Mennonite Healthcare Fellowship

Mennonite Health Journal

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This issue of *Mennonite Health Journal*

There is a definite international flavor to this issue of *Mennonite Health Journal* (MHJ) as we look forward to Mennonite Healthcare Fellowship's **Annual Gathering 2015**, July 19-21, 2015, in Harrisburg, Pennsylvania. **Updates on Annual Gathering 2015** open this issue.

Water: Essential to Life and Health is an appropriate title to the latest of a series of articles in *Mennonite Health Journal* by Lyubov Slashcheva on global climate change and health.

Joseph Jeon is a new member of Mennonite Healthcare Fellowship (MHF) who is excited about the opportunity to build networks at Annual Gathering. Paul Leichty profiles this young chiropractor with a big holistic vision in **Healthcare, Faith, and Serving Persons who are Homeless.**

The Student Elective Term (SET) scholarship program continues to offer exciting opportunities to amplify professional education by participating in an internship in an international mission setting. This issue offers SET reports by **Benjamin Ruth**, who went to an island off the coast of Honduras, and **Brianna Moyer** whose SET term was in Macha Mission Hospital in Zambia.

Murray Nickel, President of International Mennonite Health Association (IMHA) offers short profiles of several public healthcare workers in the **Democratic Republic of the Congo** who will be visiting in North America this summer and offering partnership opportunities in the development work in their country.

In his editorial, **Paul Leichty** reflects on the professional and spiritual dynamics of **Anticipation and Response** in our lives. MHF President, **Eric Lehman**, concludes with some thoughts on the overall **vision and future of Mennonite Healthcare Fellowship**.

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Updates on Annual Gathering 2015

Registrations are still being accepted for Annual Gathering, July 19-21, 2015 in Harrisburg, Pennsylvania. Join 150 other persons who are gathering for inspiration, education, networking, and worship. See the Annual Gathering page under Events on the MHF website or contact the MHF Office. The final registration deadline is June 28, 2015!

Worship is always a big part of Annual Gathering! Each plenary session begins with worship led this year by Nan Garber (right) and Jane Hoober Peifer (left). Nan and Jane both bring rich gifts in spiritual direction, pastoral care ministry, and music. Jane's focus will be on the spoken word and overall worship leading while Nan will lead in the music. Nan will also lead a special hymnsing on Monday evening after the main plenary session.

The final plenary session on Tuesday morning will include a **communion service** as we respond to Dave Gullman's message, **"Discovering Healthy Communities through the Broken Body."** Participants will also be given opportunity to contribute to a special offering which will be split three ways.

- **Shirati Hospital** – Solar-powered generator project through Friends of Shirati
- **Kenyan HIV project** through Mennonite Central Committee (MCC)
- **Emmanuel Hospital Association** in India (Dr. Ann Thyle)

Roundtable Discussions are being held on Tuesday morning of Annual Gathering, just before the closing plenary session. This is a time for more informal discussions and sharing. As of now, these roundtable discussions are projected:

- **Climate Change and Global Health** follow-up – This provides a time for thinking about the question of what we can do both personally and as an organization about the issue of climate change.
- **Health and Community Development Projects in Developing Countries** – led by persons associated with International Mennonite Health Association (IMHA)
- **What's the Future of Mennonite Healthcare Fellowship?** – Board members and staff from MHF will be on hand to listen to the concerns of members and respond.

Guests from the Summit. On Monday morning of the MHF Annual Gathering, attendees will be joined by some additional persons who are attending a Mennonite World Conference (MWC) Global Health Care Leaders Summit which starts that afternoon in a separate location. Participants in the Summit are primarily administrators and board members of Mennonite-related healthcare organizations from around the world. They will be looking at the specific question of whether to form a global Anabaptist health network. Later on Monday and again after the MHF Annual Gathering concludes on Tuesday, several leaders from MHF will join the Summit discussion.

Continuing Education Units will be available for **nurses** attending Annual Gathering workshops. An announcement with more information will go out in June. Please contact the MHF Office at info@mennohealth.org if you have questions.

Healthcare Workers Meeting
At Mennonite World Conference Assembly

All healthcare workers attending Mennonite World Conference are invited to a special **Healthcare Workers Dinner Meeting**, Thursday, July 23, 5:00-6:30 p.m. in the Monongahela Room at the Farm Show Complex. The evening meal will be provided, but **sign-ups** are important to know how much food to order. Reports on healthcare ministries will be given by the sponsoring organizations which include Mennonite Healthcare Fellowship and MCC. **Information and sign-up**.

