



GLOBAL HEALTH

Newsletter of Global Health Ministries

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Project Update: ELCT Power Supply

There are 20 Lutheran hospitals in Tanzania. All are ministries of the various dioceses of the Evangelical Lutheran Church in Tanzania (ELCT). Electrical power supplies to these hospitals have long been erratic, unstable, and unreliable. That creates problems that range from improper operation to damage and destruction for the hospitals' electrical equipment. As a key provider of such equipment, GHM has an important stake in protecting it. Equipment damage has two major consequences. One is the cost to repair or replace the equipment, often not possible from the hospitals' meager maintenance budgets. The other is the loss of service from the equipment that affects the care of patients.

Mr. Henry Sommerfeld, a hospital engineer working for the Health Care Technical Service of the ELCT in Moshi observed these problems across Tanzania and proposed a Power Supply Protection project to GHM. The objective of his project is to install protection for the equipment, establishing reliable electrical power, and thereby greatly reducing the potential for damage.

Mr. Sommerfeld proposed a three-phase project; first, an evaluation of each hospital to assess and document the status of their electrical service, then purchase equipment to stabilize the power and provide protection from power surges, and finally the installation of the equipment. He requested \$8,136 to enable a team to complete the first phase. GHM allotted \$3,136 early in 2006 to get the project started. Then a wonderful thing happened. A donation of \$5,000 was received to fully fund the first phase.

Mr. Sommerfeld and his team completed their assessment visits early in 2007. They prepared and submitted comprehensive reports to GHM for each hospital. The assessments included an evaluation test of skills for the technicians at the

hospitals. That test included math problems, mechanical knowledge, word problems, hospital equipment maintenance, and electricity functions.

The team inspected every facility that used electricity in the hospitals; including offices, operating rooms, wards, treatment rooms, and staff houses. They examined the distribution systems throughout the hospitals and all of the electrical equipment. Their reports lists each piece of equipment using electricity, including its manufacturer, model name, serial number, electrical requirements, the person responsible for its operation, and any repairs needed.

These reports are accompanied by recommendations for correcting the problems observed and for insuring voltage surge protection for the facility and its equipment. The average estimated cost to correct the problems and insure protection is about \$7,500 for each hospital. That figure does not include repair or replacement of the damaged or destroyed equipment in the hospitals.

These comprehensive reports document the extent of the problem across Tanzania. This problem is so severe that it would be irresponsible for Global Health Ministries to ship additional equipment to them until the corrections have been made. Global Health Ministries picked up the challenge that was presented by the people in Tanzania and funded the survey phase of this project. The problems identified for each hospital can be corrected only through installation of rather high cost equipment. At \$7,000 to \$10,000 or greater, these are major projects for each hospital. These are appropriate projects for the ELCA synods having companion relationships with the 20 ELCT dioceses, and GHM will be inviting them to raise those funds for their related hospitals.

Dr. Gene Anderson

Global Health Ministries Wins a "Telly" Award!

The Telly Award, founded in 1978, is the premier award honoring outstanding local, regional, and cable TV commercials and programs, as well as the finest video and film productions. "Helping the Hands that Heal," Global Health Ministries' 14-1/2 minute corporate video was a winner this year. Produced by Dr. Joe Norquist, the film shows all the major projects and ministries of GHM throughout the world. The Telly Awards receives over 13,000 entries annually from all 50 states and many foreign countries. Other entrants included CNN, Christian Broadcasting Network, AMC, Hallmark Channel, ESPN Classic, The History Channel, TCM and Women's Entertainment. The Bronze statuette will be on display in the office for several weeks if you'd like to see it and feel it. Other videos produced by Dr. Norquist in the GHM film library include: "When You Volunteer" about all that the many volunteers do at GHM, "We Can Give Hope" about HIV/AIDS in Africa, two new instructional videos for volunteers who assemble Hospice and Maternity Kits, and "Leaving a Legacy," a film about ways to give to GHM in the future through wills and estate gifts. Congratulations and thanks, Joe, for your wonderful and creative service to GHM!





Direct Lines

Considering the enormous needs for health services among the poor, and the tremendous challenges our partners face in financing, managing and providing them, I must admit there have been times when I've been tempted to jealously over the huge budgets that some organizations have for their health care programs. We are, in fact, going after some large grants this year ourselves, but even so, when I really think and pray about it, I can't help but see that there is something about us that is just right. We are what we are, by God's design, for good reasons.

