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THE SEMINARY LIBRARY
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WELS AFRICAN QUEENS

"Here am I, send me, send me." These familiar words ring out the response to the command of our Lord to spread his saving message throughout the world. Many a missionary has expressed this slogan as he used his talents to glorify his Lord in a foreign field. "Here am I, send me, send me." This is also the inner calling for another group of Christians deserving our human recognition and thanks. For almost 25 years young Christian women have used their talents in medicine to give glory to God and to follow his commands to "love your neighbor as yourself" and "love each other as I have loved you." I am referring to our nurses who have served in Africa as sponsored by the women of the Wisconsin Lutheran Synod. In appreciation for what these dedicated young women have and are doing, I would like to refer to them as our Wels African Queens. Thanks to several nurses who worked in Africa filling out surveys, I hope to give some insight into what it takes and what it's like to a nurse in our medical mission program in central Africa.

When our first synod missionaries went to Africa to spread the Gospel, they also realized the great need for medical help. In the mid 1950's, one of our missionary wives in Africa, a registered nurse, reported that hundreds of people a month were coming to her house for medical treatment. As a result, in 1957 the Wels synod convention approved the suggestion to study ways in which more medical help could be given. After a special survey, including a visit to the dispensary set up by Dr. Albert Schweitzer in the Congo, a dispensary was built and dedicated in Zambia on November 26, 1961. The 40 acre compound located 42 miles west of the capitol city of Lusaka in the middle of Zambia is now known as the Mwembezhi Lutheran Dispensary. Most of the financial support for the program was supplied by the women of the Wisconsin Synod.

At the start one American nurse was on staff. She was assisted by two Africans from the national medical field. By God's grace, the program took off so that one our missionaries could later report:

Through the years the dispensary has offered much valuable service to the surrounding area. As many as 3000 cases per month have been reported at times of epidemics. Difficult cases are referred to the hospital in Lusaka. Chief sicknesses requiring treatment are pneumonia, tuberculosis, whooping cough, measles, bilharzia, diarrhea, leprosy, worms, and asthma. The number of babies delivered at our dispensary has risen greatly in the past few years, and our nursing sisters have become experienced in mid-wifery. This is because a special educational and immunization program is held for women who are going to have babies. Another special clinic for children under five years is organized to teach mothers proper nutrition and to give the children special medicine against tuberculosis, polio, whooping cough, smallpox, measles, diphtheria, and tetanus.

When the Malawi government was assisted in a resettlement program by the German government, our church was asked to help in starting medical service in the area. Property was purchased on the shores of Lake Malawi; 12 miles from the town of Salima. With one American nurse and three African assistants, work was begun in July of 1970. Because of erosion from the lake the nurses stationed in Malawi now live in Lilongwe, the capitol city. (refer to map for locations) p. 20

The Malawi program differs from that of Zambia in that most of the work is carried out through mobile clinics rather than at a stationary dispensary. Several out-stations with shelters have been set up in designated areas in Malawi for the people to come and receive medical treatment.

Through God's direction the Medical Mission Program has grown to be able to support two American nurses in both Zambia and Malawi. It must be clearly stated that most of the funding for the program has come from the women of the Wisconsin Synod. The Medical Mission Program (totally different than the Lutheran Women's Missionary Society) is completely funded by outside contributions. The program has grown from the fine leadership of one main person to a five women committee and from a handful of contact ladies to a network of 125 spread throughout all the existing circuits of the Synod. The following articles express the importance of this fine program. One is taken from a recent Northwestern Lutheran responding to what is being done to help the famine-riddled people in Zambia; the other is a report from a synod convention.

Pastor Duane K. Tomhave, executive secretary of the Board for World Missions, replies:

Guided by the commission of Christ to preach the gospel to all nations, his church reaches out to souls whom he loved and for whom he died. This is the primary responsibility of the church and of life and death importance to those who are without Christ. The dedication of a modest chapel at Ndola, Zambia is evidence of the synod's concern for preaching the word of life.

As you imply, church buildings are not an end in themselves. From sanctuaries around the world motivated believers fan out to serve. For instance, two WELS nurses and the national staff at the Mwembezhi, Zambia Medical Mission saw 38,350 patients in 1983. Many thousands of dollars were given by stateside Christians for this labor of love. People affected by starvation and malnutrition are among those through whom we hear the Savior speaking: "I was hungry, and you gave me something to eat." The WELS Committee on Relief, c/o Rev. John Westendorf, Box 213, Saline, MI 48176, gladly serves as a channel to receive and distribute our gifts to famine-struck areas of Africa.

Medical Mission Praised

Delegates heard a report on the medical mission in the Lutheran Church of Central Africa. "The medical mission program," the report said, "continues to actively supplement the work of our missionaries in Malawi and Zambia."

In Mwembezhi, Zambia, the report said, the total outpatient visits were approximately 30,000 with 389 annual deliveries and approximately 1,000 maternity cases in 1980. The average number of patient admissions was 45 cases per month.

In Salima, Malawi, the total number of outpatients was 38,000. Approximately 14,000 people were given malaria prophylaxis. About 320 cases of malaria were treated per month. Other significant diseases were those of nutritional deficiencies averaging slightly over 100 per month, diseases of the skin about 100 per month, and respiratory in-

fections about 200 per month.

According to the report, the following nurses returned home from service in 1980: Linda Phelps from Malawi, Rosalyn Joecks from Mwembezhi, and Kathy Barthels from Malawi. Nurses going to Africa in 1980 were Nancy Oelke to Malawi, Marilyn Bishop to Mwembezhi, and Carol Coffey to Malawi.

PRIOR TO AFRICA

The two main keys in keeping any program functional are recruitment and money. Without nurses there would be no program; and without money these nurses could neither be sent nor maintained in Africa. Through the years it has been realized that the best way to recruit nurses is by word of mouth. It is important to continually express the great need and worthwhile experience of nursing in Central Africa. Pastors can keep their people informed of what's going on there in sermons and Bible classes and bulletins and newsletters. Congregations can hold mission fairs and/or invite a former African nurse to give a lecture and slide show of the work. Teachers can take the time to educate their pupils concerning the great job our nurses are doing in Africa. To help this cause, the nurses send newsletters every Christmas to be sent out to various schools and churches. It is interesting to note that half the nurses partaking in the survey implied that their interest in nursing and possibly helping out the African fields was kindled in grade school due to some type of information given them in those early years.

As mentioned previously, the nurses are required to give lectures for a certain amount of months after returning to the States. This is a great opportunity for our people to view slides and hear someone face to face express the need and purpose and value of the Medical Mission Program. The nurses surveyed said that some of the states that one or another has lectured at are Wisconsin, Minnesota, Michigan, Nebraska, Colorado, Washington, California, West Virginia, Pennsylvania, Delaware, Illinois, South and North Dakota, and the Washington D.C. area.

Another way that recruitment is helped is through the many contact women spread throughout the circuits. They provide channels to WELS congregations for information, slide lectures, project needs, and remission of funds. These contact ladies along with all the other types of recruitment hopefully will keep this program strong and operative for many years down the road. Here is a recent recruiting pitch in a recent Northwestern Lutheran:

NURSES

"Be all that you can be"
In the service of our Lord

Through the African Medical Mission you can serve patients in Malawi or Zambia and work in close support of our missionary program. This is a unique opportunity as well as a challenge, as you develop your nursing skills and experience in countries where the need is so great. Malaria, pneumonia, severe skin infections, snakebite, malnutrition and starvation still plague African countries. Our nurses also give prenatal and postnatal care and in some cases deliver babies when necessary.

