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Pearl: “The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest, and not inferior to either in her mission.” – Sir William Osler, from an address he gave at Johns Hopkins Hospital in 1897

Introduction to this Issue

Nurses. They keep us calm as they attend to our immediate needs. I’ve known many—Aunts Lucky, Dot, Helen and Bobby. My sister Sandi is a pediatric home care nurse. My daughter-in-law Kristen (in photo) is a school nurse. In the early eighties, a Ugandan refugee nurse named Betsy joined the staff at Friends Lugulu Hospital in Kenya. Her leadership, Christian influence and outstanding clinical skills proved a rare treasure for this mission hospital staffed by minimally trained people. She brightened the 50-bed open wards with her cheerful countenance and tins of fresh flowers. Betsy cheerfully pitched in to improve basic cleanliness and hygiene as well as assisting in operations. When I came
down with hepatitis, she visited me at home. Before leaving, she remade my bed (as only a nurse can) and prayed for me. I felt renewed and hopeful. In this issue you will meet many nurses. Ever the caregivers, their touch and compassion represent the hands and heart of Christ. Their stories teach and inspire. Enjoy and feel free to forward this newsletter on to encourage the nurses you know.

— Judy Palpant, Editor

A Scriptural Blessing for Nurses

If you are a nurse in missions or you work with one, please receive this prayer and pass it on:

“So we (at CMDA) keep on praying, asking our God to enable you to live a life worthy of his call. May He give you the power to accomplish all the good things your faith prompts you to do. Then the name of our Lord Jesus will be honored because of the way you live and you will be honored along with him. This is all made possible because of the grace of our God and Lord Jesus Christ. Amen!” II Thessalonians 1:11, 12 (NLT)

— Mike Chupp, CEO Designate of CMDA

Florence Nightingale (1820-1910)

It has been said that modern nursing owes its first impulse to Florence Nightingale...

In her Notes, amidst the wisest counsels about diet, household sanitation, etc., Miss Nightingale does not neglect what some people would foolishly call ‘trifles.’ For instance: “The effect in sickness of beautiful objects, of variety of objects and especially of brilliancy of color, is hardly at all appreciated...I shall never forget the rapture of fever patients over a bunch of bright-colored flowers. I remember (in my own case) a nosegay of wildflowers being sent me, and from that moment, recovery becoming more rapid....” — From Lives of Good and Great Women by W & R Chambers, London and Edinburgh (no year listed but Queen Victoria was still alive when this book was published)

Life Changing Impacts of Three Nurses

by Mike Chupp, MD, CEO Designate of CMDA

It has been an amazing year for the Chupp family, our third in Bristol, Tennessee, as we moved from Tenwek Hospital in Kenya to CMDA national headquarters in July 2016. Already in 2019, we have celebrated a college graduation (Melody), an Army Ranger school graduation (Steven), a nursing school admission and marriage proposal (Kayla) and a CEO commissioning (Mike). Pam and I continue to enjoy the blessings of life's greatest privilege; serving the Lord Jesus and walking with Him. I just didn’t have a clue that service for him would involve becoming CMDA's next CEO after 20 years of missionary service! But it is
biblical: No eye has seen, no ear has heard, no mind has conceived what God has prepared for those who love him but God has revealed it to us by His Spirit. (1 Cor. 2:9, 10 NIV83)

I volunteered to write about nurses in missions, so I’ll start with a story about my first encounter with a medical missionary, Ms. Jeri Gerig, a missionary nurse in Sierra Leone, West Africa. I was a premed student on my first trip to Africa in 1983. Jeri had served for several years all alone in a small bush clinic among the Kuranko people and agreed to let me watch and learn. She welcomed me into her world of simple but compassionate diagnosis and treatment primarily for local moms and their children. As I watched her caring for her patients, out of a trusting, long-term relationship, God’s Spirit whispered to my heart, “This is what I want YOU to do with your life, Mike.” I went home that evening to the vacant missionary home where I was staying, and prayed on my knees: “Father God, if you will give me the opportunity to go to medical school and become a doctor, I will serve you among a needy people here in Africa or another place you show me, just as Jeri is serving here in Sierra Leone.” God answered that prayer with an admission letter to Indiana University School of Medicine later in 1983. In 1996 Pam and I began two decades of serving the poor and needy in southwest Kenya. My calling launched from the example of a humble and loving nurse in a bush clinic in Africa.

