



Global Health Ministries

Helping the hands that heal

Sharing news with our partners

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Generations of Service and Prayer

By Pastor Doug Cox, Executive Director

Almost a century ago, in an empty field in Cameroon, a Norwegian missionary nurse prayed for God to bring a hospital. Today, in that very field, stands the largest Lutheran hospital in Cameroon. Three more hospitals and 23 clinics, a dental and an eye clinic are included in what is now an entire Lutheran healthcare system in Cameroon, helping 40,000 people a year. Mrs. Enderssen's prayers and those of faithful servants for generations after her are being answered.

In Cameroon GHM celebrates an important, lasting partnership, through which prayers have led to networks of faithful servants helping the hands that heal. At least twice a year medical directors across Cameroon email GHM with their prioritized needs for medical equipment and supplies. In response, a wide group of caring volunteers in the USA (about 1,700 each year), dozens of healthcare systems, and financial gifts are networked by GHM to address such requests.



Mrs. Enderssen, in Cameroon

Our network includes congregations and individuals like those who joined hands in 2018 when we discovered that the only gastroenterologist in northern Cameroon was our partner, Dr. Aroga, yet his equipment was faulty and almost useless. The GHM network rallied, collaborating with another nonprofit (Cameroon Healthcare Development Program), including professionals from Essentia Health. Together we identified, purchased and delivered the needed equipment. Now dozens of gastrological exams are performed weekly.



Sterilucient, Inc. was a new arrival to the GHM network last year. As an innovator of environmentally sound infection control technology, Sterilucient had produced a sterilizer that uses hydrogen peroxide and very little electricity. GHM shipped one of these large sterilizers to Cameroon, donated through Sterilucient, and in 2019 we hosted a video conference allowing Sterilucient staff in the US to train staff in Cameroon to install and operate this sterilizer. For the videoconference GHM set up a "twin" sterilizer in Minnesota and created an improvised TV studio in our warehouse. The interaction between colleagues was inspiring, and productive, and with the help of technology our network grew some more!

The GHM network for Cameroon also includes professionals who volunteer to travel to Cameroon and consult on ways to improve the financial leadership, governance and administration of this growing healthcare system. This part of our network, Global Health Administration Partners (GHAP), is a powerful resource to help nurture stability and sustainability.

What began almost a century ago has developed across generations. In 1954, a missionary named Oscar Noss co-lead the construction committee for the hospital Mrs. Enderssen had been praying for in Cameroon. Today one of Oscar's sons is a "retired" missionary named Jim Noss. Jim returns regularly to Cameroon, including to the hospital built by his dad. Jim also consults in several other countries: Central African Republic, Haiti, South Sudan and Madagascar. We celebrate how God raises up leaders from generation to generation, to join our hands together in service and in prayer.

GHM is an independent Lutheran ministry enhancing the health care programs of Lutheran Churches in other countries.

The B-line

By Bea Haagenson



Bea's remembrance of Numan Hospital, northern Nigeria

Have you ever wondered how it would be to walk into a mission hospital in Africa and see how the GHM shipments are being used? Well, some of you have been there, but for those who haven't, let me show you around the hospital in Northern Nigeria where I was a missionary nurse, and give you a glimpse of what it was like there in the 1960s. It is still like this in many places.

First, there is the common area where patients wait under a tree to see a doctor. As many as 200 people may be waiting there after having walked several miles. Some of these patients will be admitted to the inpatient ward - maybe wait for surgery - treated for malaria or other tropical illnesses - having their wounds bandaged (tropical ulcers are common and severe) - or numerous other conditions. Children will be there, many of them malnourished.

I mentioned tropical ulcers - large wounds that don't heal, often in the shin area on the leg and caused by injury or insect bite. Malnutrition plays a role here, too, as well as lack of treatment supplies in the village. First step is to cleanse the wound, apply ointment and then bandage the area to keep flies and dirt out. It takes patience and many rolls of bandages before a leg or foot ulcer is healed. Antibiotics may be needed, and a vitamin supplement is always helpful.

Remember I said the 1960s! That was before GHM's "bandage mission." We did have some bandages at the hospital as occasionally a box would arrive from mission friends in the USA or Denmark. Often, however, we had to improvise

and maybe go to the local market to buy pieces of cloth that would then be washed, torn into strips and rolled.

Some of the ulcer patients who were waiting under the trees were admitted to the inpatient ward for daily treatment and sometimes minor surgery to promote healing. Each morning the hospital staff would make rounds to inspect the healing progress, and fresh ointment and bandages would be applied.

What a treat it would have been to have enough supplies, but we were creative with what we had, and God seemed to always answer our prayers. A box of bandages would show up when most needed and least expected!

A big thank you to all of our faithful bandage rolling volunteers. Because of you, the bandages still show up - you make a big difference! ~ Bea

Hooray, Donna!

We are celebrating! Donna Wright, GHM's Board President, has been awarded a very special honor by the University of Minnesota's School of Nursing Alumni Society, in part because of her work through GHM. The Distinguished Alumni Humanitarian Award is given for "exceptional humanitarian service in a healthcare environment."

