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Dear friends,

We find ourselves in the Christmas season again: exciting for many, tiring for others, too commercial/materialistic for some, while others – like us – are more challenged by the lack of daily water and food.

But in itself, Christmas is amazing: *"The Word became flesh and made his dwelling among us. We have seen his glory, the glory of the One and Only."* (John 1:14)

Dwelling...

Today I was doing the 'Sunday-pre service ward round' and had time to spend with each patient. It took me 1½ hours (seeing four children, one man and one woman). Why did it take so long? Because what usually I treat as an 'obstacle course' became in an experience of 'dwelling'. My lack of stress and pace allowed me to perceive some crying needs – for example, of the baby (*see photo below*) that was not getting better by



the second day. Having time, I repeated all the observations myself and to my shock found that the baby had only *half* of the oxygen concentration in its blood that it should. We suspected the machine to be faulty but immediate access to high flow oxygen brought the level back up to over 90% in three minutes. If I had been in my usual hurry, would I have really retested everything myself?

I also had time to explain everything to the mother, who was becoming desperate – albeit silently – as she felt her child's increasing struggle to breathe all night, and did not know how to tell us that something was terribly wrong.

On the next ward I was presented with a lady (*see photo overleaf*) who has longstanding HIV and all available treatment is now failing her. No one has had the heart (or time) to tell her – or her family – why she has lost 30kg again and is life threateningly sick with opportunistic infections about every two weeks. (She is under the care of the Regional Hospital.) It took more than half an hour of listening and exploring to find a way they can accept that perhaps the present treatment is failing and that she needs to

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The lady with longstanding HIV issues - see text on page one

start to adjust to living without Anti-retroviral therapy (... and thus eventually die).

After this ward round I realised again the importance of 'dwelling' for us human beings. By dwelling *with* the patients I discovered the crying need of the baby. By dwelling I discovered the burning unanswered questions of the suffering of the lady above and could try to at least start a process of responding to it.

It is by my and other Christians living ('dwelling') with Juma that he has started to depend on God. His granny, whose severe asthma has forced her and Juma's little sister to stay with me for now, asks me nightly to pray for her family. (The family by reputation are 'local healers and pagans').

Without my 'dwelling'/sharing my life with people here for the last seven years, how could any of my messages (living for Christ, or even only boiling one's water) have made any impact in Tabora? It is my being present – in flesh – with them that makes a difference.

It is so exciting: *The word of God has become flesh and dwells with us!* (John 1:14). It is not only the early Christians who needed Jesus, the Son of God, to dwell with them. Are we not

all in part like that little girl, that suffering lady, Juma and his Bibi (Granny)? We may not know that we are in desperate need, as that little girl and her mother did not know it either, but the need is there!

I ask myself this question: do I have the real joy in my heart; do I live daily the joyful 'freed from worry and anxiety' life that our God has planned for me? I also need Him to dwell with me, even in me.

Christmas is the greatest joy to the world: *We come to remember that God has come to dwell again with us human beings, giving us the chance to understand and experience Him ourselves. And of being born ourselves, not of natural descent or human decision or by a husband's will but born of God...* (John 1:13).

A new life,

A new spirit,

A life filled with light:

Not loneliness, despair, wasted empty years,

Not darkness,

Not lives shaped by worry, greed, anxieties, etc.

Many blessings: Developments with the clinic etc

The palliative Care Seminars for our own staff are now over. We have hugely profited from them as the format was very helpful and the staff very receptive. To put it into practice will take a bit longer, although we have already started integrating new ideas and strategies into our present practice.

One change is that we now accept patients with severe heart failure. They profit from this, because it means that through being integrated into our palliative care service we can then subsidise the drugs and send someone to check on them at home and admit them if in dire state. We have already supported three of these severely ill patients at



A man with Rheumatic heart valve disease



Kulwa, a constant companion in the nurses' office

home in September/October. Their suffering is often immense as they either die with incredibly swollen bodies or terrible shortness of breath. Above is a photo of a new patient in this group.

Though often tragically young (untreatable Rheumatic heart valve disease), this man is 84 years of age and has no relatives nearby to help him. This is becoming more common and means for him that he could not afford to come back in time to get more 'water tablets' so his body swelling returned (20kg added!) and the hard fought progress of his last admission (that was mainly funded by some of you) was all lost.

Familia Moja has at present one home care visitor, one full-time nurse. The four casual 'farm workers' are also now taking turns in bringing home based care and learning the basics of this in weekly seminars with their wives.

The HIV clinic has two nurses, one fully qualified as well as a clinical officer. We look after 250 people in that clinic. Clean water and contraception remains our biggest challenges at present.

In the clinic we see about 80-130 patients a day on average, which is fewer than in the past but still more than in all other facilities. (Attendance drops everywhere when the harvest has been bad as no one has much money). The wards are regularly

filled with six-nine admissions, usually many being children. We have 10 nurses and four doctors for the out-patients and wards and a laboratory with three staff.

We have a specialist heart, blood pressure and diabetes clinic running on Tuesdays and Fridays, which makes those days a lot more busy. We have seen a lot more diabetes and heart disease in the last two years than ever before and even here, the epidemic of increasing Cardiovascular disease has reached us.

The weekly outreach to the villages is going well also; we see at present on average between 180-300 people on each trip.

Luka - see text overleaf on page four



We have managed this year to finally also integrate the HIV clinic into the mobile service and already about 10 clients are now regularly receiving these drugs and care near their homes.

The cost of the diesel and subsidising tests, treatment, etc is fully carried by the efforts of many of you.

The farm is very busy as with distributing about 20 tip lorries trips of cow dung as well as planting; we have had a little rain, and we are overseeing the soil-restoration project, finishing off some building work (toilets) and learning how to become home based for care workers. We have now over 30 chickens, but sadly only one dog (two have gone missing). We are going to embark on the rabbit project next. (The rabbit hatch is already built).

Familia moja and palliative care are busy with recruiting new clients and keeping on top of the present ones. Sadly our longest standing 'palliative care' patient died two months ago: Mwajuma (aged about 70) came to us with severe disseminated ulcerating breast cancer, but thanks to your donations we were able to afford giving her tamoxifen, which reduces the progress of breast cancer, and she remained remarkably well, active and independent for three years, even though the 'wound' remained. (I 'gave' her about three months to live when she first came to us).

Luka – *remember the boy with the broken neck in 2009* – was wearing his collar till August this year. He is now so tall and big and helps his mother with making bricks, so I decided that we could try and take it off. *On page three is a photo of him*, next to Dr Deo, who adjusts his epilepsy drugs, which is still funded by Familia moja (you!).

New challenges

The new Bishop, Elias Chakupewa, has been busy traveling through the Diocese and finds that many areas have poor health care and few Christians. He has therefore encouraged us to work together with the other departments, especially the evangelism department, and

try if we can find a way together reaching out.

Rev Samaga, the new department head, has been travelling around and been able to localise two possible locations for us to start services. We want to concentrate mainly on health prevention with a stationary health post/local church/community centre evangelist that 'runs it' (with some training and help).

Prayer points

- Please pray for the above mentioned work and workers. That we would be the first to have Christ dwelling in us and so others would be drawn to Him.
- Please pray for the new vision and the development of the Diocese on the whole. Also pray for Bishop Elias as he has a lot of challenges and very little resources and rest.
- Please pray for rain. We are very desperate for water to drink and water to grow. It has rained in some parts of Tanzania, but here the 'proper rain' has not yet come.

May God bless you and give you an exciting Christmas season, full of His presence!

Love from Tabora

Ruth, Juma and the team