The African Medical Mission has two nurses at the Mwembezi Lutheran Dispensary in Zambia and two nurses at the Lilongwe Lutheran Mobile Clinic in Malawi. They currently serve approximately 33 months, including preparation time and training, field orientation and service. In preparation for Africa, nurses are currently being sent to Seneca College in Toronto, Canada for a five-month course concentrating on physical diagnosis, tropical medicine, and pediatrics with two weeks "bush" experience. On the field orientation is provided after arrival in Africa.

As you practice your profession in a third world country, what a privilege to demonstrate your Christianity and to grow spiritually in a missionary setting. "Be all that you can be" both spiritually and professionally.

To qualify for this opportunity to nurse in the service of our Lord, you must be a three- or four-year nursing graduate and have two or more years of work experience in nursing. If you are interested in learning more about this or have questions, contact Mrs. Jan Unke, secretary, Medical Mission Committee, N123 W12533 Russet Ct., Germantown, WI 53022; 414/242-3572.

Dr. Jerome C. Brooks
Medical Director

No program is going to last no matter how many nurses volunteer without financial support. In a loving spirit generous offerings have been coming in to keep the program running. The women of our synod have donated their time, talents, and treasures to see that this worthwhile project continue. Sad to say, with everything else in the world, costs are rising. Some of the major needs that have to be paid for a qualified candidate are pre-African training, visas, passports, physicals, air fare, shipping, medical supplies needed in dispensary, and salaries. May God continue to bless this program both in volunteers and in financial support. (Refer to insert on Medical Mission Committee For Central Africa for information concerning money and recruits)

We are fortunate in the fact that in last few years our nurses have been able to attend Senaca College in Toronto, Canada, for pre-African training. At Senaca they are trained for five months in how to take physicals, pre- and post-natal care, under 5's clinic, some diagnostic skills, and some learning how to live in a bush situation. Earlier nurses did not have such a place to go. They had to get training on their own and with their own money. Some went down to a Frontier nursing service in Hyden, Kentucky. Others took seminars in London on stop-overs or furloughs. A few took crash courses at local hospitals to help them in areas of physical assessment, nutrition in 3rd world countries, and labor and delivery techniques. This statement from one of the nurses sums up the difficulty they had in finding adequate training before the committee was able to enter them into Senaca:

Survey question--What training did you receive to prepare you for Africa? Response--Not nearly enough--I knew physical assessment from the Frontier Nursing Service in Kentucky. I met others there who helped develop an attitude in me to do the Lord's will whatever it is. Through their accounts of life in a mission field I also came to believe God always shows the way. I did not have tropical medicine background; I should have. I also felt that I was led to believe language was not important. That proved to be inaccurate. I definitely should have started learning Chichewa here in the States.

No matter what training the nurses received, they all were in the same boat when it came to the dramatic departure and plane ride over to their station in central Africa. I had the privilege of being part of a send-off for a missionary and his wife returning to Africa. The whole area was charged up with electricity as embraces and tears enveloped the people. Just imagine yourself saying good-bye to family and friends realizing that you wouldn't see them for up to 33 months. We can imagine our first day away from our mother at school. Or possibly we can think back to our first day at a new job. Yet, those don't come close to the feeling of getting onto a plane to travel 10,000 miles to a strange country with a strange language to start a new job in the African bush land. Here are two descriptions of the experiences and feelings of the nurses plane ride over to Africa:

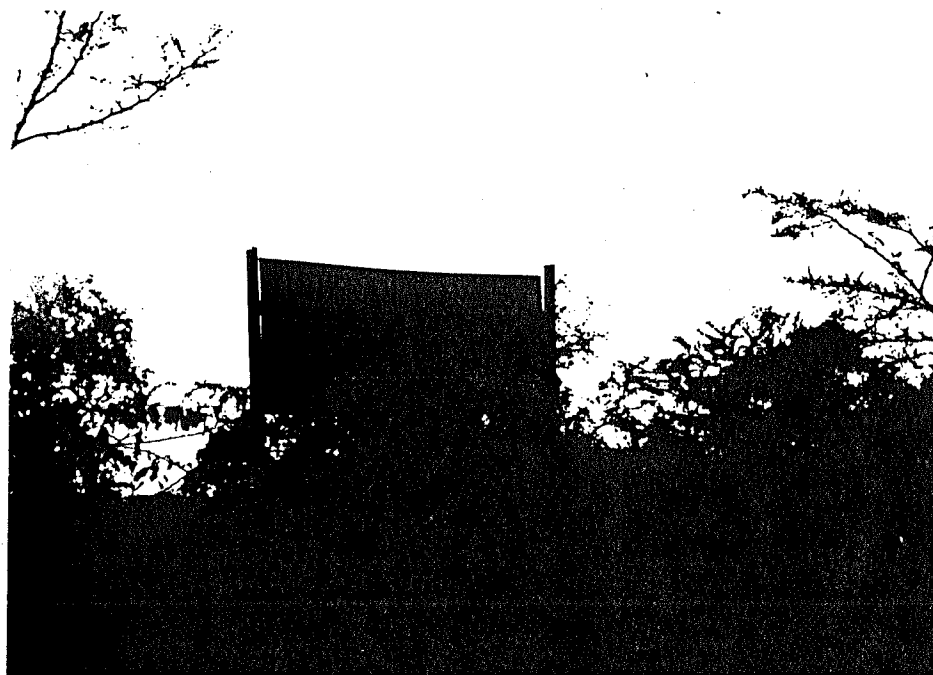
Traumatizing! Anyone who has left family and friends knows that lonesome feeling of walking to the plane alone and going 10,000 miles to an unknown. Without God being with us, I would not have been able to walk a step. My trip was also helped by several passengers I met on the way. One had worked for the State Dept. and urged me to keep a daily diary, which I did and am so grateful for. He also said, "You will never be the same person again." I thought of that a lot, along with his advice to eat three meals a day, get plenty of rest, and try to develop good basic health habits since otherwise the stress and strain of living in a foreign country would get you down.

