10 years. He currently serves as the chair of the GHM Building Committee. He is a member of Faith Lutheran Church, Forest Lake where he has served on the finance committee.



Susan Vitalis

Susan previously served as a GHM board member from 1993-1999. A board certified family physician, Susan has extensive overseas medical experience, including work in China, Kenya, Somalia, southern Sudan, Rwanda, Bosnia and Tibet.

Donna Wright

Donna is also a returning board member. She served previously from 1996-2002 and as president for 5 of those years. A registered nurse and founding member of GHM, Donna is one of the partners of Creative Health Care Management, an international hospital and health care consulting firm.



Direct Lines from the director

As a new year approaches at the end of an especially eventful year, I want to sort through all that is happening and attempt to organize a view of what we can look forward to in our mission together.

The warehouse expansion project will generate a lot of activity in the coming year. We plan to have the newly renovated facility open early in the new year, providing expanded and secure work space for our wonderful volunteers, and the facilities to increase the outward flow of shipments from 14 this year to 24 in 2006. To properly manage this growth in shipments, the board has approved hiring a full-time warehouse manager, the first such staffing addition at GHM in nearly 10 years. To keep pace with the growth in material donations, this person will also recruit and support an expanded volunteer work force for Wednesdays as well as Saturdays and evenings. Scott Lien, our Operations Manager, will continue to provide leadership to the warehouse operations, but he will also devote more time in this period of growth to insuring that we maintain quality in shipments, from accurately and completely defining the needs of our partners, to organizing and guiding supplies and equipment procurement networks and teams across the country, and especially with the shipments to new partners, insuring trouble-free door-to-door delivery.

Financing our growth in mission will involve all of us, at least for the short term, in examining our means and will to make sacrifices for the sake of this mission that we believe in. This will be the case for me as for all of you, though I am finding that the Thrivent matching program has motivated me to stretch beyond my original pledge to take advantage of the maximum benefits. The Capital Funds Campaign is planned to raise \$750,000, one person at a time, over a three-year period ending 2007. Dividing your gift into three parts will make it more manageable. One thing is sure; we will need the help of everyone to make our goal. The spirit of celebration and support for GHM's growth in mission during the first few months of the campaign have been encouraging. Our initial goal was to reach \$200,000 in gifts and pledges by year-end, and this will happen.

Program support, especially for shipping, will need to continue growing to cover the average \$10,500 cost per shipment. Fortunately, as each new mission partner and shipment have been added in the past two years, we have seen the enthusiastic involvement of Companion Synod teams of the ELCA and mission organizations of other Lutheran groups in raising the necessary funds as well as gathering needed supplies and equipment for their overseas hospital. The coming year will see continued development of this positive trend, with new interest groups forming around a health center in Gallo, Central African Republic (East and West ND and Texas/Louisiana Gulf Coast Synods, ELCA), health program development in Nigeria (Minneapolis



Dr. John Rittmann and the van donated to Bethesda Hospital in Ambur, India through a GHM/LCMS matching gift program.

Area Synod, ELCA), shipping support for the Tulear Synod of Madagascar (SW Pennsylvania Synod, ELCA), Illembula Hospital of the Southern Diocese in Tanzania (Western Iowa Synod, ELCA), and Ndolage Hospital in Tanzania (Metropolitan New York Synod). In the end, however, it will always be those of you who love this mission and offer unrestricted gifts to GHM that make it possible for us to honor our project and shipping commitments each year when special interest groups fail to organize or simply fall short. We pray that this will happen once again this year!

Recently, we were blessed at the office to be visited by old friends from Madagascar. Two years ago, Dr. Harison Rasamimanana and his wife Domoina Andriamanisa graciously received us at Andranamadio Lutheran Hospital in Antsirabe, Madagascar, where Dr. Harison had begun service as Medical Director and surgeon. I remember then hearing about the great hopes that were placed in him to turn

around the troubled hospital. He took the challenge as God's call to give his best, and this he did, tirelessly. Every morning he called his staff together to hold chapel services where he often preached and led in prayer for them and the people they were there to serve. As we toured his hospital, he spoke passionately about the needs of people coming there for health care and of the improvements he planned to serve them better and become the Church's medical teaching center. I could see that there was much that GHM could do to help him, and promised to work with him to reach his dreams.

In the years since, we have sent a consultation team for training the hospital's dental personnel, as well as to train and equip Dr. Harison to become the only doctor in Madagascar to use laser surgery techniques. The latter project has made it possible for Dr. Harison to generate enough revenue from surgeries to pay off all the hospital's previous debts and operate in the black! We have also celebrated to see the Church's nursing school relocating to this hospital, and Dr. Karen Plager has just returned from another GHM consultation there to develop plans for further support of their program. While at the office we discussed next steps in our mission together, including improved communication around the supplies and equipment needed on future shipments and the development of a companion synod program between his home synod and one in the United States with a teaching center, like Mayo Hospital in Minnesota. Before he left, he went through the warehouse and happily picked out supplies and equipment he needed to go on his next shipment.

His grateful hug and the smile on his face as he left was for all of you, dear friends, who make this ministry possible. We say that we "help the hands that heal," and this is true, but Dr. Harison puts flesh and blood on the words, and helps me explain that in Christian love, for seventeen years and next year too, we have dear partners, brothers and sisters in Christ whom God has called and gifted to bring hope and healing to suffering people, and it is our joyful mission to give ourselves away, to help them to succeed in all that God has called them to do. That is both why we do what we do and what we hope to do more of next year, and we pray that you will continue to delight to be members with us of this happy band in mission! Rev. Tim Iverson



The B-line

by Bea Haagenon



Parkijuli Christian Hospital Wards are old but filled with patients cared for by dedicated staff, an inspiring ministry of the Northern Evangelical Lutheran Church

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of India) as well as CASA, (A Church-based Auxiliary for Social Action).

