

Tshikaji,  
November 2011

Dear Friends,

Do you ever find that you just don't know what to say? Gwenda will tell you that is not often my problem, but in fact, it is precisely my problem right now! I have sat down to write a mission newsletter to you all perhaps 8 or 10 times. I have written things but they just never seemed to be right. The problem is that I am now in deep trouble. I am the one who is supposed to have written, and I haven't, so we have not yet communicated to you all about our plans for returning to the US for what is called "interpretation assignment", which means our time visiting and speaking in churches. This was becoming critical because we were scheduled to return to the US on December 15<sup>th</sup>.



A proud voter with her voter's card and blackened thumb.



One always has to wait to vote!  
But here you can buy bananas while you wait!

Well, I have gotten a small reprieve, thanks to the developing instability in the DR Congo related to the national elections! It seems that our planned travel dates, which are well after the November 28 elections, will fall just when there is now anticipated to be significant instability related to the announcement of the results of the elections. So much for our

planning... Anyway, long story short, we will now be returning to the US in mid-January. I'll say more about that later but right now I would like to share with you a story about a patient.



Mamu Mujinga came, by foot, to Good Shepherd Hospital from the city of Luiza, more than 155 miles to the south of where our hospital is located, bringing with her, her son Kasawa and his brother. Kasawa was born with an anomaly of the intestine called Congenital Megacolon or Hirschsprung's disease which is an abnormality of the nerves needed to allow the intestine to contract properly. The consequence of this disease is a form of intestinal

blockage. Kasawa first required a colostomy to resolve the intestinal blockage and to allow him to return to a healthy state. Once he was well, he underwent a specialized operation to remove the abnormal part of the intestine and to reconnect his intestine properly to the anus so that he would be able to go to the bathroom like all the other kids and not have any problem in controlling his bowels. The operations, which were successful, demonstrate the extremely vital role that Good Shepherd Hospital plays in the DR Congo. This is the only hospital in the vast central part of the country that is able to provide these more complex medical services. Even simple operations are often not performed (or are not safely performed) in other hospitals.



Mamu Mujinga with Kasawa (on rt) and his brother – ready to go home!

The good news is we have the ability and special equipment to do these more advanced types of cases. The bad news is that in a bizarre incongruity, though we are able to offer some very *sophisticated* care, we are often unable, due to financial constraints and shortages of essential basics, to provide elementary, *standard* medical care.

It is the frustration of this dichotomy that leaves me struggling. I find it hard to understand how it is that we are unable, in 2011, to provide the sick and suffering with at least the minimal level of care that was routinely available in the USA in the 1950's and 1960's. How can I explain to caring parents of a sick child that we are unable to know what their child's electrolytes are, that we are unable to do basic x-rays, that we do not have the necessary medications, IV fluids, sutures and even gauze to appropriately care for their loved one? How do I write to you – people who sacrificially donate funds to, pray for, come as volunteers to, and otherwise encourage and support IMCK - about the blessing of being able to offer care that can't be found anywhere else in the region balanced against the desolation of not having the gauze to change a bandage? Many good people are working to try to improve this situation, but there are no easy solutions. So, I cling to what a veteran missionary friend once told me: "We are not called to accomplish great things but to be faithful." Sometimes that is very difficult indeed.

We cherish your prayers that we may continue to remain faithful to the One whose "grace is sufficient" and whose "power is made perfect in weakness." Please continue to hold the DR Congo in your prayers. Pray for a calm and peaceful period of elections and that whatever the outcome, the country will be able to move on in peace and continue the process of development that is so critical for the future of this remarkable nation.

Wishing you all a joyous Christmas season filled with the reality of the presence of Immanuel – God with us,

John and Gwenda

PS As mentioned, we will be in the States from mid-January through Aug 2012 on Interpretation Assignment. That means we will be available to share with anyone who invites us about what God is doing in the Congo. If you would like us to visit your church, presbytery, synod, Sunday School class – whatever – let us know ([fletchers@imck.org](mailto:fletchers@imck.org)). PC(USA) still pays our salary while we're on IA but unfortunately, their budget doesn't stretch to travel expenses. Since it can be expensive for a single church to pay for our travel from our home base (which will be New Bern, North Carolina – where our daughter Rachel and her family live) it usually works best to coordinate with other churches in the same area who may be interested in splitting costs. We'll do what we can (drive, ride the bus, take a red-eye flight) to keep costs at a minimum and if you're interested in having us visit but can't swing the costs, let us know and we'll try to find a way to make it work.



Voters studying the list of presidential candidates prior to voting.