Water: Essential to Life and Health
by Lyubov Slashcheva

Water, in its three physical states, is what distinguishes Earth from other planets. The relative presence of water also determines whether a specific area on our globe will sustain life.

From ancient times, water has been the source of conflicts such as those described in the Genesis chapter 26, where Isaac struggles for fresh water rights in wells that either his father Abraham or he dug.[1]

Even in today's world, where plumbing allows us to store and transport water to places that would usually lack it, most metropolitan centers are associated with a river or other major water sources. As a society dependent on agriculture, abundance of fresh water is a major concern for the survival and thriving of both industrialized and developing nations.

The reality of water shortage has recently been discussed in news coverage across the world:

- As California enters a fourth year with water rationing policies and practices, scrutiny of industry reveals that 80% of human water use is linked to agriculture.[2] Innovative adaptations to the reality of drought have included conserving even sewage water, developing dry farming techniques, and implementing lawn alternatives.
- The largest city in South America, Sao Paulo, Brazil, faces extreme drought conditions with threats of running out of water by June 2015. This has caused many to question traditional land-use practices involving deforestation of the Amazon Forest.[3]
- Further from most of our homes, East Africa continues to struggle with water shortages that exacerbate food shortages, attracting the aid of many foreign organizations without extinguishing the needs.[4]

Whether in your neighborhood or halfway across the globe, water shortage is occurring and prompts each of us to consider our stewardship practices of the essential substance.

In the tradition of *Living More With Less*, Doris Janzen Longacre creates space for sharing practical pearls of conserving water in our daily home living.[5] Mennonite Central Committee (MCC) has been involved with in projects to ensure access to enough clean water in both relief and development contexts.[6] These efforts have included providing water collection/storage systems, as well as education for sanitation and hygiene practices.

As healthcare professionals, we have a unique role in responding to the concerns of water shortages and their effects on the health of individuals and communities. We look forward to engaging your perspectives as faithful disciples and healthcare professionals on this issue at the Annual Gathering in Harrisburg, Pennsylvania on July 19-21, 2015.

1. Genesis 26:12-33
2. Oy N and Klein A. 2015. How Much Water Do Some of California's Thirsty Crops Use Each Year? NBC4 News. Published on May 8, 2015. <http://www.nbclosangeles.com/news/local/Water-Use-California-Crops-Drought-302987411.html>.
3. Hawes W. 2015. Drought in São Paulo: Brazil's Megacity on Verge of Crisis as Water Rationing, Shutoffs Continue. Global Research. Published on March 28, 2015.

<http://www.globalresearch.ca/drought-in-sao-paulo-megacity-on-verge-of-crisis-as-water-rationing-shutoffs-continue/5439225>.
4. East Africa Drought Crisis. Global Giving. <http://www.globalgiving.org/projects/east-africa-food-crisis/>.
5. Longacre D. J. 1980. Living More with Less. Homekeeping: Water Conservation, pg 153-154.
6. Food and Water. Mennonite Central Committee Website. <http://mcc.org/learn/what/food-water>.

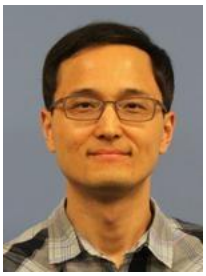
Lyubov Slashcheva, BA, DDS Candidate

Raised in Virginia's Shenandoah Valley upon emigrating from Kazakhstan, Lyubov Slashcheva graduated from Eastern Mennonite University (EMU) with a BA in Biology. Interning with a dental/medical missions organization for four months in Honduras and Peru, she then settled in Richmond, Virginia to pursue dental education at Virginia Commonwealth University as a National Health Service Corps Scholar. She continues to be involved in tutoring/mentoring, local community service, and domestic/foreign mission efforts and has special interest in public health and geriatric/special needs populations. Lyubov passionately seeks to integrate her faith into the development of her career as an oral healthcare professional.

Healthcare, Faith, and Serving Persons who are Homeless

A Profile of Joseph Jeon, DC

By Paul D. Leichty



Joseph Jeon brings an unusual background and vision to Annual Gathering 2015. A native of South Korea, his family immigrated to Canada in 1994 when he was in middle school. As they settled into their new country, they became acquainted with Mennonites and began to attend North Langley Community Church, a Mennonite Brethren congregation in Langley, British Columbia.

Following his undergraduate work in Kingston, Ontario, Canada, Joseph came to the United States in 2003 to pursue Doctor of Chiropractic and Master of Science in Acupuncture studies at New York Chiropractic College in Seneca Falls, New York. During those graduate school years in New York, he was looking for a good way to spend a winter break. He learned about the Fourth Street Community Fellowship (FSCF) in Washington, DC through a friend who had done an internship there. He helped organize a group trip down to Washington that winter. It turned out to be a life-transforming experience as the group fed, clothed, welcomed, and visited the homeless in the District of Columbia, and meditated on Matthew 25:31-46.

