

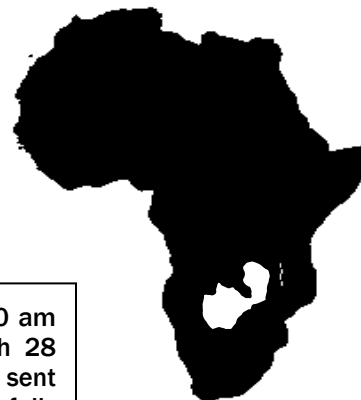
Zambia Newsletter

Zambia Missions

1910 Sycamore View Rd
Memphis, TN 38134
(901) 372-1874

David & Lorie French

P.O. Box 36893
Lusaka, Zambia (Africa)
dfrench@zambiamissions.org



Web: www.zambiamissions.org

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Mapepe Medical Mission: Preparations. The advance team from the USA arrived on May 29th and jumped immediately into all the last minute preparations that needed to be made. Although we had been working constantly in preparation for the medical mission, there was much that had not yet been resolved. The container with medical equipment and supplies had not yet cleared customs. Government approval for the mission and the doctors had not yet been granted. Medicines that had been shipped by airmail had not been cleared through customs either. Many other such things were stuck in government gridlock and inefficiencies. I had hired a Zambian in February to work full-time on getting these things done and he had not been able to complete all the steps. Hence, we decided that we would divide up these remaining tasks and get personally involved in an effort to push things through. It took a long hard week, but we did manage to get most of these things done. We were not, however, able to get the final document approving the doctors to practice medicine in the country, but we went ahead and proceeded anyway as we had done everything we could (we felt confident we could successfully blame government inefficiency).

Just Getting There. The main group from the USA arrived on June 5. We spent most of the first day at the college sorting medicines (which had just been cleared through customs). Early the next morning we began loading up the vehicles and sending everyone north about 230 miles to our base camp in Mkushi. The nurses had an 8:00 am government interview (required so that they could practice in Zambia). We had already transported 28 of our students to two of the six villages three days before. The medical mission was planned to coincide with our two-week school break set aside for mission campaigns. The plan was to put five teams of 14 students at five of the six villages that were to be visited by the medical mission. The goal for each team was (and continues to be) to plant a church in each of these five villages.

Hence, our task for June 6 was to transport the remaining 50 students, the 25 members of the American team, 20 members of the Zambian team (dentists and nurses), and all the remaining Mapepe staff members to their respective places by nightfall (plus all our equipment, food and supplies). To complicate matters, three of our vehicles were still in

the shop getting repairs! At 7:00 am we sent the first bus north with 28 students. Shortly thereafter we sent our two-ton flat-bed truck north fully

loaded (overloaded) with our equipment, camping equipment, and supplies. A few minutes later I got a call from the bus that they had been stopped and fined by the police for being overloaded (basically just a way the police collect money). Thirty minutes after that I got a call from our truck that the brakes were smoking (which required them to turn around and return to the shop for repairs).

At 9:30 am we loaded up the big 50 passenger American bus (loaned to us by Namwianga Mission) and sent it northward with most of the American team members. An hour later the truck called to report that they were back on the road north. We now waited for two of the remaining vehicles to be released from the shop. At 2:00 pm we decided that we needed to go ahead and send the one vehicle not in the shop as it was pulling a trailer (without tail lights) and needed to get to Mkushi before dark (Lorie drove this one). Finally, at 4:00 pm one of the two remaining vehicles was released from the shop; we, thus, loaded it up (overloaded it) with all the remaining personnel and as much of our supplies as possible and sent it northward. This left me alone in Lusaka waiting for the last vehicle to be released. At 5:00 pm I was informed that the vehicle would not be ready until the next morning. At 5:30 pm I got a call from Lorie to report that her vehicle was overheating as it had developed a water leak somewhere (upon returning from the Medical Mission I was to learn that the engine had serious damage and had to be completely overhauled). The truck called at 3:30 pm to let me know that they had arrived. The yellow bus arrived at 5:00 pm. Lorie called at 8:00 pm to let me know that they had arrived. I got a call at 9:00 from the small bus informing me that they had delivered all the students to their villages and they were now at base camp. I finally got a call at 11:00 pm that the last vehicle had arrived. Thus, ended a very long and stressful day, but everyone had arrived safely.