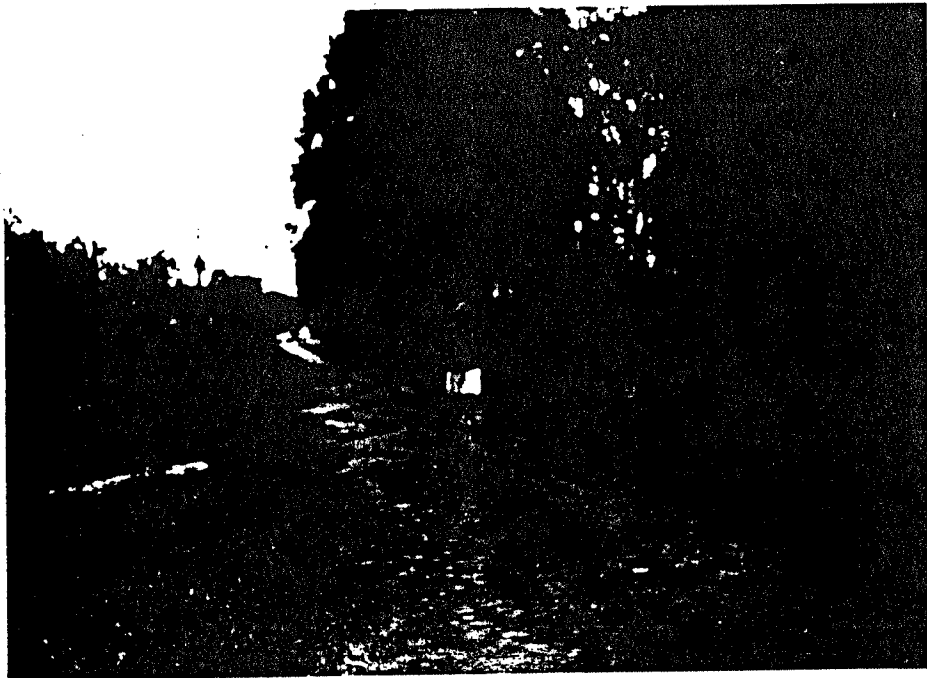
I cried most of the way from Milwaukee to Chicago. Landing in London was traumatic! A scary place--being all alone and having to find a hotel where the school was and getting my visa was traumatic. It was overwhelming at first. Before taking off for Zambia from London I felt I was jumping off a cliff not knowing if I would land on my feet or my head. In London my ticket was messed up and I almost did not get on the plane to Rome due to lack of room. Cried for hours in the air terminal when I found out...from Rome we landed in Angola. We were taken off the plane under armed guard, locked in a smelly, dusty, dirty, and deserted air terminal and told not to lose a ticket stub they gave us. After an hour they came and took us back to the plane under guard--no explanation was ever given.

One other nurse finished off her plane experience with the following:

I remember getting off the plane--very aware of my American self concept. And not knowing anyone personally on the mission field, I had the fear (silly as it was) that I would not be found! The cream of my adventure--the entire mission met me at the airport and I was guest of honor at a welcome tea.

Imagine the things that go through your mind as you first drive up to your new surroundings and these signs come into view?





This is a picture of one of the nurses walking the fourth of mile between the house and dispensary during rainy season.

IN AFRICA

When most of us think of Africa we think of Tarzan movies and explorers hacking through the jungle searching for Dr. Livingstone. Actually the land of Africa is diversified, depending on the country you are in. Zambia has wide, open spaces. It is a vast bush land. Malawi has been described as a "little Switzerland" with its lakes, lowlands, mountains, and plateaus. One nurse stationed in Malawi described it this way: "The geography is variable; plains, lake shore, swamps, mountains to climb, and game parks. The land was really beautiful. A city dweller in the U.S. may feel isolated with so much "nature" and so little "civilization." I loved it."

The weather seems excellent; especially to me during this cold, drab Wisconsin February. Both Zambia and Malawi are the same weather wise:

- Dec.-Feb.--rainy season
- Mar.-Apr.--beautiful
- May-July--cold season (40-50)
- Aug.-Nov.--hot and dry

The people in Malawi said that it could get very hot and humid at times and during the rainy season mud became a problem. However, all in all they said the weather was gorgeous.

There are many tribes in Zambia, but predominantly two in Malawi. Zambia has 72 different dialects spoken. The people in the bush or outlying areas of the city are extremely friendly and helpful. They know the nurses are there to help them and they treat them accordingly. The cities can be dangerous because of a high crime rate, but then it should be pointed out that it is not always a picnic in our large American cities either. One nurse expressed this thought: "As a nurse, I felt I had a very high respect of both the natives and government officials in each country."

The people living in these two countries are mainly farmers and fishermen. They make their home in huts made of mud brick with grass roofs. There are no windows, no running water, no electricity, no refrigeration, and one-half of the villages had no outhouses. They worked over open fire. Witchcraft, spells, charms, and the spirit world continue to infest their way of life.

The government in Malawi is a dictatorship, but he is not a cruel one. Yet, if you were heard saying anything derogatory about the government (including railroad, telephone, or health care systems) you could be ordered to leave the country within 24 hours. An entire nationality could be affected--ie. all Germans, all Americans by the remark of one person. However, expatriots were not imprisoned. The government in Zambia is called a democratic one party system. The people only have one choice to vote for. It is stable at the present time.

The language barrier was a problem for some. To help out with this a few of the nurses listened to Peace Corp tapes of the language. Others visited people in their homes to get a feel of their dialect. Classes are also available in the countries and many of the nurses met with our missionaries to help them gulf this language barrier. It should be noted that the African assistants can do most of the interpreting if a nurse is either new on the job or having problems picking up a certain dialect.

Some pictures of the land and animals of Africa: The picture of the baby with the white t-shirt has a charm around his neck. This was suppose to ward off evil spirits:







What is the working schedule like for a nurse in Africa? This is a typical week for a nurse stationed in Zambia:

During a week one nurse is on call the entire time. The nurse not on call that week makes all the meals for the two to eat. Monday, Wednesday, and Friday were used for general clinic. Hours usually ran from 8:00 AM-12:30 PM and 2:00 PM-4:30 PM. Tuesday was spent in pre-natal clinic using the same hours. Thursday was clean up day. All the equipment was sterilized, all the walls, sheets, and floors were cleaned. This was the day the nurses also cleaned their own house and washed clothes. The nurses only saw emergencies on Thursday. Thursday was also spent by the nurse on call in town to get supplies consisting of groceries, medical supplies, gas, milk, oxygen, and a check of the post office. This trip usually took from 7:00 AM to 6:00 PM. On Saturday the nurses held an under 5's clinic from 8:00-12:30. Normally 100-150 babies were seen on a morning. Sunday was set aside for church and rounds. Rounds were made every day checking the patients staying at the dispensary three times a day. The person on call could expect to be called during the night by an intercom system set up between the dispensary and the nurses' home. People needing treatment during off hours usually went to one of the African assistants house and he in turn called the "sister" through the intercom. At an average of five to six times a month, the nurses had to deliver emergency patients to the hospital in Lusaka, about one to one and half hours away.

Malawi has a totally different set up. There the clinic staff drives to an assigned village. The usual drive is one hour one way. No one is on call in Malawi. Paper work, packing and unpacking supplies, and collecting small fees because of a government standard are par for the course in Malawi. The nurses would leave by 7:00 in the morning and would return from six to thirteen hours later depending on the location of the nursing shelter. 150-250 patients a day were seen. The nurses spent five days a week traveling and one day was spent getting supplies.

The types of cases these nurses in both countries diagnosed and treated were measles, chicken pox, whooping cough, tetanus, polio; infections of the ear, bladder, upper respiratory; injuries such as fractures, snake bites, accidents related to farming, cycle, ingestion of poisons, burns; and others such as leprosy, tb, malaria, worms, foreign bodies, VD, nutritional deficiencies, integumentary and cellulitis. In Malawi cholera typhoid, hepatitis, and an increased resistance to staff were also diagnosed. Furthermore, the nurses in both areas spent a lot of time with well baby checks with teaching and

prenatal checks with teaching. The nurses in Malawi, however, did no delivering of babies. In Zambia one nurse delivered over 250 babies in the time she was at the dispensary.