After graduation in 2007, Joseph worked as a chiropractor in New Jersey before moving to France in 2008 to pursue business studies. He subsequently worked in France, South Korea, and Japan as a hospital consultant (umbilical cord blood banking) and a project manager (cancer immunotherapy) before returning to the U.S.

Joseph is a licensed chiropractor and acupuncturist in Virginia and continues to connect with FSCF, a congregation formed by 60~70 homeless brothers and sisters which is affiliated with Virginia Mennonite Conference. The current mission of FSCF is to share the good news among the congregation and assist them with legal matters in partnership with Christian Legal Aid in DC (CLA-DC).

A significant number of FSCF's homeless brothers and sisters struggle with chronic substance abuse and addiction. The congregation has found that in order to help such persons out of homelessness, these addiction issues need to be addressed up front. FSCF wants to do that in the context of moving toward "the true and ultimate healing of Christ."

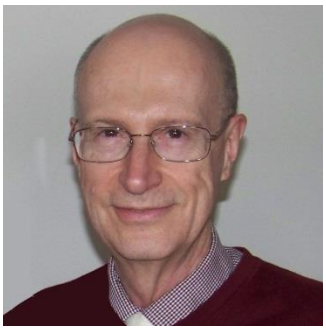
To that end, FSCF previously ran a free medical clinic and provided primary care and addiction counseling for persons who were homeless. Unfortunately they needed to discontinue this program due to its director's relocation to Asia.

Joseph's goal is revive this free medical clinic program in DC. He is currently seeking counsel from local attorneys and healthcare providers. He envisions an innovative and sustainable clinic where integrative medicine is practiced and physical, emotional, and spiritual healing can take place. He wants the clinic to be "a renewing, self-empowering place through Christ where our homeless brothers and sisters witness the empowering message of Galatians 2:20: 'I have been crucified with Christ. It is no longer I who live, but Christ who lives in me. And the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me.'"

To prepare himself for this ministry and whatever future plans God may have for him, Joseph has moved to Harrisonburg, Virginia where he has been studying full-time this year at Eastern Mennonite Seminary. He hopes to refine his personal mission goals and build mission-oriented networks with a particular focus on medical missions.

When asked how his faith affects his life as a healthcare professional, Joseph responded, "Faith challenges and also guides me to observe and witness the three dimensions of etiology and treatment: physical, emotional, and spiritual. Often we find modern medicine concentrates its approach to diagnoses and treatments on the physical aspects of disease, but I wonder whether our progress in realizing the importance of overall emotional and spiritual restoration in the realm of healing has been commensurate with our advances in microscopic physical sciences. Faith leads me to try to see the unseen when it comes down to understanding disease and its etiology."

Joseph was recently introduced to Mennonite Healthcare Fellowship (MHF) and the Annual Gathering through a minister friend. He looks forward to finding out more about MHF and meeting future partners in mission as he attends the Annual Gathering this summer in Harrisburg. He anticipates the Annual Gathering will be an excellent opportunity to broaden his perspective in integrating faith into healthcare practice together with others who also embrace Mennonite values.



***Paul D. Leichty**, M.Div. is Executive Director of Mennonite Healthcare Fellowship (MHF).*

Healthcare Beyond the Exam Room in Roatán, Honduras

Benjamin Ruth, MD

Roatán is the largest of the bay islands off the coast of Honduras. Surrounded by the world's second greatest barrier reef, it has become a destination for diving as well as for travelers seeking relaxation and Caribbean life.

As an outdoor enthusiast looking for adventure off the beaten path, it would have been easy to lose myself in this side of Roatán. However, after only my first day working at Clínica Esperanza, I knew there was much more beneath the surface than just tourism. Roatán, in reality, is an island desperate for quality healthcare. Traveling and practicing medicine outside of the confinements of a structured medical training environment challenged me to adjust my expectations and my perspective on what it means to serve.

Entering into this four-week international rotation, I knew little about what to expect other than what I had read on the clinic's website. In fact, I had never really experienced healthcare in an international setting at all before. With this in mind, my objectives heading into the experience were very broad. I did have some practical goals such as becoming more proficient in medical Spanish and sharpening my clinical skills. However, most of all, I wanted to observe and learn about healthcare in their culture and how healthcare extends beyond the exam room. Here are some of the major themes I observed and experienced in relation to the culture of Roatán and healthcare.