Medical Mission Begins! At 6:00 am the Medical Team left base camp for nearly a two hour drive into the bush to a far remote village within 4 miles of the Congo border. Our team included two medical doctors, six nurses, two optometrists, three dentists, a pharmacist, a spiritual counseling team (for Men's Bible Study, Women's Bible Study, and VBS for children), and many assistants and support personnel. And, of course, at each site we a team of 14 students who were there working for two weeks to establish a church.

Meanwhile, back in Lusaka, I was stuck trying to get the last vehicle and all the remaining supplies. My delay was not an inconvenience as it saved me from just having to drive back to Lusaka to collect ten pieces of luggage from the airport that had not arrived with the American team two days before. These bags included six that contained eyeglasses and medicines that were needed for the medical mission. Hence, I returned to the airport where I spent an entire day trying to clear them through customs (difficult as the necessary customs official was not in his office most of the day). Also frustrating was the fact that only 5 of the remaining 10 bags had arrived – meaning I would have to return and do this again! Finally, I collected the five bags and picked up the last vehicle from the shop. I loaded it and headed off to the north at 7:00 pm. Fifty miles north of Lusaka I came upon an accident where I saw a dead body laying spread out in the middle of the road.

Meanwhile to the north, the Medical Mission completed their first day at around 3:30 pm and returned to base camp where I found them at about midnight. They had treated more than 1000 people and were tired! This day was not, however, with several difficulties (including one vehicle running into the back of another and Lorie's vehicle continuing to overheat).

Opposition. Once again the team was up and off at 6:00 am the next morning for a village about one hour to the east. Here our students reported some stiff opposition as this village has never heard of the Church of Christ and they were calling us “Satanists.” Two nights before some from the village had even burned down the chief's house (with his family inside)! He escaped and refused to be intimidated. Many people were afraid to come to the clinic until they saw the elderly and the sickest come and walk away with a good report. Later that afternoon the chief came up to us and told us that he wanted us to start a church right there on his compound as he wanted to become a member of our church.

This illustrates the reason why we wanted to conduct a medical mission. It is one of the best ways to introduce the church into an area that does not know us and to open up doors to our efforts to plant churches where there are none. Africans do not easily embrace things that are new. They value what has been tested and proven and are very suspicious of anything new and difference. It is not uncommon, therefore, to be called a “Satanist” when people do not know you nor understand why you have come to their area. Conducting a medical mission is one of the best ways to overcome this suspicion and opposition. Of course, this is also something that I believe Jesus would have us to do even if there were no other benefits, for when Jesus came to earth, his ministry involved both preaching and healing (ministering to the needs of others).

The third day took us to another village where our students reported strong opposition (people were avoiding them and they were having no success). Our school cook was leading this team and it was obvious that he had never experienced this kind of opposition before. He was quite unnerved at being called a “Satanist” and he even seemed to be in fear of his life! We choose this village because it is a rather

large community strategically located at an immigration roadblock just five miles from the Congo border. Once again the people of the village were slow to come to the clinic until after they had seen others come and leave with a good report. Then, unexpectedly, the chief of that area came for the expressed purpose of introducing (welcoming) us to his village and calming the fears of the villagers. He came with his family and he asked to be treated by each of our three clinics as a way of showing his village that it was safe for them to welcome us into their village! He, then, spoke to a large crowd that had assembled and he spoke many words to welcome us and calm everyone's fears. This also did much to calm our students and they reported great success in their evangelistic efforts in the days that followed the medical clinic!

An Evil Drunk Chief. Satan is never defeated without some setbacks and disappointments. It has been clear to us that kingdom of darkness did not want us to conduct this medical mission as Satan has been against us at every step of the way trying to discourage us and make things difficult. I wish I had space enough to tell you about all the problems that we have had to overcome both here in Zambia and in the USA. The difficulties I have mentioned above having to do with government red-tape and broken vehicles was only a small portion of it. It has been very clear to us that Satan very much did not want us to do this. He does not want us to relieve human suffering nor bring glory and honor to God by such works. Hence, we cannot be surprised that not every chief welcomed us.