What was the home life like? For the nurses living in the first place in Malawi along the lake shore it seems if it was like dorming in old West Hall at Northwestern College. Before the Malawi house was remodeled one nurse described it as unfit for human habitation. The water was tested as unfit for human consumption. Unreasonable amounts of insect and rodent life roomed along with the nurses. In both places the nurses usually slept under a net because of spiders and mosquitos. The nurses also kept dogs on the grounds for protection and companionship.

Since the remodeling in Malawi both places are very adequate as far as living conditions go. Both houses have separate bedrooms, living rooms, and space for some personals. The rest of the houses consist of a kitchen, dining room, office, and utility room. The home in Zambia is blessed with two bathrooms. The house in Malawi has running water and electricity 24 hours, while the one in Zambia is furnished with running water and electricity during the evening hours.

The diet for the nurses in Africa consisted mainly of vegetables, eggs, chickens, meat, and cheese. They went to open markets, butcher shops, and grew their own gardens to provide for their physical needs and bodily nutrition. Many times, though, they would run out of oil, butter, sugar, flour, and soap because of government shortages. Some of the braver nurses tried some of the native delicacies such as dried caterpillars, roasted ants, and

inshema--thick corn meal dipped in cooked pumpkin leaves and tomatoes or crushed peanuts or chicken gravy. It was impolite if someone offered you such appetizers and you refused.

Yes, the nurses did get some time off to unwind a little bit. During such breaks in their routine many of them jogged, played tennis, swam, visited the missionaries and their families, read books, saw friends from the Peace Corps and/or British and Japanese volunteers, hiked, visited game parks, and took plenty of pictures. A few were able to join a health club in the city. There wasn't a lot of free time, but the nurses were granted two weeks a year for a vacation. The usual spots for such rest periods were other African countries like Kenya, South Africa, and/or opposite country the other nurses were serving. Some of the more memorable experiences were being face to face with the awesome Victoria Falls, walking through game parks, and walking safaries.

The following are pictures of a typical outdoor market; living room in zambia; house along Lake Malawi; and some African patients:





REFLECTIONS OF AFRICA

The nurses were asked to reflect on some of the sad and happy events that took place during their stay in Africa. Here are some of their comments concerning events and matters that caused some heartache:

I hated to leave. Watching children die at the clinic. Not having the equipment or medicine available to save lives. Driving a patient to the hospital, only to watch them die before your eyes. Not having enough milk or food supplies to give to the many people at the clinic. Not being able to preach the Gospel in their language.

We had a measles and cholera epidemic which claimed many lives; mostly children under the age of two. All but a couple were Moslem. As we watched them die the thought that screamed in my head was, "and another soul in hell for eternity!" All I could say to the grieving mother was, "I'm sorry!" How sad, how inadequate, how I felt I'd failed to serve the Lord in the way that really mattered. Yet, how could I convert anyone when they knew nothing of Christ. I couldn't even speak the language.

My sister's wedding day was very sad for me--even though I wanted her to be happy and gave her my blessings. My grandfather's death--although he was elderly and debilitated, the feelings of loss and powerlessness are compounded by the known expansion of the ocean.

Not being able to get along better with one of the nurses. The most tragic event was when one of our staff members was mugged in town on a Wednesday evening. On Friday he was hemorrhaging internally in his brain. I had to rush him to Lusaka in the van with his family. Once at the hospital, I had to "code" him since he went into a respiratory and cardiac arrest. That morning he died. Dealing and trying to be supportive to his family was very sad and a disheartening experience.

Yet, our gracious Lord showered these fascinating nurses with many happy and blessed events. I would now like to share some of their happy events again in their own words:

The survival of Speedwell--a little boy I gave CPR to all the way to town and who several times I was sure was dead. The recovery of Mulima and Nufanard--two 11 month old twins who weighed 9 lbs and 11 lbs at admission.

To see malnourished children become healthy again. One of my favorites was a little boy who weighed only 5½ pounds when he was 1 year 11 months. His name was Orbit. To see him go from being a miserable, sad child who couldn't walk to a smiling, happy toddler who could walk over a span of five weeks was a blessing. Another was helping with the delivery of babies--to see the miracle of life. To see a baby take

its first breath; to see a mother's face at the first sight of her new baby;---a glowing experience.

The growth of the Christian Church (Thank you God)
The people who recovered from an illness when it didn't look like they had a chance (Thank you God)
The end of the measles epidemic in Dec '78--after 6 months of watching children suffer and oftentimes die because the government could't afford measles vaccine (Thank you God)

Saving some children that would have died had they stayed at home. Increasing my medical proficiency to such an extent that I could tell sometimes who had meningitis before he had symptoms or knowing a baby was septic because he didn't "look right." The fellowship and love that developed between myself and the missionary families. Being able to support one of the missionary wives during her birth of a daughter. The nurses retreat this past year at Victoria Falls. All of the Christmas and Thanksgivings shared in town with the missionaries.

Receiving a live chicken as a gift from a child.

Was the nurses' spiritual body adequately nourished in Africa? The earlier nurses expressed feelings that more nourishment could have been given. Some had to fulfill this need mainly on their own. One said she read the Bible cover to cover for the first time in her life. All of them cherished the fact that God was with them and guiding them during their stay in Africa. One nurse put it this way:

We had Saturday night services with the missionaries and their families. Also we could go and ask the missionaries questions about problems that were troubling us. Had daily devotions. I felt the closest to God there in Zambia than I ever had before. I knew that He was helping me make decisions and His hand was helping me through deliveries.

The Lord's promise that "surely I will be with you always, to the very end of the age" sunk deeply into the hearts of these nurses. As one pointed out, "Because of the responsibilities and trials you faced over there, I went to the Lord more often in prayer than I did in the U.S."

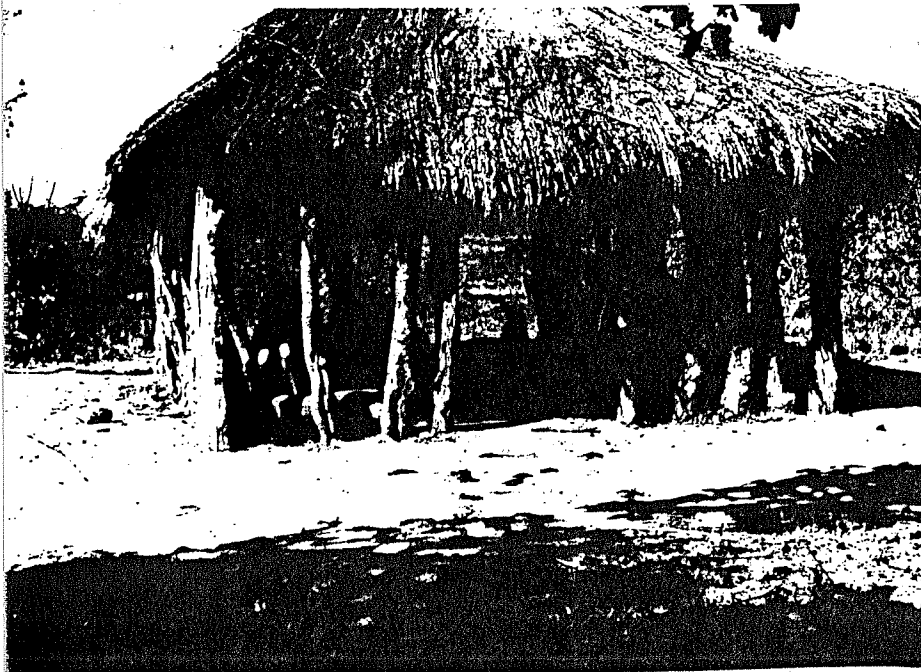
Did this experience help the nurses professionally? The nurses agreed that ~~this experience~~ this experience did not directly help them as far as the technology

in U.S. hospitals, but did help them as far as supervising; broadening their knowledge of medicine; confidence in their nursing abilities; and to see the total picture of World Health, not just in the U.S.A.