Most of my orientations and introductions to healthcare in the developing world began with nurses. That included missionary Ruth Tomisawa, a Japanese RN, who supervised the surgical ward at Tenwek Hospital when I started as a missionary surgeon in 1996. I found her quite dismayed that patients weren’t being rounded on every day by surgeons because they were so busy with surgery and outpatient clinic. Ruth was a HARD working nurse who believed in giving her patients the best she could offer. We made a pact that first week: if she and her staff would show up at 7 a.m. each morning, I would do rounds with her and make sure patients got seen BEFORE morning report and surgery. It was a match made in heaven. Ruth and her nursing team got orders and dressing changes done first thing in the morning and I had the full attention of the entire surgical nursing service! Before long, the other surgeons began to join me in these rounds because it made the rest of the working day so much less stressful for everyone. Ruth did most of the work, but her gratitude for my facilitation was a great blessing in my life. I just showed up and did my surgeon thing and that routine lasted for the next 20 years at Tenwek.

National nurses taught me so many important lessons during my missionary career in Kenya. Sarah Chepkwony, RN, was one of those nurses. She was Ruth’s right arm in the surgical ward but followed me when I took over the newly opened orthopedic ward in 1998. Sarah had a heart of gold AND a strong work ethic as we blazed the trail of Tenwek’s first dedicated orthopedic ward. One of our early patients on the ward was an emaciated alcoholic named David, a transfer from a smaller mission hospital, who had several pressure sores and looked like death warmed over. I was surprised when his HIV test was negative and eventually determined that his severe malnutrition was due to his alcoholism. His pressure sores were advanced and infected. I really didn’t see him making it out of the hospital alive, leaving his family with a big bill to pay. When I suggested to Sarah that David’s family should just take him home, she talked briefly with David in Kipsigis and then turned to me and said, “Dr. Chupp, give my team the chance to do what needs to be done with David’s wounds every day. We will turn him and faithfully change his dressings. Please don’t send him home to die.” Thankfully, I listened to her advice. Multiple debridements and hundreds of dressing changes later, David left Tenwek with pressure sores almost completely healed and a head start on leaving alcohol for good. Most importantly, the chaplains shared the good news of the saving work of Jesus on his behalf and David put his trust in Christ as his Redeemer. The transformation was amazing in his
attitude and countenance. One of our Kenyan staff doctors was from David’s home area and gave me reports from time to time that David was thriving and had become a leader in his home church to the amazement of all in the village. All of this because a national nurse was determined that David got the best care possible, in spite of my doubts.

A Glimmer of Hope

The year was 2004. The place was the women’s psychiatric ward in a mental hospital of a booming East African city. The sights and smells reminded me of Corrie Ten Boom’s description of a World War II concentration camp.

How did I get here? Hadn’t I followed God’s call to serve as a nurse in a mission hospital? I assumed that my Masters nursing degree from a well-recognized university should open doors for me to get licensed without much problem. Not so. The practical number of school hours I had did not match the requirements of my host country. As a result, I spent months of orientation on various services. The final assignment was a few weeks of internship on the women’s psychiatric ward. This rotation proved to be the most challenging of all.

In retrospect, I needed this experience. God in His wisdom knew it was time for me to get off my high horse and become a learner again. To do His work, I had to humbly depend on Him.

It was not the close quarters or smelly crowded rooms that shook me, but the showers. In the morning, 35 or so women were instructed to strip off their green sweaty gowns, line up naked and proceed to wash under a barely trickling cold shower. There was no soap. Each woman was only allowed half a minute. They then proceeded to put on a dirty gown from a pile, while carefully looking through the seams. I found it odd that each patient meticulously examined the seams on their gown, as if they suffered from an obsessive-compulsive disorder. Helplessness and fear lingered in the air. All was orderly and silent, except for the cold echoes of the nurse ordering the women into the shower, “Next!”

After showering, the patients in their damp gowns entered the enclosed courtyard, where the equatorial sun gently dispelled the morning cold air. They huddled close to the brick walls or assumed a fetal position on the cold cement floor. As I gently approached their shivering bodies, they barely responded, lost in their own world.

Day by day the routine was the same. My work consisted in reading the charts, giving out medications and just watching them like a guard. Those that were shivering on the cement often did not live long. There was so little I could do for them. Despair hung like a dark cloud over the place.

I prayed, “Lord, how do I let them know that I care, and that You care?” The image of Jesus washing the disciple’s feet came to my mind. “Okay,” I thought, “I can do that.”