"Consider your own call, brothers and sisters:" the Apostle Paul writes, "not many of you were wise...or powerful...or of noble birth...But God chose what is foolish in the world to shame the wise...what is weak to shame the strong...so that no one might boast." Not particularly flattering about us, to be sure! but the point of it all, Paul writes, is this: "God is the source of your life in Christ Jesus...." Our calling has never been about money, but about living out our life in Jesus.

It's amazing sometimes how responsive people are to requests from us for something like rolled or knitted bandages, using simple gifts God gave us and sharing them so that others might taste life. If it was just about money, there would be thousands of folks all over the country who would not have this way of living their life in Christ, and they, and the world, would be poorer for it. When it comes to funding, our grants are modest, always accompanied by careful planning and accountability, and most important of all, given in support of people and services dedicated to ministry in Jesus' name. God calls us to share from what we are and have, and blesses the smallest of our gifts to make them shine as vessels of Christ's life and love. Their promise may seem modest, but in the end their impact is great, as Jesus taught, like the mustard seed!

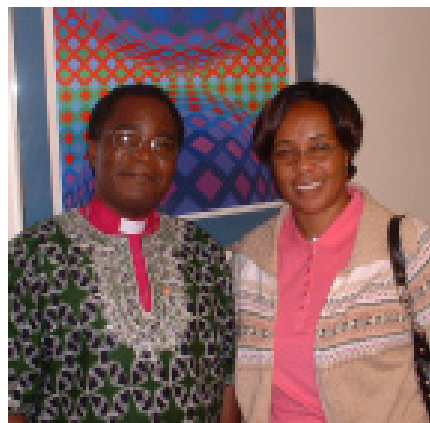
Five years ago, when I came to GHM, the nation of Liberia was in the midst of a seemingly endless civil war. The insanity burned like wildfire throughout the country, and Phebe and Curran hospitals were destroyed three times. What foolishness it was for us to continue shipping supplies and equipment each time to replenish what had been looted and burned, even when the hospital staff themselves fled to wander the jungles and care for the traumatized refugees. "We will not

give up!" was the word we received from the hospital staff, "because Christ never gives up on us!" What else, if indeed we were living our life in Christ, could we have done? Dr. Walter Gwenigale was medical director of Phebe Hospital then; a man of outstanding skills as a surgeon, but also justly honored for his courage and faith. Today, Dr. Gwenigale serves his nation as the Minister of Health. He has been invited to be our keynote speaker at our annual conference this October 20th at Zion Lutheran Church in Anoka, MN. Few people would be better equipped to lead us in exploring and celebrating how God has in the past and continues to take each of us, and organizations like GHM—small and weak as we may be—and uses us as instruments of his love and grace. What more could we ever hope for in life!

Rev. Tim Iverson

Malawi, located in Southern Africa east of Zambia, is slightly smaller than Pennsylvania. Normally self-sufficient in food, especially maize, the main staple, Malawi has been facing its worst famine in more than 50 years. About 70% of the 6 million Malawians who live below the poverty line are in danger of starvation. In response, the Lutheran Church in Malawi began a mobile feeding and clinic program with the support of Global Health Ministries and the Northwest Synod of Wisconsin, ELCA.

The mobile clinic/feeding program is growing each year in the number of villages it reaches and the services it provides. In the last year, a GHM-financed malaria bed net project was added to begin distribution of thousands of life-saving nets. GHM scholarships will soon make possible the training of new village health workers to fill the growing needs of the program, and a new shipment of medical supplies, largely financed through the generous efforts of Grace Lutheran Church in Eau Claire, Wisconsin, will be sent later this year. The Evangelical Lutheran Church of Malawi (ELCM) is led by Bishop J. P. Bvumbwe, pictured below with his wife, Maria, during a recent visit to GHM.