What are these nurses doing now in their lives? Of the nurses surveyed, one plans on working in Texas; one is a full-time wife and mother of two active and beautiful blessings of God; one works in an Intensive Care Unit in Milwaukee; one is married and expecting their first child while working at a downtown Milwaukee hospital; one is married and an administrative night supervisor with a BSN who may pursue further study to be able to work in the U.S. in a manner similar to what was done in Malawi; and one is involved with many duties such as consultant to intensive care coronary units 1986 international health conference in Hague, UWM nursing faculty, and "nurse" for the Medical Mission Committee.

Church at Mwembezi
Dispensary complex

A Church in Mutimba



I would like to thank the following people for making this paper possible:

All the nurses who took the time to fill out my survey extensively and carefully; Mrs. Erna Speckin for allowing me to interview her; and Prof. Ernst Wendland for keeping our Synod informed through books and other means concerning the work being carried out in Africa. The following paragraphs are final comments made by the nurses themselves in answering what they would advise a person interested in becoming a nurse in Africa:

First know, like, and be comfortable with yourself here. Do not think that Africa will make you feel good about yourself. It will probably point out shortcomings. Secondly, be sure it's what God wants of you; not what you or your mother wants. Thirdly, Don't rush; become experienced as a nurse. Seek experiences to make you as competent as possible before going over. Plan on two or more years of preparation in the states.

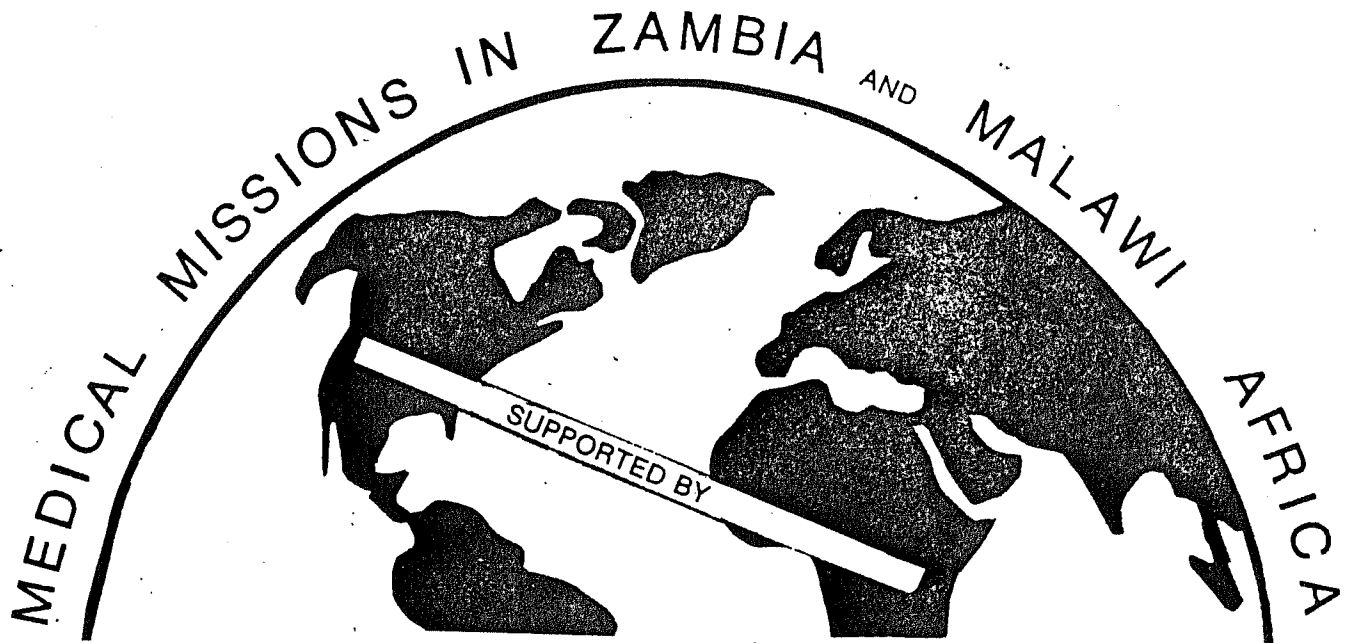
Know yourself before you go--be flexible--have a regular schedule of exercise and relaxation to follow and stick to it. You'll work harder, laugh more, and cry more than you've ever done before; and it will bring you closer to the Lord. Pray hard and trust the Lord's guidance. He'll see you through. Definitely go! You'll never regret it.

It's a hard job. Probably one of the hardest jobs you will ever have. The services we offer are very much needed and appreciated by the people. The person would have to be healthy, adaptable, willing to learn, patient, and have a sense of humor. I've never regretted going and would do it again. It's a fantastic opportunity to serve the Lord in a place where medical care is truly needed. I also had a lot of fun there; met fascinating people; and saw and experienced things that most people only dream about.

Hopefully this paper gave you some insight into what it's like and what it takes to be a nurse in Africa. These nurses deserve our thanks and our continual support. May God continue to bless this fine medical program and continue to bless our WELS AFRICAN QUEENS.



MEDICAL MISSIONS - LCCA



**WOMEN'S GROUPS
AND OTHER ORGANIZATIONS OF THE
WISCONSIN EVANGELICAL LUTHERAN SYNOD**



NURSE JANE MONTHIE AT MWEMBEZHI -
Nurses like Jane give 33 months of their lives and skills
for a tour of duty in Africa.

*Medical Mission Committee
For Central Africa*

Since 1961 members of the Synod have faithfully supported the medical mission work in Africa. With unflinching dedication Pastor & Mrs. Arnold Mennicke and Mrs. Herbert Speckin, with assistance from others, have managed the program and its resources. The Executive Committee for Central Africa has recently restructured its Medical Mission Committee and appointed five women to function in the various responsibilities of its stateside operation. A network of 125 volunteer contact women in the existing circuits of the Synod provide channels to WELS congregations for information, slide lectures, project needs, and remission of funds.

All gifts of money may now be sent (preferably through the contact women) to: Mrs. Mentor Kujath, Treasurer - 4229 N. 86th St., Milwaukee, WI 53222.

Names of potential nurse recruits should be forwarded to: Jerome C. Brooks, M.D. - 3211 Nobb Hill Dr. - Racine, WI 53406.

