

REACHING OUT INTO THE COMMUNITY...



Training housemothers in rural China

The Training Service, another arm of Health for China, has been involved

with a project between Save the Children Fund and the Hz Children's Welfare Center (CWC) during April this year. The training topics were presented to nine housemothers who will be caring for up to six children in group homes. An additional week of training on the practical aspects of home nursing and therapy will be conducted to consolidate the theoretical learning.



Ching teaching about stimulation and play for children with disabilities

"When you die, how would you like people to remember you?"

One carer said that she would just like to be received by her Heavenly Father.



Children who will benefit



Richard and Vivian (translators in Hz) spent three days talking with the house parents about such topics as: fevers, vomiting, diarrhea, seizures, diaper rash, oral thrush, nutrition, growth and development, prevention and management of pressure sores, hygiene, death and dying, and finally, the Rights of the Child. The classes combined a few lectures, demonstrations, group work and discussions. Practical skills in these areas were also demonstrated in the main Chinese Welfare Center.

It has been marvelous to see God's hand at work. He continues to prepare the way, especially as the week in Hz was focused in prayer around the whole training project. Within the classroom setting, discussions and relationship building, we had opportunity to share how God's love impacts the lives of people. The final lecture offered opportunity to read 1 Corinthians 13.

Reuben Reports on the TB Prevention Program



There is nothing quite like the feeling of a needle sliding into the skin, and then watching the skin swell into a little lump, especially when it's your own arm.

Such was the first stage in our tuberculosis (TB) prevention program, the Mantoux testing of all our Chinese staff for latent TB. We spent a week in Shekinah Shalom and tested approximately seventy staff members.



Since then we have also carried out testing in Hephzibah and Hope Haven. All those who tested positive will have a chest X-ray and some with then receive medications to remove the bacteria from their bodies.

Over 400 million persons are infected with tuberculosis in China, including 5 million with the active disease. Annually, 1.3 million additional persons get infected and at least 150,000 die from the disease, many of these are children. The control of this disease is not difficult, but needs concerted nation-wide action, something to which we feel we can make a significant contribution ...with your help.

Dr. David shares his heart for one of these little ones....



Gone! Little Joshua gone!

It's been one of those terribly hard-to-forget days. This morning's sudden news of Joshua's death stung my heart like an arrow, leaving the throbbing pain of a real loss. He was a very special little boy. Delightful, but vulnerable. I first met him only fifty days ago, yet his loss pulls at something quite deep within me. His fascinating face will linger long in my memory. Can I forget those little eyes looking deep into mine, his astonishing unilateral birthmark occupying the whole right side of his face and body, or his resilience through extraordinary challenge? I think back more than a month to the urgent mobile-phone call, sending Richard dashing to the clinic for the respiratory kit, Grace and me rushing to get to him at Hephzibah.

I remember walking into the room where the heave of his stridor filled each alternate second, resisting the medications that would normally have made him much better. Can I forget him stopping breathing, going blue, floppy and unconscious, the sudden need to breath into his mouth and lungs, calling on the Lord Jesus for his return, the joy of seeing life and consciousness return, then the all-night struggle for his survival? The intubation of his larynx brought him instant relief, but for hours no hospital in this city of six million was willing to look after an intubated seven-month-old. Eventually the suspensionless ambulance rattled us through the night to a friendly hospital who agreed to take him. I can almost feel now the shudder of every crack in the road as we cradled his head and clung to his life tube so that it wouldn't be jolted out of place.

Safe inside we breathed a grateful sigh, until hours later his tube suddenly blocked with blood, necessitating careful replacement as he turned purple. We couldn't argue when they insisted on tracheostomy; if his tube blocked again there was no-one there who could replace it.



Grace was in the operating room for the procedure, which went well. Our lovely little boy back, we had to be thankful, even though he needed the tube to remain in his trachea for several weeks afterwards. His birthmark involved not just his skin, but his internal tissues as well, including his larynx. The carers rose to the challenge of managing the tube, but then his sudden passing away in the early hours of this morning brought us all much grief.

It's hard right now to feel the consolation that will come later, as the realization sinks in that he's home, for ever, in peace. For now the task is to console others, through our ache; to move forward, to prevent the next little life passing before its time. We need your prayers. Joshua was just one of the twenty million babies born each year in this nation. There is much to do to protect their little lives. Each is special, delightful, but vulnerable. Thank you for your partnership in caring for them.

Dr. David reports on recent involvement in training hospital pediatric doctors



Relationships continue to strengthen and deepen as the opportunities of this year progress.

Recently I was asked to give a lecture to five hundred pediatricians from all over the province. I chose some topics that might have important practical outworking for them, namely childhood asthma, dehydration due to gastro-enteritis, dental caries prevention through appropriate use of fluoride and early detection and treatment of congenital hypothyroidism, which causes irreversible, intellectual disability before showing any symptoms. I lectured in English, and was very grateful for May's clear translation.

Weekly teaching ward rounds continue to help build relationship with Chinese doctors and get more practical experience in the realities of health care. We are grateful to the hospital staff for allowing us this special opportunity. The SARS epidemic has shed a new edge to such rounds. The issues this raises are large and we need wisdom in dealing with this potentially catastrophic outbreak, and particularly, our Father's protection for those of us involved in patient care, our families and all the health workers here in China. Thank you for your partnership with us in prayer.

(Since going to print, the situation is currently headline news, as you will have seen on your televisions. Let's stand shoulder to shoulder and ask the Great Physician for healing, protection and a speedy end to this outbreak.)

Mike reports on epilepsy in China Arriving in the city one day, and then being whisked off on a ten hour train journey over a mountain range the next (with two babies and a ton of luggage,) might not have been the most restful introduction to the health team's work in China, but the sight of beautiful yellow fields, the fresh country air and the warm welcome of all the staff and children more than made up for it.

It also provided a valuable chance to begin to get to grips with the problem of epilepsy in China. Several of the children in the centers suffer from recurrent seizures and it was a delight to get to know them and talk to their carers about their special needs. While these children have benefited from good treatment under our care, there are many who are not so lucky. Based on previous studies, it is estimated that there are over two million people here who are not receiving appropriate treatment for their epilepsy. As this is especially a problem in rural areas, I have been studying a pilot project aimed at extending epilepsy care cover to rural communities and by the time this is printed will have visited a branch of this project in a special and remote part of China. The need is obvious and the potential to help is enormous. Thank you for your partnership in prayer as we seek to make a difference.

Caring For China Coordinator for the United States — Kathy Porowski

P.O. Box 10444, Santa Ana, CA 92711-9998 E-Mail: Kathy@CaringForChina.org

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