The B-line

by Bea Haagenson



Knitted/Crocheted bandages Discontinued

(Tropical Ulcer bandages)

The response to the Tropical Ulcer bandage project has been amazing, and we wish to thank all of you knitters and crocheters for the thousands of beautiful bandages that have been mailed or delivered to the GHM warehouse for the past 3-4 years. Your response, indeed, has been so great, that after consulting with our partners overseas, we now find that the supply of knitted and crocheted bandages exceeds their demand. **Unfortunately, therefore, we will now have to discontinue the project for the foreseeable future.**

We know it has been a blessing to so many who have fallen in love with this mission project, but now we encourage you to divert your energy and enthusiasm to other projects; e.g., *Hospice kits* and *Midwife kits*, *Baby caps* (knitted and crocheted), or how about *knitting or crocheting blankets for infants and toddlers*? See the GHM web site for instructions for these projects (except the blankets). The baby blankets should be 28 or 30 inches square. They can be knitted or crocheted from any type of yarn - cotton or acrylic.

Your comments to the B-line regarding this are encouraged and will be answered to the best of our ability. Direct e-mail: bea@ghm.org.

From the B-line mailbox regarding sizes:

Q. The Midwife kit instructions say "a regular size bath towel. Could you be more specific?"

A. The towel should be about 24" x 40"

Q. And the size of the receiving blanket?

A. The receiving blanket should be approximately 30" x 30." Some ready-made receiving blankets are slightly smaller but just as good.

Important News About AIDS/Hospice Kits

Comments from overseas indicate that the *Ibuprofen (or Tylenol) and vitamins* in the kits are often expired before they reach the destination, and that they can be purchased fairly inexpensively on location. It has therefore been decided **not to include these items** but rather to ask our faithful donors to provide \$5.00 with each kit. This will cover the expense of the pain medication and vitamins. Please do not include the money with the kit but send it separately to GHM marked "Hospice Kit."

The updated instructional handout is available from GHM and can also be downloaded from our website. Just click on "*hospice kits*" at the bottom of the homepage.

Questions for the B-line can be addressed to GHM, attention Bea

Scott Lien Reports on Recent Visit to Cameroon



Visit to Emergency Room (Left to Right): Hipolyte Ngoula, Chief RN at Ngaoundere, Edouard Hama, Materials Manager, Scott Lien, GHM, Emmanuel Ngangbai, Biomedical Technician, Marceline Ousmanou, Department Chief.

In June, I had the privilege of visiting Cameroon and spending two weeks listening, learning, and seeing firsthand the exciting work of the Health Department of the Evangelical Lutheran Church in Cameroon, otherwise known as Oeuvre de Sante de l'Eglise Evangelique Luthérienne au Cameroun or OSEELC.

The focus of the visit was to better understand how medical supplies and equipment from GHM, St. Mary's Duluth Clinic (SMDC), the South Dakota Synod, ELCA, and other partners, are received, distributed, and used among three large hospitals: Ngaoundere, Garoua Boulai, and Ngaoubela, and fifteen health centres. Note: one of the health centres, Gode in the north region near Ngaoundere, was recently closed.

I spent most of my time with Edouard Hama, materials manager, and Emmanuel Ngangbai, a biomedical technician, both relatively young (late 20's) and recently hired by the OSEELC to coordinate their respective areas.

After the first several days in Ngaoundere with Edouard, I left with Emmanuel and with our driver, Denise Koffa, traveled over 2,000 kms (1,242 miles) through the northern parts of Cameroon to visit Garoua Boulai and Ngaoubela, and six of the health centres: Tchollire, Mbe, Bankim, Banyo, Ngatt, Bertoua, Meiganga. The roads were muddy, bumpy, crowded, dusty, and in general typical of sub-Saharan Africa during the rainy season. We met with staff at each respective site and heard of urgent needs and long-term challenges. Emotions ranged with excitement in seeing store rooms with basic medical supplies from GHM shipped in the last container, such as gloves, dressings, syringes, needles, rolled bandages, knitted bandages, midwife kits, hospice kits, linens, and other supplies, to sadness

with equipment broken and waiting in the corner for lack of replacement parts. Service and operator manuals were missing on some equipment, and the lack of training on some sophisticated equipment, such as an EEC machine at Ngaoundere, highlighted the need for additional work.

Pictures were taken of midwife and hospice kits being given to patients, along with rolled cloth and knitted and crocheted bandages used on patients with wounds and sores.