- President**
Mrs. Victor Moldenhauer
Jackson Wisconsin
- Secretary**
Mrs. David Unke
Germantown Wisconsin
- Treasurer**
Mrs. Mentor Kujath
Milwaukee Wisconsin
- Contact Women Coordinator**
Mrs. Clarence Millett
Oconomowoc Wisconsin
- Advisory Coordinator**
Mrs. Erna Speckin

MEDICAL

- Nurse**
Linda Phelps, R.N.
Racine Wisconsin
- Medical Director**
Jerome C. Brooks M.D.
Racine Wisconsin

**WHO
CARES?**



**JESUS
DOES!**

how about you?

OUR MEDICAL MISSIONS

IN

ZAMBIA AND MALAWI

AFRICA

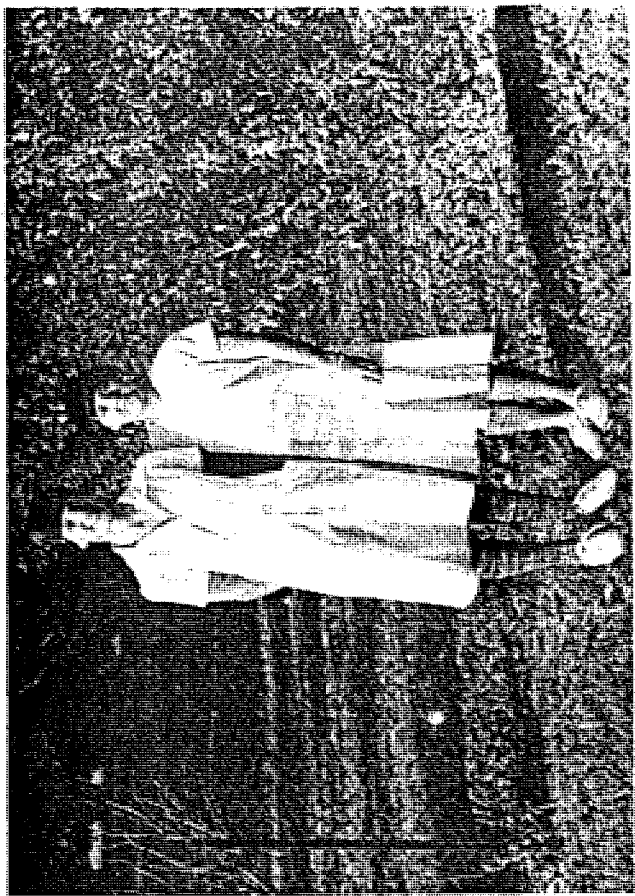
ARE SUPPORTED BY

WOMEN'S GROUPS

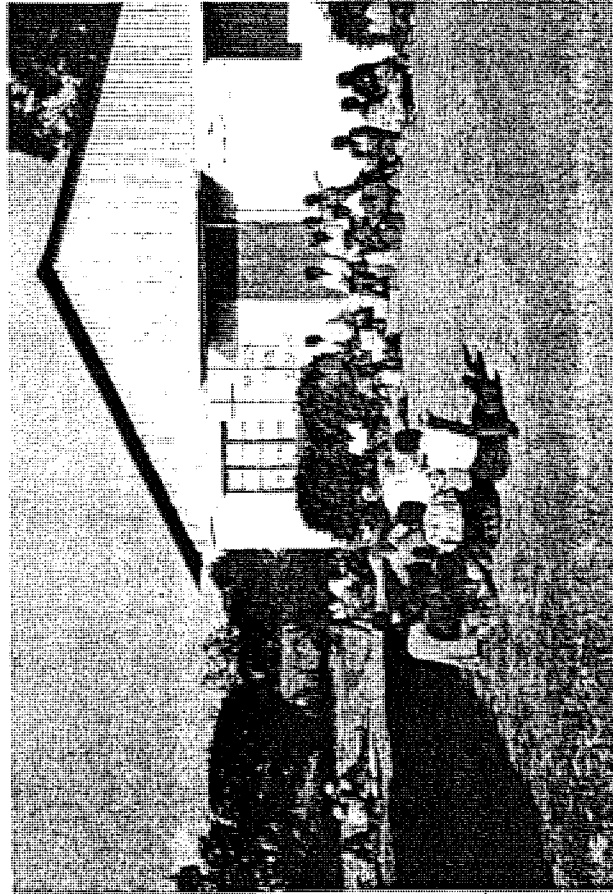
AND OTHER ORGANIZATIONS OF THE

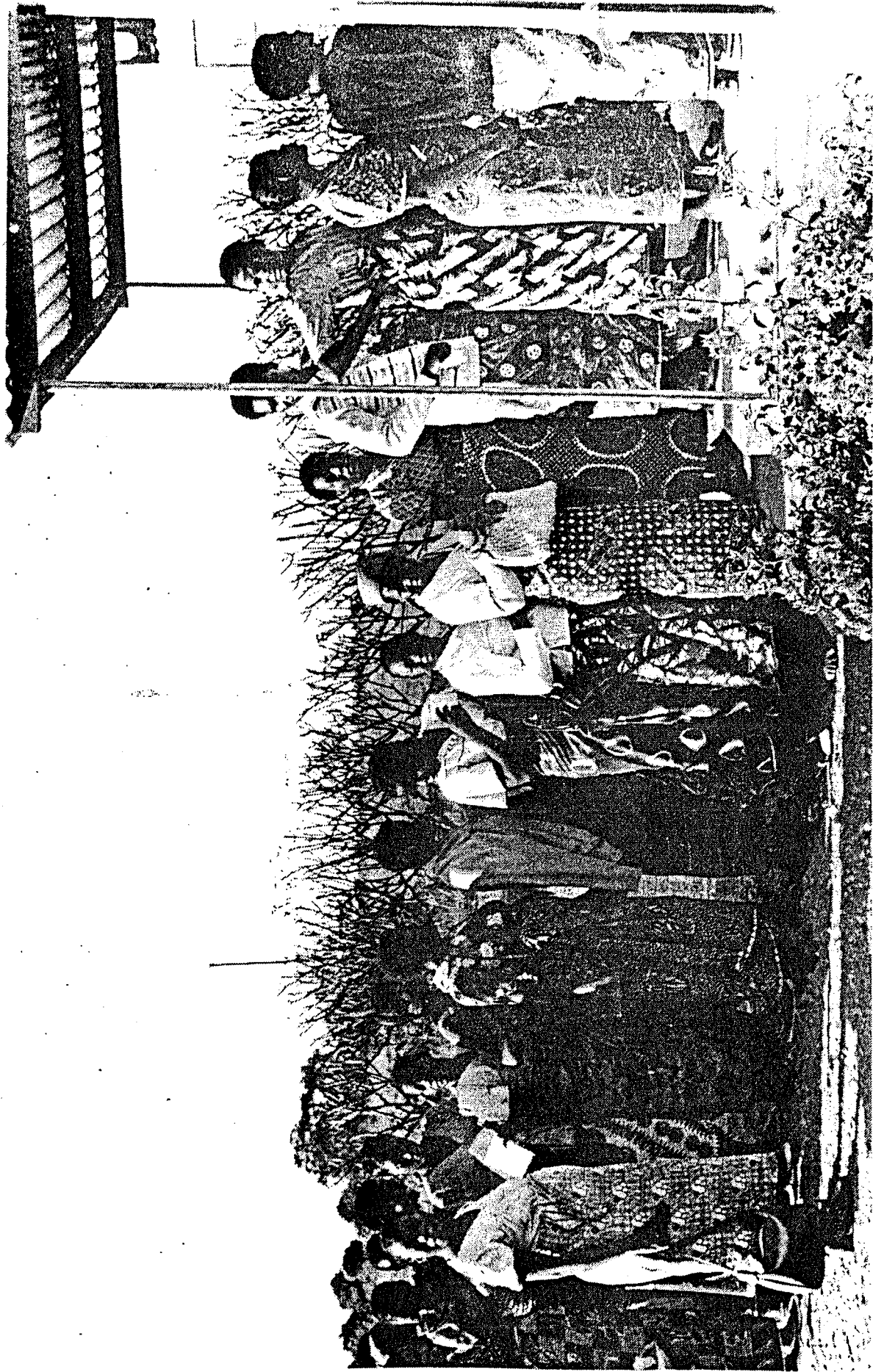
WISCONSIN EVANGELICAL

LUTHERAN SYNOD

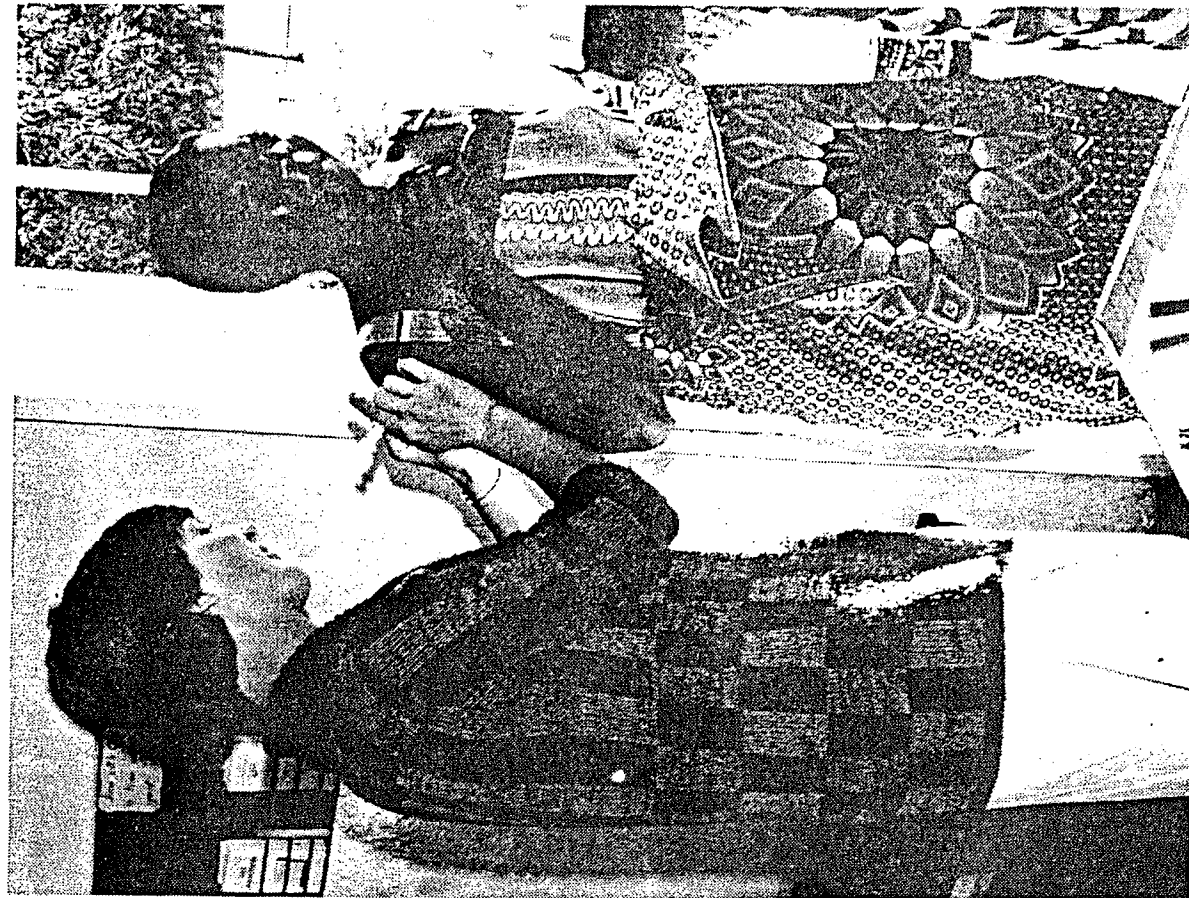


THE NURSES WILL SEE YOU NOW.





PRE-NATAL CLINIC DAY



OUCH!