After this brief, first-time visit by GHM to India, there is still a lot to learn, but it would appear that Lutheran medical missions there are in jeopardy, due to a combination of factors. The government policies that resulted in the exodus of missionaries from India years ago, and which now prohibit proselytizing, and restrict the entry of people who declare they are or who might be suspected of being a missionary are a part of the story. It also has to do with the abrupt departure of missionaries who, one would hope, would have done

a better job of transitioning to national leadership if they had known in advance that they were to leave the field. External subsidies and communications diminished or ended when the missionaries left. Through the period since the founding of GHM, nine Lutheran hospitals of one Indian Church alone (Andhra Pradesh) closed. Whatever the reasons, GHM has an opportunity to play a significant role in sustaining Lutheran medical mission in India with the right combination of supports in collaboration with the Norwegian Lutheran Church, ELCA companion synod programs and LCMS.

Little shipments can make a big difference

In the Gospel of Matthew, Jesus compares the mustard seed to the kingdom of heaven, although it is small compared to other seeds in the garden the potential is great. The same could be said of a recent 20' container shipped to Gonja Hospital and Shighatini Clinic in the Pare Diocese of Tanzania. A 20' container is the smallest GHM uses for shipments, yet on this particular one it included a number of significant items that will greatly enhance the work of these two Lutheran health centres.

The story began early in 2005 with visits from the ELCA SE Iowa Synod and Bethesda Lutheran Church in Ames, IA, to the Pare Diocese in Tanzania. Members of this group, in conjunction with hospital staff and with guidance from GHM, completed a needs assessment and began the task of raising funds and collecting priority medical

supplies and equipment. After many months of hard work, everything came together and members of Bethesda came to GHM on October 1 to pack the container. Contents included: diagnostic ultrasound, portable x-ray, diesel generator, surgical tables, surgical lights, desktop autoclaves, pallets worth of syringes and needles, gloves, dressings, and much more.

This is the first GHM shipment to these centres, a relationship that we hope will grow in the future, as that small mustard seed did. The container is scheduled to arrive in the Port of Tanga, Tanzania on December 23.

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Response to 2005

"Frequently Asked Questions"

Rolled Bandages (made from sheets):

- ✓ Fasten end of bandage with a piece of masking tape.
- ✓ Rolled bandages can be made from white as well as colored cotton or cotton blend sheets (or yardage). New fabric should be washed before made into bandages.
- ✓ A bandage can be made from a single strip the length of a sheet or several strips, but they must be sewn together. Finished roll should be no more than 3" thick, preferably less.
- ✓ See the November/December 2005 issue for "Quality issue alert" regarding rolled bandages.

Knitted and crocheted bandages:

- ✓ Fasten end with a large safety pin.
- ✓ 48 inch length is before washing the bandage.
- ✓ Washing the bandage makes it more absorbent.
- ✓ White and natural (ecru) 100 % cotton yarn only (NO colors and NO acrylic yarn).

Needle sizes: For knitted baby caps: Size 3 or 4 works well with most baby yarn depending on how tight or loosely you knit.

Quilts: Single or twin size are preferred but any size can be used.

Linen: Any size bed sheets and pillow cases in good condition are needed "as is." Worn or torn sheets can be rolled into bandages.

Remodeling

Volunteers have been very busy in the new part of the warehouse - and it shows. The place has some newly painted walls, a clean and shiny floor, and room dividers are being installed. But there is much to do, so if you are in the neighborhood, come on over and lend a hand. Volunteers to do carpentry work, painting, moving, more remodeling and cleanup are still needed. ***Come and celebrate the new year by taking part in "Expanding our Borders and Growing in Mission!"***

B-line New Year's Reflection

2005 was another *Hallelujah Year* for Global Health Ministries. We started new projects. We made new contacts and friends locally and around the world. We are adding space so we can receive more supplies and ship more containers. Our volunteer force has grown so we now have regular crews three days a week. We have received many notes, letters, e-mails and phone calls of encouragement.

Thank you for a great year and best wishes for a blessed New Year!



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Seeking Full-Time Warehouse Manager

Global Health Ministries is currently seeking a full-time Warehouse Manager to oversee the expanded warehouse and shipping operations. The ideal candidate should possess:

- Strong interpersonal and group skills;
- Familiarity with warehouse equipment and organizational methods;
- Ability to coordinate, stage and ship 24+ annual container shipments;
- Knowledge of /willingness to learn medical terminology;
- Good computer and database skills;
- Ability to lift heavy objects when needed (50lbs+) and offer hands-on assistance to warehouse volunteers;
- Solid knowledge of and ability to maintain and reinforce safety guidelines;
- Desire to promote the mission of GHM and recruit new volunteers.

The Warehouse Manager will work closely with the Operations Manager to ensure proper donation receipts, coordinate



Interior of new warehouse showing new pallet racks and volunteer work space walls going up for supplies sorting, lab/surgical instruments, and medical equipment repair.

storage, retrieval and timely shipment of all medical supplies and equipment from the GHM warehouse.

The Warehouse Manager position is salaried and includes benefits.

Please contact the GHM office (763-586-9590) or e-mail www.ghmoffice@cs.com for further details on this exciting and worthwhile position that will enable us to Expand our Borders and Grow in Mission!