Dr. Marie Manthey (left) presented Donna with the award on behalf of the Alumni Society.



Shipping News

By Kim Dickey



Men's ward, Ejeda Hospital, Nov, 2017

Eighteen months ago I spent a day at Ejeda Hospital in southwest Madagascar. I saw many things that needed repair or replacement, many things that weren't working or were simply missing that a hospital should have. But one of the most striking things was also one of the most basic - the deterioration of the mattresses on the hospital beds was obvious. I couldn't help but think of the dignity of the patients using these beds.

In April, we received word that the GHM container bound for Ejeda had arrived in Tulear. And in that container were **40 new mattress covers!** Those covers are protecting 40 high-quality mattresses purchased in Madagascar with funds sent by GHM. My traveling companions 18 months ago saw similar conditions at Manambaro Hospital, and inspired their congregations and others to help us replace mattresses at both hospitals. Special thanks to Our Savior's in Argyle, MN and to Nativity Lutheran Church in St. Anthony, MN.

I met a patient in the Ejeda men's ward whose leg had swollen to the size of a tree trunk. His leg was broken in a farming accident nine months earlier, but he didn't go to the hospital because it was quite far away, and he was concerned he couldn't pay. The break had not set properly and now he was in serious pain. Ejeda was his best hope for healing, but without a working x-ray machine it was difficult for the surgeon to determine how to help him. The GHM container that sent mattress covers to Ejeda included a **portable digital x-ray machine** that will make all the difference for patients like this man and others. Gifts to GHM's Shipping Ministry made this possible - thank you!

Oh Boy Otoscopes!

By Kim Dickey



Rich Lien (left) checking Paul Olson's ear.

Amazing things come into GHM's warehouse, and many of them end up in the Equipment Room. The gap between what we have access to in the US and what our international partners can use is sometimes a challenge.

Take, for example, otoscopes and ophthalmoscopes. Such simple, but essential, diagnostic instruments. The concentrated light source of an otoscope allows a physician to see and identify any number of medical issues. GHM is thankful to receive many of these, but most are powered by rechargeable batteries, and sit in a charging station that is plugged into an outlet. Even when adapted for different voltage, it is not uncommon for these to "fry" when plugged in overseas, rendering them useless.

GHM volunteer Paul Olson recognized that one thing our partners *do* have access to is "C" batteries. He came up with a way to adapt these instruments for use overseas, so they can be powered by either rechargeable or alkaline batteries that can be sourced in-country. Paul, a retired medical equipment engineer, enjoys giving donated medical equipment new life, turning it into something of value for our overseas partners. And isn't that what GHM is about? Stewarding our many gifts, putting those gifts to good use. Thank you, Paul!

Mind the GHAP

By Rob Thames

"If GHM were not there, we would not have improvement in our world."

~ Dr. Sahondra, Director of the Lutheran Healthcare System in Madagascar

The GHM Board of Directors and others had a robust dialogue at the April Board meeting about how to move Global Health Administration Partners (GHAP) from good to great. The conversation was facilitated by my recent assessment of the program, one of my first assignments as GHAP Director. To support GHM's vision, we need to adapt and scale GHAP. Because of GHM's 30-year history, a common perception many have of GHM is that "we ship stuff." In the past decade, GHAP (the consulting arm of GHM) was developed so that today and going forward people can say "we improve health" in low resource countries.

"Building partnerships that result in thriving community health systems that are measurably stronger, more effective and sustainable."
~ GHM's Vision

Themes from the dialogue include clarifying GHM's role as a catalyst and facilitator of healthy change, partnering well, and strengthening GHAP's capacity. It is clear our aim is to improve health, not only healthcare (population health, not just care system health). Within our partner healthcare systems, emphasis will be increased on Community Based Primary Health Care and prevention, in addition to governance and leadership development. To support the continuity of long-term relationships and sustainability work, it is important to also pursue longer-term funding support, e.g., multi-year grants, and corporate donations.

So What Now? GHM wants to balance today's partner needs with tomorrow's needs. One-on-one care by clinicians, shipping and relief work are important and needed. Truly sustainable system change also requires strengthening governance and leadership, and long-term development work. This balance helps to avoid creating dependency when we address short-term needs, and helps us and our partners build interdependence, and greater independence, over time.

Thank you to the GHAP consultants, Board members and many others who donate their time and talent to "help the hands that heal" - and to you for enabling them to 'Mind the GHAP!'

Gala!



Thanks to everyone who participated in GHM's Imagine Change Gala, whether through your financial gifts, your prayers, or your presence - we are grateful! Revenue related to the Gala was just at \$60,000 - such a blessing! Thank you for imagining change with us.

Special thanks to Dr. Mark and Linda Jacobson for sharing how we are imagining change together in Tanzania, and to our corporate sponsors. It takes all of us to make imagination real! Thank you!





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Save the Date!



GHM Fall Conference
October 5, 2019

A special guest from El Salvador will be among our speakers!