WEIGH-IN

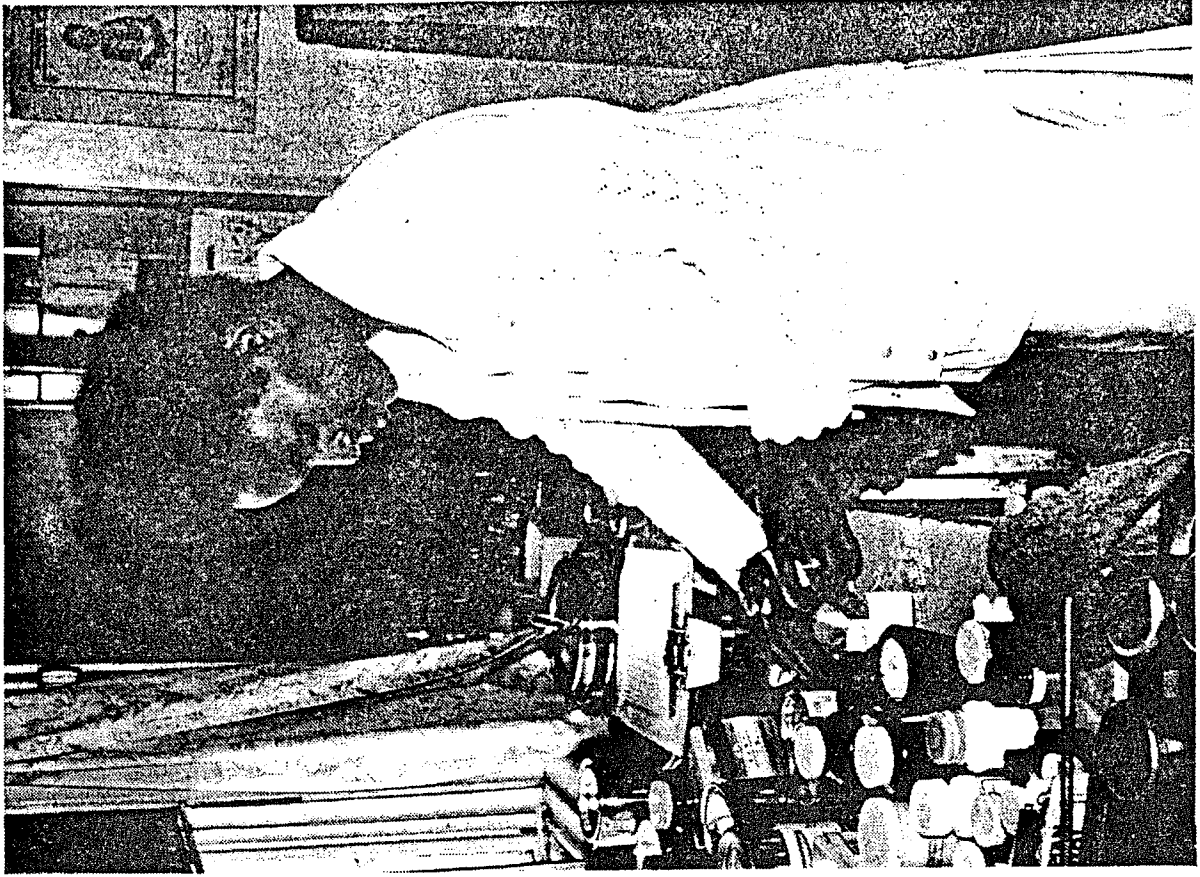


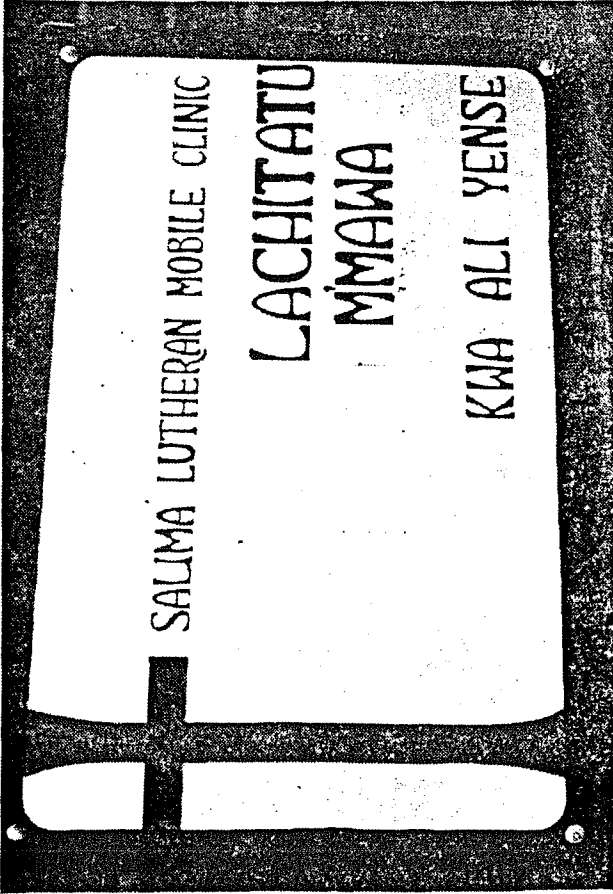
NUTRITION TRAINING

OUR OFFERINGS HELP TO SUPPORT
THE MWEMBEZHI DISPENSARY
AND PROVIDE NEEDED
MEDICATIONS, SUPPLIES AND STAFF

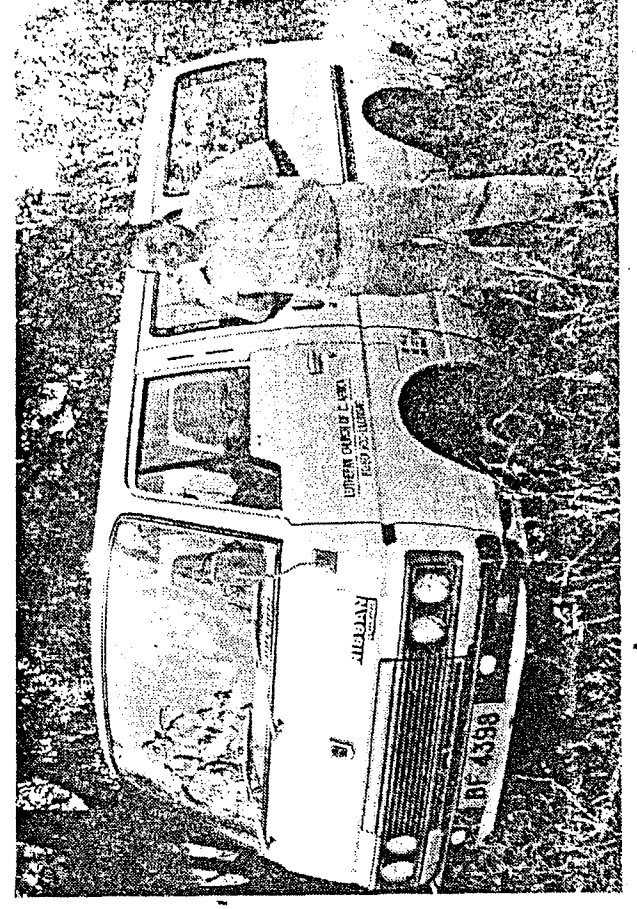
"I WAS SICK AND YOU LOOKED AFTER ME..."

Matthew 25:36





MALAWI MOBILE CLINIC — HERE ON WEDNESDAY — OPEN 9 A.M.

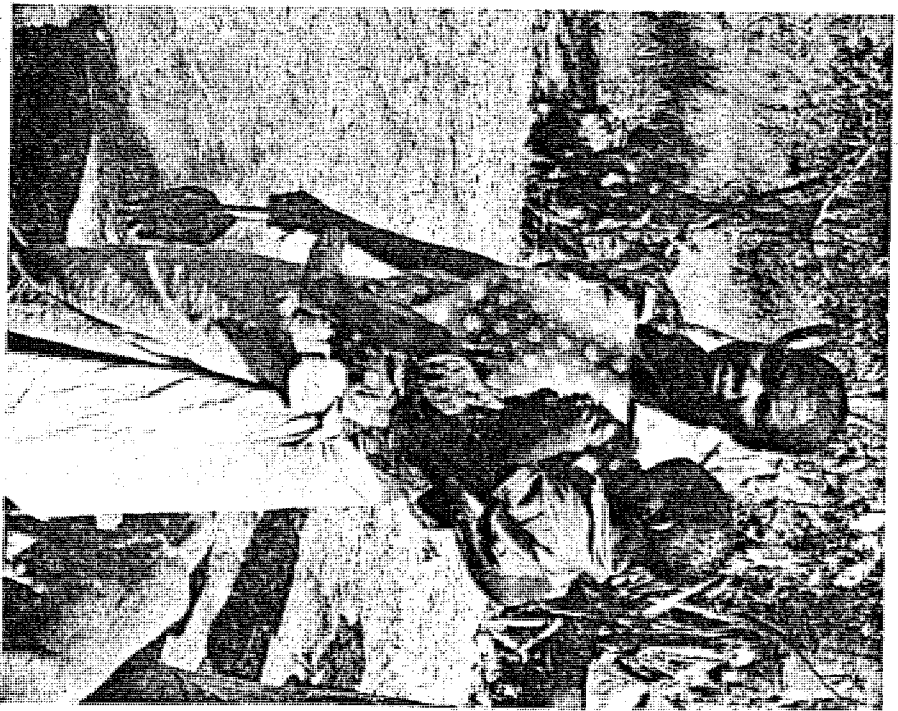




THE CROWD AT CHAGUNDA AWAITS TREATMENT



ONE DAY WE MAY BE ABLE
TO TAKE OVER . . .



NOW WE ARE GLAD YOU HAVE COME
TO HELP US.
"WHATEVER YOU DID FOR ONE OF THE LEAST OF
THESE... YOU DID FOR ME"

Matthew 25:40