On the fifth day of mission we were scheduled to conduct a clinic at a village under the control of an corrupt chief. This chief had already managed to manipulate us in our advance visits so as to collect twice the normal fees required to visit a chief. Then, he showed up drunk at our base camp on the first night making demands. They gave him money for a hotel room just to get rid of him. Hence, we had some concerns about what would happen on the day we visited his village. At first, things seemed to go well and in three hours our team treated more than 300 people. But, just after 11:00 am, one of the chief's lieutenants showed up drunk with a bull-horn and began shouting that this was an illegal assembly and that we must stop treating people immediately and should leave. He said we must wait for the chief to arrive.

The medical team began packing up and was loaded up and ready to leave when the chief arrived. It is not clear exactly what this chief was trying to accomplish but it was probably an attempt either to “milk” us for money or a setup so that he could arrive like a “big man” to solve the problem. But, we determined that we would not be manipulated by an evil man like this. Thus, when he arrived he found us loaded up and already leaving (instead of waiting for him). Seeing that his position of strength was lost he began apologizing. Seeing that he was drunk and that he was not a man we could trust, the medical team determined to leave and did.

The next day some people from that village traveled 30 miles to where we were in order to get treatment. They reported that the people of the village had sternly rebuked the chief and that his drunken lieutenant had fled in fear of

his life! They told us that the people of the village had been greatly shamed by their chief. We were visitors who had been welcomed by both the chief and the village and yet this is how their chief had treated us as visitors! Perhaps you have to know Africa to appreciate what a powerful statement that this is, but there are few things more important to Africans than showing hospitality to welcomed guests. And, of course, there is the anger and disappointment of those sick people who traveled long distances to visit the clinic – arriving only to find we had been chased off by their drunken chief! I seriously doubt we will find that chief there in a few months.

Although this may sound like a great defeat, I am confident that in the end it will result in a great victory for the kingdom of God. Satan tried to use an evil, drunken chief to defeat God's work, but it has seriously backfired and will eventually lead to Satan's overthrow in that village. Before we were run out, four people had already been baptized in that village. The door had already been opened and people were coming into the kingdom of God! I am confident that the chief's miscalculation will actually result in opening the door even wider to us! People will be even more open to our message and will work even more diligently to compensate for the shame that their chief has wrecked upon them. Perhaps next year we will return with our medical mission and God will be greatly glorified in that place!

Some People Who Were Helped. On the first day of the medical mission, there was a young woman with a three-month old baby who had a severe infection. Her condition was so serious that we decided to transport her to the hospital in Serenje (one hour away). There she received treatment and recovered. The doctor at the hospital told us that she would have died had we not brought her and that, in doing so, we had saved two lives (as in Zambia they often bury small infants alive with their mothers when the mother dies).

On another day a young mother and father (members from the church our students planted last year) walked 30 miles carrying their sick seven-year old son who had encephalitis and malaria. We treated him and transported him to the hospital in Kapiri Mposhi. It is still too early to tell if he will survive, but we believe he will.

There was a very old woman who came to the eye-clinic at one village. She had not been able to see hardly anything for years. When she was given a pair of glasses, she gasped and was shocked that she could actually see again. It was like given sight to the blind! The same thing happened on another day when glasses were given to an 85 year old man who began to dance and sing with joy when he realized he could see again!

Our three dentists pulled more than 1200 teeth over the six days of our mission. Few Africans can afford dental care and, hence, their choices amount to little more than "live with it" or "pull it." Not hardly a day passes that we do not see someone complaining of toothaches. Of course, many people let their teeth go so long that they

get infections and some even end up dying from the infection. And, because dentists are seldom found in the remote areas of Zambia, many have to rely on unskilled friends to help them pull their teeth (which also often results in serious infection). There is no measuring the amount of needless suffering we eliminated by providing dental care to these remote areas.