Emmanuel recorded the model and



serial numbers, noted symptoms and description of the problem, and scheduled service. Or, in the case of an infant incubator, replaced a simple fuse on the step-down transformer onsite. The need for biomedical expertise was



clearly evident, along with a facilities-wide surge protection and voltage regulation equipment to protect sensitive medical equipment such as ultrasounds, EKG, pulse oximeters, and so on. In fact, before Emmanuel and I left for our travels, the OSEELC had brought in an electrical consultant to evaluate the wiring and surge protection needs at each hospital. The project is very similar to one currently being conducted by the Evangelical Lutheran Church in Tanzania.

Reliable and safe power is a rare commodity in Africa, where power surges of 380 volts or more, or devastating lightning strikes, are

common and quickly destroy valuable and delicate medical equipment and computers. There is also a need to standardize equipment received from donor organizations so as to make it easier to find replacement parts and provide for service.

We learned of growing competition with other hospitals (government, Catholic), and the need for the OSEELC to review how they price drugs, provide for salaries and benefits, strategic location of health centres within a healthcare catchment area, and the quality of care and services offered to patients.

Health centres certainly varied in size of facility, staff, location, and health services offered. Bamkin and Bayno near Ngaoubela were leaders in prenatal visits and the number of live births, to Ngatt and Fada with simple rooms and no electricity. As for Bertoua, this is a clear example that location is not everything and that what matters is not the facility (old wooden structure in need of repair) or what's outside (stinky garbage with goats foraging around), but rather the quality of care offered inside and the willingness of the staff to use the local language so patients feel comfortable.

Upon our return, we shared our findings with Dr. Daniel Salpou, Director of the OSEELC, and suggested that a budget be created for biomedical services in order to purchase replacement parts and tools necessary to maintain equipment. Existing equipment that cannot be repaired could be recycled and turned into either replacement parts or scrap value. Donations will likely need to be found as well in order to fund this important and on-going project.

The visit was a success on so many levels, and I give thanks to God that we have an opportunity to partner with the OSEELC and enhance this exciting and worthwhile ministry. God is good... all the time.

Request for Surgeon in Cameroon

Global Health Ministries has received an urgent request for a surgeon to serve at Ngaoundere Hospital of the Evangelical Lutheran Church in Cameroon. For details, please contact GHM at 763-586-9590, E-mail: ghmoffice@cs.com, or Dr. Daniel Salpou, MD, Medical Director (B.P.06 Ngaoundere – Cameroun). Tel: Cell: +237 968 17 35
Email : danielsalpou@yahoo.fr



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Projects Approved

The Goats Are Baaaaa-ck!

Global Health Ministries has rarely had a project more popular than the Arsim Clinic, Kenya, Goat Project of the World Mission Prayer League. It was something of a letdown for many a few years ago—especially those who named goats they purchased for the clinic herd after family members as Christmas presents—when the requested number of goats was reached and the project closed. The project is the unique creation of WMPL missionary nurse Gloria Sauk and the Maasai community of Northern Kenya that she serves. Goats rather than cash money are the currency of choice in that area, and the clinic has found a way to engage local herdsman in raising a herd of goats as a way of financing clinic operations. A new season has begun, and the Arsim Clinic is seeking \$2,400 in donations to replenish the herd.

Also approved at the May meeting of the GHM Executive Committee:

- Funding of \$12,000 was renewed for the HIV/AIDS Awareness program of the Lutheran Church in the Central African Republic, which provides excellent prevention education, testing and counseling, support services for people living with AIDS, and home care for the terminally ill. Thanks to Hope Lutheran Church in Fargo, N.D. for their generous support in making this grant possible;

- A new wells project with the Association of Free Lutheran Congregations (ALFC) in Andhra Pradesh, India for \$10,000;

- SALFA, the medical ministry of the Lutheran Church in Madagascar, submitted two new projects for a dental hygiene public health initiative (\$10,000) and a vehicle maintenance project (\$8,000), both of which were

approved.

- Renewal of funding was approved for the Rural Clinics (\$15,000) and SEFAM, the Nursing School scholarships (\$32,085); and

- Selian Hospital's model program in palliative care for the terminally ill was renewed for \$10,000.

! NOTICE !

Global Health Ministries is eligible for the 2007 combined federal campaign (CFC). Please use our code #10811. We can be found under "Nation/International Independent Organizations in the information brochures given to you.

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