First, it is necessary to provide some background information on where I was working.

Clínica Esperanza is a medical clinic on the northern coast of Roatán that provides low-cost and no-cost medical services to those in need. It was started in 2001 by an American nurse who saw the desperate need for quality healthcare. Since its initial beginnings at her kitchen table fourteen years ago, it has grown into a fully functional clinic that sees 80-100 patients per day. It is considered the primary medical home for over 3,500 patients.

While the bulk of the services are general medical services, the clinic also provides services such as women's health, pediatrics, a birthing center, and laboratory and pharmacy services. In addition, the clinic also has community involvement including health education classes and screenings for vision and oral health.

While the clinic does have a base clinic staff of Honduran employees and several Honduran physicians, they are dependent on volunteers from across the world to provide their large volume of medical care. At any given time they typically have several volunteer physicians, residents, and/or medical students available to see patients and help out around the clinic.

Due to the relative lack of resources on the island, Clínica Esperanza is one of the only affordable places on the island from which to receive healthcare. Roatán does have one public hospital, but due to a lack of resources, it is frequently overcrowded and understaffed. Because

of this, thousands of patients rely on Clínica Esperanza for not only their chronic healthcare needs, but also their acute health problems as well.

One of the most fascinating aspects of providing care at Clínica Esperanza was the cultural diversity that I encountered on a daily basis. From what I experienced and how I was educated by those I encountered, there are basically four or five categories of people that live on the island and who come to the clinic for healthcare. The most predominant of these were known as "Islanders" and the "Spanish/Hondurans," with the other several groups being the "Ex-pats" (long-term transplants mainly from the U.S. and Canada) and the "Tourists."

- The **Islanders** are a predominantly English-speaking group descended from English speakers who had major control of the island until the mid 19th century.
- The **"Hondurans/Spanish"** are largely transplants from mainland Honduras over the last several decades and are predominantly Spanish-speaking. The number of mainland Hondurans has rapidly increased over the last decade as they are trying to escape the crime and violence that has taken hold of parts of mainland Honduras.
- The **"Ex-pats"** are also a quickly growing group of long-term transplants from mainly the U.S. and Canada looking for warm retirements or simply change of scenery.
- Finally, the last group is the **"Tourists"** of which there are many. Roatán's economy is largely reliant on tourism, with the large bulk of jobs related to tourist opportunities. Thus, it was not unusual to see several tourists in the clinic each day who happened to get sick or need medication during their vacation.

I greatly enjoyed my opportunities to interact with these cultures both inside and outside of the clinic. Within the clinic, it was fascinating to see patients from different backgrounds and ask about their lives. While the cultures did have their differences in beliefs and traditions, and tended to stick within their cultures when outside of the clinic, it was inspiring to see their respect for each other within the clinic and also hear of their love for the island of Roatán.

I also had the opportunity to work with physicians from a variety of backgrounds, since the clinic employed physicians are from both Islander and Spanish backgrounds. It was a valuable experience to be able to learn about their medical education and how growing up within their cultures have impacted their practice of medicine. I believe that these experiences of interacting with these different cultures and keeping their cultural differences in mind when working in a clinical context will benefit my future clinical practice greatly.

In conclusion, I had an amazing experience working in Roatán, Honduras and learned many valuable lessons that will serve me for years to come. In addition, after years of hard work in medical school and starting to wonder if I had taken the right path, I believe I found my answer in Roatán where my passion for medicine has been restored. The rotation challenged me physically, mentally, and emotionally. I know it will profoundly change the way that I think about medicine.

***Benjamin Ruth, MD**, graduated from Penn State College of Medicine in Hershey, Pennsylvania in May 2015. He is originally from Harleysville, Pennsylvania. His wife, Laura, and their infant son, accompanied him to Roatán, Honduras for his SET experience. In June, they will move to Charlottesville, Virginia where Ben will be in residency at the University of Virginia Medical Center*.

SET Report - Macha Mission Hospital, Zambia

Brianna Moyer, MD

During high school, I had the opportunity to go on my first international mission trip to Haiti. My church had established a relationship with an American doctor in Haiti and we had the opportunity to visit his clinic during the trip. I was impressed by the way the doctor was able to use his medical skills to build relationships and then use those relationships to impact the local community in many different ways. That mission experience was the origin of my interest in medicine and also my love of traveling and learning about new cultures.