Summary. Over the period of six days, approximately 4500 patients were treated by our medical, dental and optical clinics. More than 25 people were baptized and God was given much praise by many people! The church was introduced in areas where we are not known and where people frequently regard us as "Satanists." Doors were opened and, Lord willing, with efforts we will now launch over the next three months, five new churches will be planted. It is our plan that these five churches will provide the "beachhead" from which we will be able to plant many churches in the years to come. Lord willing, we will conduct a second medical mission in this same area next year which will further facilitate our efforts to plant churches in this region of Zambia that is central to Zambia and only miles from the Congo border. It should not be surprising, then, that we regard this effort (medical mission) to have been a huge success to advancing the kingdom of God in Central Africa and bring much glory and honor to God in this part of the world!

How You Can Help: Request For Eye-Glasses. We have already tentatively set the date for our next medical mission for the second week of June 2008. There is a way that you can be of great help in this effort. If you or someone in your church has an old pair of prescription eye-glasses that you would like to donate, then you can mail them to the following address: **Kendall Optometry Ministry, Inc., 4820 Nottinghamshire Drive, Jeffersontown, KY 40299.** Be sure to enclose a note that says that they are being donated to the Zambia Medical Mission with Dr. Judy Jones. For 15 cents, they will "read" the glasses, clean, bag them, label them with a bar code, and ship them to us in Memphis (where we will put them in our next shipment to Zambia). You are asked not to send the glasses case. It is also helpful if you wash them in the dishwasher before sending them.

If you are really industrious, you might advertise in your local community and church (e.g. civil groups) in an effort to collect a large number of glasses. And, if you or your church would like to contribute to the 15 cents per pair of eye-glasses, that would also be of great help. And, for those who would like to purchase reading glasses and non-prescription sunglasses (needed for people with cataracts and corneal scars as the equator sun is very bright in Zambia), there is a company that specializes in selling these for a little as 60 cents a pair: Vanguard Optical Imports (email: vanoptic@aol.com and phone: 800-433-1325).

I think you would be surprised at how desperately people need help here with glasses. Most people in Zambia just have to learn to live with poor vision that just gets worse.

Financial Request: Women's Dorm. There is one building that we need for next year for which we do not have money yet to complete. I am speaking about the building of a women's dorm for 20 female students. As you may remember, we began our women's program this past year and we had six women to enroll in this program this first year. Unlike in the USA where ministries for women and children are quite developed and plentiful, women and children are a very neglected segment of the church. Few churches have anything for children (no

Sunday school programs). Hence, many parents in the churches don't even bother to bring their children to church on Sunday. Our program is primarily designed to train school teachers (especially those graduating from Namwianga Mission before they get a teaching job). We also believe it is important to work with women in the church if we are to improve the state of marriages in our churches. We are, therefore, issuing a request for donations to help us finish this dorm in time for the beginning of the next school year (Jan 2008).

Lorie's Reflections



“...I was sick and you visited me...as you did it to one of the least of these my brothers, you did it to me.” (Matt. 25: 36, 40)

The experience of being a part of God's loving touch to the shattered lives others was overwhelming. There was a tremendous beauty displayed as brothers and sisters in Christ shared their gifts and talents to bless the lives of others. Before this event, they had been separated by a state or an ocean but nothing can bond people together better than serving side by side to glorify the Lord. (I have heard that a picture paints a thousand words. Just look and see.)



The cool Fall-like breeze whistled through the grass huts causing the tips of the grass to dance as the people began to arrive at the clinic site. Some had walked at least 20 miles the day before and slept on the cold ground just to see the doctors. Each site held its own fascination as well as “hitches”. Hours of work had gone into the preparation of each site before our arrival. The villagers were waiting to present the “grass clinics” to the members of the medical mission much like a young groom would present the home he had prepared to his new wife to her. Some of the village headmen had suffered persecution for allowing us to come. One had his home burned. But he never wavered in his resolve for us to help his villagers. It was one of our most successful clinics.



The entire time I watched the faces of all of the health care workers and the people that they were caring for. What was truly amazing was that there was a great joy serving which even grew stronger as the week progressed and fatigue set in. What awesome treasure God puts in our hands when He allows us to touch lives for Him. I think we all felt a bit like the words of Jesus in Matthew 11. “Go and tell what you hear and see: the blind receive their sight and the lame walk...the deaf hear and good news is preached to the poor.” Thank you all for your continued prayers for the work that God is doing in this place.