As part of my continuing education the previous year I had taken a course in foot care. But as I studied the women’s feet, they were nothing like anything I had seen before! They clearly did not wear shoes. Their callous-cracked soles and yellow crow-beak like nails were hard to stomach. “Lord Jesus, I am not sure if you ever had to deal with feet like these! But, then again, you have dealt with my sins - and how pretty were they anyway? You love these women so I’ll wash their feet.”

The head nurse and other staff were at first reluctant about my proposal of doing foot care. Eventually they agreed. They warned me, however, of the danger of being in the courtyard with scissors and files. I would also place myself in a vulnerable position bent over women’s feet. They offered no protection. But God was in this. A plan took shape.

As I shared my desire, some women started responding. For the first time, I saw excitement in their voices and eyes. Those who were healthier and awaiting discharge soon took the lead, becoming my assistants. Some acted as
bodyguards watching my back while I worked. Still others fetched basins of water or organized the women in an orderly fashion. So for several days I occupied myself with foot care using my safety clippers and nail file, two basins, soap and water. Soon some of the women started to assist me in washing the women’s feet. Slowly, trust developed. Women began to gently touch my hand in gratitude.

At the end of each day, as I prepared to leave, they checked the seams of my nursing uniform coat. Finally, out of curiosity, I asked them what they were doing. They said they were looking for lice. Their own gowns were infested with them and they did not want me to carry any of the pests home with me. How touched I was by such love and care!

With their growing trust in me, they shared painful stories. Some asked that I pray for their healing. Others felt ready to be discharged but needed prayer for the means to pay the hospital bill. A glimmer of hope appeared among them—a new realization that they were loved by God and that they, too, could share that love with others.

The affection I felt for these women grew. When my rotation ended, I found it difficult to leave. How thankful I was for Jesus’ love for them—the same love he showed his disciples when he washed their feet. – Dita Poenaru

Edita (Dita) Stepita-Poenaru has been serving with Africa Inland Mission as long-term missionary for 11 years, together with her husband Dan. The first nine years were in Kenya, followed by two years in Ethiopia. This past year she worked as a missionary Provincial Mobilizer for AIM in Quebec and Ontario. Dita earned her Masters of Science Applied in Nursing in 1986 at McGill University, Montreal, Canada and then Masters of Disease and Infection Control in 2013 from University of Dundee, Scotland.

A Physician’s Tribute to Her Nurse: Julie Pyle (1955-2015)

Julie made me a better doctor. She saw my patients through two previous doctors before I arrived in 2006. She was their constant. On nearly every patient, she gave me both medical and social history. For patients suffering from anxiety, she would tell me, “Don’t think out loud.” before I entered the room. If concerned about a teenager, she’d suggest I talk to them without the parents (prepping the parents accordingly). At the end of these visits, she’d tell each teen, “Make good choices. Call me if you need to talk.”

Julie was a surrogate mother for patients. She held the hands of toddlers and kindergarteners entering the room, to ease their fears. She had a line of stuffed animals to loan out at those visits. She believed in being honest with children, explaining that shots were meant to protect them. She also believed in the sneak attack. Patients, young and old, frequently didn’t even know a shot had been given.

She was as good over the phone with patients as she was in person. She eased patient’s fears and anxiety, instructed patients on tapering or changing medication and educated them on disease management. Occasionally, I’d chuckle overhearing her say, “Tell me the truth. Don’t make me be your mother.”

Her medical knowledge was impressive. She could spot anemia across the room, sometimes even better than I could. She would say to me, “You’re going to check a CBC, right?” with a wink. When patients began to decline, she would gently suggest, “Maybe it’s time to talk about hospice.” She would spend extra time with these patients, comforting them and giving them advice.

I remember returning to the clinic after suffering a heartbreaking miscarriage. Julie and I were working alongside each other when a co-worker approached and gave me his condolences. He said, “Are you all right?” I couldn’t speak. Tears filled my eyes. Julie stood up, stepped beside me, took my hand and said, “She will be.” That was the kind of friend and
nurse she was—ever the caregiver. – excerpted from the tribute written and read by Dr. Julie Rietze, MD at Julie Pyle’s memorial service.

Addendum by editor: I can attest to the joy of having Julie as my nurse and friend. I ran into her at a social event. In passing, I told her, “My mother is living with us, now.” As others around us gasped, Julie looked me in the eye and said, “God’s mercies are yours. There will be a small cadre of people willing to help you. Use them.” Her words proved to be great advice. She died in 2015 of endometrial cancer. Julie’s life verse was John 14:27: Peace I leave with you; my peace I give to you; not as the world gives do I give to you. Do not let your heart be troubled, nor let it be fearful. Julie took particular comfort in believing that God knows our best and wants our best. Therefore, she was able, even in life and death illnesses (others’ and her own) to rest in the confidence she had in Jesus.