When I entered medical school, I knew that I wanted to experience medicine in an international setting in order to gain a different perspective on practicing medicine without the luxuries offered at a large academic health center. I specifically wanted to improve my physical exam and diagnostic skills, anticipating that I would need to rely mainly on those skills when treating patients in a third-world setting. I also hoped to develop a better understanding of the influence of culture and tradition on patients' perception of and relationship with medicine.

The Student Elective Term (SET) scholarship program of Mennonite Healthcare Fellowship offered me the opportunity to spend a month at Macha Mission Hospital in southern Zambia. During that month, I participated in the care of patients admitted to the hospital, assisted in the operating room, and saw patients in the hospital-associated outpatient clinic. The month at Macha allowed me to gain the experience I sought in physical exam and diagnostic skills as well as taught me how to evaluate and utilize my current context and resources in order to provide the best care for my patients.

Upon arriving at Macha Mission Hospital, I was at first struck by the contrast between the mission hospital and the academic medical center associated with the medical school I have been attending. Rather than hallways of private rooms with thousands of dollars of medical equipment in each, I found four large wards lined with beds on each side. The concept of patient privacy that had been stressed since the beginning of my medical school experience seemed non-existent in such a setting.

In addition to differences in the setting, I also quickly recognized differences in available treatments and protocols for addressing various disease processes. One such experience occurred when I arrived early one morning for rounds on the female ward. The attending Zambian doctor had not yet arrived. As I entered the ward, I saw a new patient who appeared to be in significant respiratory distress. She was unable to speak to me as she was breathing quite rapidly and struggling to take in each breath. Looking in her chart, I learned that she had a

history of asthma and concluded that she must be having an asthma attack. I quickly found the nurse and asked her to bring me oxygen, but was told that oxygen was only available in the pediatric ward. I then asked for albuterol, but learned that we could not give albuterol by nebulizer and I would not have access to an inhaler until the pharmacy opened in over an hour. Frustrated and unsure of what to do, I ran to another ward to get help. On the way, I found the attending Zambian doctor and explained the situation. While he agreed with what I had tried to do, he explained that none of those treatment options were available in our current context. Instead, he suggested that I ask the nurse to administer aminophylline through an IV. Up until that point, I had never heard of the drug aminophylline, but I later learned that it is an older drug that was used in the past for asthma exacerbations. After we administered the drug to the patient, her breathing slowed and she no longer struggled to take a breath. This experience challenged me to stop thinking about how I would do things if I were in the U.S. and to instead strive to learn the best way to treat patients in my current context with the resources available.

In addition to seeing patients in the hospital, I also had an opportunity to learn about the Macha Research Trust, which has several buildings adjacent to the hospital. I appreciated hearing the story of the American physician who recognized the need for malaria research after arriving in Macha in the 1980's and finding the hospital full of patients, especially children, dying from malaria. The Macha Research Trust originally focused only on malaria research, but had such a significant impact on the community that there were not enough malaria cases to fully support the research. During my month in the hospital, I saw very few cases of malaria and of the cases I saw, all were from distant villages outside of the Macha area. The Macha Research Trust still does significant malaria research and has expanded to other parts of Zambia, but now also seeks to address other health issues affecting the Macha area, such as HIV and tuberculosis. Hearing the story of the Macha Research Trust was a significant part of my experience because it emphasized for me the importance of making health changes on the community level as well as the level of the individual patient.

One important aspect of addressing health concerns on a community level is knowledge and awareness of cultural issues that influence the community's understanding of health. During my first week in Macha, one of the Zambian doctors asked me if I knew the origin of several scars on the chest and abdomen of a female patient. The scars were small, vertical, linear marks about one to two inches long. I could not think of a good explanation for what would have caused them. The doctor explained to me that these were the marks of a traditional healer. Typically, the traditional healers make multiple linear cuts with a razor blade and then rub herbs into the cuts that specifically address the patient's particular ailment. After these scars were pointed out to me, I started noticing them on many of

the other patients I saw. When I asked the doctors in the hospital about their thoughts on traditional healers, they emphasized the importance of recognizing that many patients see a traditional healer and also come to the hospital for care. As physicians, their goal was not to stop patients from seeing a traditional healer, but rather to educate patients about what medical conditions require them to seek care at the hospital first. One physician recalled that when malaria was rampant, parents would take their children to traditional healers first and only come to the hospital when the child had developed cerebral malaria, at which point it was often too late to treat successfully. The physicians urged parents to bring their children to the hospital first and to visit the traditional healer on their way home from the hospital if they still felt that would be beneficial for their children. In this way, the physicians were able to respect the cultural beliefs of the patients while still providing appropriate medical care in a timely manner.

As I reflect on my experience in Macha, I identify the month as one of my best experiences in medical school thus far.