Nurses International

Nurses International (NI) is a faith-based, grassroots network of over 100 nurse educators who create college courses and other materials that are being accessed in 80 countries and counting! Nurses International provides Bible courses specifically designed to help nurses and other healthcare providers integrate their work and faith. And, a staff pastor, offers spiritual care to everyone who uses Nurses International materials as well as NI volunteers and partners. Nurses International believes in a holistic approach to healthcare that addresses the body, mind and spirit.

Volunteer nurse educators and others in the volunteer network are donating hundreds of hours to make this happen because we have a big problem. Globally, we have a shortage of millions of nurses and many of the nurses who are in school right now don’t have the resources to develop good skills to take care of patients.

In Bangladesh, it is common for nurse educators to use the notes that they took in nursing school to teach their students because that is the only resource that they have. In Burundi, a classroom of 80 students will have two biology books. A colleague in the Democratic Republic of the Congo is teaching from textbooks that are 30 years old.

This means that even the nurses we have often don’t know how to help the people in their communities. But, Nurses International has found a way to change that. We are creating evidence-based resources and sharing them with anyone who needs them. When asked, we provide mentorship and consulting services, also free of charge, and when asked, we help people contextualize the materials locally for their specific setting.

Nurses provide 80% of all healthcare services globally. If we can create a world in which every nurse has the knowledge and resources she needs to provide excellent care, we can go a long way to preventing needless suffering. Nurses want to take care of the people they love, the people in their communities, but without good training sometimes they add to suffering instead of preventing it.

For instance, nurses in Burundi were taking care of new moms. Unfortunately, they had an infectious patient in the same ward as the new mothers and babies. This was easily corrected by a Burundian nurse colleague who had the fortune of good nursing education. This well-trained nurse taught her colleagues a better way and may have saved the lives of vulnerable moms and babies. In this instance, the job of the Nurses International team members was simply to observe and ask gentle questions. We partnered with a Burundian nurse who could interact and follow-up in a culturally acceptable and appropriate way.
Nurses International is an organization where all participate in solving these big problems, but we can't do it alone. Our volunteers are giving time and knowledge, but with people in 80 countries relying on these materials and a large group of volunteers to coordinate, this work cannot be done without funding. The work of Nurses International is improving healthcare on a global scale, but to continue the work, we need financial partners who can dream with us about a world where every nurse has access to an excellent education and every person has access to excellent healthcare.

Consider joining our team as a volunteer educator or consultant.  
https://nursesinternational.org/volunteer/  
https://nursesinternational.org/donate/

USAID Grant Information

US Government aims to engage new grant partners
A new federal grants engagement program that CMDA advocated for with United States Agency for International Development (USAID) officials, on your behalf, aims to help you more readily engage with the U.S. Government in federal aid programs.

The New Partnerships Initiative (NPI) aims to "equip and empower new and underutilized development partners to maximize the impact of American tax dollars. The heart of NPI is to reach organizations that have limited or no recent experience in working with, and receiving funds from, USAID, which can include U.S. and local community based and faith-based partners."

To learn more, click on these links:

- New Partnerships Initiative email list to get updates
- Fact Sheet: New Partnerships Initiative
- How to Work with USAID
- Training on How to Work with USAID
- Grant and Contract Process
- Freedom2care Grant Information

Announcements

Remedy West
On October 5-6, 2019, a dream comes true. CMDA will launch its first REMEDY West medical missions conference at California Baptist University in Riverside, California. Healthcare professionals, you will be challenged in your faith and vision no matter where you are on your career path. You will also have a delightful opportunity to meet and talk with perhaps hundreds of your future colleagues as they consider how God wants to use them to embrace the remedy for physical health and eternal life throughout their careers.
Please mark the dates on your calendars, phone, computer, pads and paper for October 5-6, 2019. We’ve planned this conference schedule so you can avoid SoCal Friday afternoon traffic. Plus, we’ve left both Saturday and Sunday evenings open for travel, other events in your life and time to study, should you feel the need. www.cmda.org/remedywest

**Global Mission Health Conference**
Registration is now open for the November 7-9 **Global Mission Health Conference** at Southeast Christian Church in Louisville, KY. I’d love to see you there.