- Participating in **medical care in a different context** allowed me to gain confidence and experience in physical exam and diagnostic skills, as I encountered many disease processes I do not see regularly in the U.S.
- I also learned the **importance of context-specific medicine** and how to evaluate the resources available in my current context to provide the best care possible for patients.
- One of the biggest learning points that I took away from the experience is the importance of **recognizing the impact of culture and community on health care**.
- While I enjoyed providing care in the hospital for individual patients, I was most impressed by the work that the hospital and the Macha Research Trust has done in **identifying and addressing the health needs** of the Macha community.

As I look forward to beginning my residency training in family medicine, I recognize the importance of all of these learning points in my future career. Just as I was drawn to medicine after seeing the impact of the American doctor on a Haitian community, I chose family medicine for the role that family doctors play in impacting the health of entire families and their communities.

My experience in Macha gave me the opportunity to experience a health care system that has sought to address the health needs of a local community in a culturally-sensitive manner while using resources available in that specific context. Although I do not yet know in what context I will practice as a future physician, I anticipate that the experience and skills I gained at Macha will help me to provide context-specific care no matter where I may be located.

Brianna Moyer, MD *graduated in May 2015 with her MD degree from Penn State College of Medicine in Hershey, Pennsylvania. In June, she starts her family medicine residency at Lancaster General Hospital in Lancaster, Pennsylvania. Originally from Souderton, Pennsylvania, Brianna currently lives with her husband, Daniel, in Hershey.*

Team Congo -- From Harrisburg to Abbotsford

IMHA President's Column

Murray Nickel, MD

President of International Mennonite Health Association

This summer, starting with the Mennonite Healthcare Fellowship Annual Gathering and then moving through Canada, International Mennonite Health Association (IMHA) is sponsoring a visit by three Congolese men who are particularly passionate about their people. Their faith has motivated their holistic commitment to both the spiritual and the physical welfare of their communities. The following is an outline of their timeline and a brief glimpse into their lives and ministries in the Democratic Republic of the Congo

Timeline
July 18-25 - Harrisburg, Pennsylvania
July 26-28 – Montreal, Quebec
July 28-31 - Ontario
Aug 1-5 – Winnipeg, Manitoba
August 6-8 – Edmonton, Alberta
August 8-14 – Abbotsford, British Columbia

Dr. Delphin Kapasa

Everyone who visits Congo has to at least visit the Bon Berger ("Good Shepherd") Medical clinic. The clinic exemplifies a Congolese initiated holistic approach to healthcare in a poor but heavily populated neighborhood. Delphin and his colleague began the ministry over ten years ago. "Improving a person's health here in Camp Luka," he says, "involves much more than merely a medical consultation. There's a mindset that must be redirected. A cycle of poverty to be broken." Delphin is committed to his local church and to his family of three children who live with him not far from the clinic.

Delphin would like North Americans to know what they are doing in Congo to improve their lives and how more people might want to get involved. A partnership relationship is of primary importance. There are also opportunities to financially support projects which are being posted on the IMHA website. Finally, he welcomes North Americans to visit Bon Berger. While one doesn't need to be a medical professional to visit, those who are can see patients with him and his colleagues and/or teach. Experiencing life with Delphin in this difficult environment and understanding what our brothers and sisters are doing among the poor is important work in itself.

Edgard Kimbau

The poor in Congo's interior survive on subsistence farming. The lack of infrastructure, shortage of government aid, and the lack of strong leadership present a challenge. Edgard Kimbau, however, saw an opportunity.

Edgard graduated from university in agriculture, and began a ministry of walking from village to village offering people agricultural advice and, if possible, new improved seed. Today he continues this work encouraging church communities to take leadership in creating associations. These associations in turn focus on improving the education and health institutions in their villages. His organization, called BTEDE, is directing its efforts on a remote and impoverished community of 100,000 persons called Mungindu. Edgard lives with his wife and family in Kikwit.

Edgard enjoys explaining how his organization approaches development in a holistic manner. A partnership relationship would be of primary importance. There are also opportunities to get involved financially in projects that he and his board have developed to improve and build capacity in the Mungindu community. These projects are listed on the IMHA website. Finally, he welcomes a visit so that you can see first-hand what kind of impact they are having in these rural areas.

John Fumana

When it comes to community development, is it best to focus on the needs, or is it better to celebrate what people already have? John Fumana would say that, in Congo, they don't need to be reminded of their poor and desperate conditions. They need to get excited about the good things. There are great things to be found in Congolese communities if you're looking! That's what Asset Based Community Development (ABCD) is all about. ABCD is about helping those communities who feel like they have nothing, to recognize that they have something. That "something" can be worked with and fanned into a flame that can change the community.

John works closely with Toss Mukwa who leads another program aimed at counseling entrepreneurs and helping them network together for mutual benefit. Their ministry starts by gathering people together in the context of the church for seminars. The excitement and inspiration that comes from these meetings spills over into the local neighborhood. John is passionate about his ministry and is eager to share about what they do, how they do it, and the resulting impact. Opportunities for partnership relationships are welcome. Opportunities for financial aid are also available. For instance, John and Toss would like to do the work they are doing full time. In addition, there are opportunities for business people to come and see what their colleagues in Congo are doing.

For more information about any of these persons or projects, please visit the IMHA website for contact information.

Anticipation and Response

Editorial by Paul D. Leichty, M.Div.
Executive Director of Mennonite Healthcare Fellowship

Anticipation! Can we allow ourselves to feel it? Is there something to which we can indeed look forward? I hope that Annual Gathering 2015 is indeed an event that you are eagerly anticipating! Gathering together with scores of other Christian healthcare colleagues from across the globe will be an exciting experience!

Annual Gathering attendees will hear and be able to share exciting stories of how God is at work in shaping our work as healthcare professionals in ways that give expression to our faith in Jesus Christ as Lord and Master Healer! Annual Gathering gives opportunities for worship and fellowship with healthcare colleagues who share our faith commitments. Annual Gathering gives opportunities for physical, emotional, and spiritual sustenance from Ted and Company's opening look at the "Jesus Stories" and "What's for lunch?" to the final communion service and meal together on Tuesday.

As I reflected on the opportunity to anticipate something, I realized how special that is. Many of us are responders. We don't have much time to anticipate; we are too busy responding. We don't have time to look ahead; we need to pay attention to the symptoms, the thoughts and words, the desires and needs of the patient or client who is right there in front of us at any given moment.

Our days are busy and we need to respond to the events and the people of each moment in our day. We hardly have the luxury of looking too far ahead; the present moment and the current day itself present us plenty of opportunities and challenges to keep mind and body busy and engaged! Our responses sometimes even make the difference between illness and health, between life and death. If that is so, do we really have time to look ahead and anticipate?

Yet, not everyone in a healthcare profession is a crisis responder. We all need and have benefited from those who took the time to anticipate and see the big picture. We depend on those who can look ahead and anticipate what we will need to know years from now so that we can be educated and oriented to study the right material, ask the right questions, and prepare ahead of time for the best response to a given crisis situation. Healthcare educators give the rest of us this bigger picture so that our anticipation will lead to an appropriate response.

Those in public health positions walk a fine line between anticipation and response. On the one hand, public health officials are still reacting to healthcare issues, only on a larger scale. The "patient" is still right in front of us, but it is a community, a nation, or even the whole planet instead of just one person. Yet our concerns for the larger issues of community health lead us to try to be "proactive" instead of just "reactive." We need a certain amount of anticipation. We need those who can anticipate the flu viruses that will be active for the winter in order to develop the vaccine to be administered. We need folks who can anticipate the need for trauma awareness and support, so that we can be ready for the soldiers returning from war or the victims of the latest disaster.

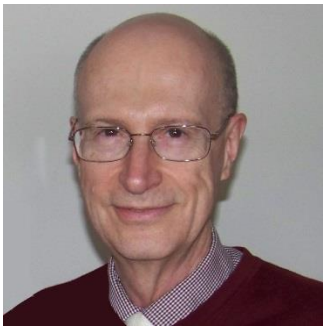
We need a certain amount of anticipation in order that our responses are life-giving. Anticipation is also important in our spiritual lives as well as in our professions. The spiritual disciplines of worship and prayer are vital to our relationship with God. Being nurtured and supported by a local Christian community in the midst of our complex worlds is refreshing.

Developing an attitude of compassion and service in the midst of many demands involves our own daily habits of healthy eating, exercise, and enough sleep. Having a time of Sabbath rest enables us to reflect weekly on the larger picture and see God in control even when our worlds seem out of control.

Thus, I hope we can feel some anticipation to the Annual Gathering in two months. To worship and share and simply to **be** with Christian healthcare colleagues is a valuable endeavor. They are the ones who know better than most people what daily life-and-death responsiveness is like.

Annual Gathering is planned to minister to the wholeness of our work, our ministry, and our being! We do hope that as many as possible can join us! Yet, even if you can't, please know that much of what happens in Annual Gathering and particularly this year in the Mennonite World Conference Assembly to follow will have a ripple effect on our lives as healthcare workers in the Anabaptist Christian tradition! Watch for and anticipate those ripples!

Blessings in your work and ministry!



***Paul D. Leichty**, M.Div. is Executive Director of Mennonite Healthcare Fellowship (MHF). Paul has served as a pastor, church musician, computer support person, disabilities advocate, and administrator/organizer of a number of church-related ministries. In addition to responsibilities at MHF, Paul is Executive Director of Congregational Accessibility Network and Director of User Services at Mennonite.net. He is also active in music at Berkey Avenue Mennonite Fellowship in Goshen, Indiana where he lives with his wife, Twila Charles Leichty.*

MHF President's Column

Eric Lehman, MD

Mennonite Healthcare Fellowship (MHF) is approaching its fourth anniversary as an organization with a mission to be an interdisciplinary community of Anabaptist health professionals which seeks to nurture the integration of faith and practice, to provide opportunities for dialogue on health related issues, and to address specific needs through education, advocacy, and service.

MHF continues to provide a variety of programing to serve Anabaptist healthcare workers.

- **Annual Gatherings** at Laurelville Mennonite Church Center and Goshen College brought us together for intellectual and spiritual growth around themes such as "Integrated Healthcare: Many Gifts, One Purpose," "Moral Dilemmas in Healthcare," and "Faith at Work: Practicing our Profession." This year, MHF will hold its Annual Gathering in Harrisburg, Pennsylvania with the theme, "Walking Together for Healthy Communities."
- Many stimulating **Regional Meetings** have been held in Kansas, Indiana, Ohio, Pennsylvania, Virginia, and other places. A wide variety of topics discussed have included death and dying, serving persons with disabilities, the Ebola epidemic, medical mission and service in places like the Congo, Zambia, India, and Nepal, and the Mennonite response to issues like public health and mental illness.
- The **Student Elective Term** (SET) continues to provide support to graduate level students desiring to serve and learn in an international medical setting, with students serving in Tanzania, India, Honduras, Zambia, and El Salvador.
- The **Mobilization for Mission Fund** and Steven Roth Fund have now been combined to provide funding not just for graduate students but for other MHF members. The legacy of Steven Roth lives on through the **Steven Roth Memorial Grant Program** which is available to aid MHF members around the world as they work in educational and/or service-oriented purposes which contribute to the missional purposes of the church.
- More recently, MHF is taking a more active role to help administer the **Mary Jean Yoder Memorial Endowment Fund** which provides financial support for the education of international students in healthcare-related fields of study.
- MHF keeps in touch with its members via electronic communications through the ***Mennonite Health Journal*** and periodic member email updates. An active website, as well as a presence on Facebook, and now on Twitter(!), also serve to inspire and inform the MHF membership and others.

Despite the influx of new members from an increasingly diverse cross-section of healthcare professionals, the overall membership growth of MHF has not been sufficient to financially sustain the organization. Only through the generosity of a small group of members who give donations above and beyond their membership dues has MHF been able to continue the fellowship.

As a result, the Mennonite Healthcare Fellowship Board of Directors feels the need to obtain additional guidance in our pursuit of a stronger, more vibrant fellowship. At its May 2 meeting,

the Board took action to plan for a **Strategic Planning Workshop** in the fall of 2015 with LaVern Yutzy serving as an organizational consultant.

As Mennonite Healthcare Fellowship looks to the future, **the Board would appreciate feedback from you our members** about the benefits of our existing programs and ideas for new and innovative services. **Please share your thoughts with us!** The easiest way to send responses to MHF Executive Director, Paul Leichty, through the email link in the upper right corner of every page on the MHF website (www.mennohealth.org).

Mennonite Healthcare Fellowship has some exciting opportunities to collaborate with other church structures and organizations to share member energies, experiences, talents, and gifts. Most recently, MHF has been invited to participate in conversations at an international Health Care Leaders Summit preceding the Mennonite World Conference in Harrisburg, Pennsylvania. The goal of the Summit, sponsored by Mennonite World Conference is engage in dialogue to explore options for an international network of healthcare providers. MHF is excited about participating in these conversations and the possibilities of this newly envisioned structure.

The MHF Board and Staff thank you for your ongoing support and pray that the future will lead us to a closer walk with Christ as we serve Him here on earth.

***Eric Lehman, M.D.**, is a physician in family practice from Archbold, Ohio. He has been serving on the MHF Board since 2012 and became President in September 2014. Eric graduated from Goshen College in 1982 and Ohio State University College of Medicine in 1986. Following his residency, he has been serving the Archbold community in family practice medicine since 1989.*