



Dr. Michael Johnson trains residents at Kenyatta National Hospital and works in the Kibera slums—wife Kay is serving children.

Reconciliation Report

“Move Over, We’ve Got a Live One”

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*Researching, Teaching,
Mobilizing, for the Name—
Serving Primarily African-
Americans*

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- www.strategicnetwork.org/ Tremendous library of serious Christian articles generally—search for African American missions
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We literally waded through the hundreds of patients to get to our work station in the Casualty Ward. In America we call it the Emergency Room. There were people standing in line, who had been there for several hours. Some were bandaged with crusted blood on their faces, clothing and dressings. Many of them had tattered and ragged clothing. The smell of some old wounds filled the air and added to the aura of despair. Some leaned against the walls, others lay on stretchers, or clustered together on crowded benches. This mass of men, women and children were coughing, gagging, grimacing, but no one was crying. Crying aloud is not part of this culture.

All of them look tired as though they had traveled on foot for a hundred miles without the benefit of food or water. This was not a major disaster scene. This was the usual beginning of the morning shift in the casualty department at Kenyatta National Hospital.

Many of them were waiting for the surgeon so, we had to move fast if we wanted to do some good today. I had the privilege of working with my son Elijah a few weeks prior to this, and now Kathrin Allen, a senior year medical student from George Washington University was working with me. She followed very closely behind. It would be easy to lose me in this chaotic crowd, except I was wearing a white coat. I could sense that this normal workday for me was going to be a challenge for her.

Our first patient had been beaten badly about the face and mouth, from which he suffered a broken jaw and a depressed skull fracture. He was awake and alert. He did not voice any complaint even though he had already waited four hours without wound care, pain medicine or intravenous fluid. He, like the other 200 plus people waiting in line, had learned to suppress the sensation of pain and await treatment as it came. An urgent call to the ear, nose and throat surgeons was answered five hours later and he was prepared for surgery later that afternoon. He was amongst the fortunate.

As we attended to the various cases of broken bones from car accidents, tumors of incredible sizes and wounds from bullets, and knives we began to feel the numbness that comes to anyone who sees masses of people who are hurting. In order to keep listening for pain, you must make sure that you feel or try to understand some of the pain. This can be numbing.

We were awakened from this numbness by the buzz of an alarm bell that sig-

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naled someone was needing urgent cardiopulmonary resuscitation (CPR). We moved quickly to the resuscitation room, without explaining to the patients we were attending. We were needed urgently.

Upon our arrival we met the medical officer who was managing a five year old girl who had quit breathing. He could not get the airway secure and the girl was close to death. After several attempts I was successful by God's grace in securing the airway.

Before we could get too far, a mother brought in her 5 hour old premature, underweight, cold and lifeless baby. The infant was not breathing and had no heart beat. Remembering my Advanced Cardiac Life Support course which I had just taken while in the US, I gave two quick breaths by mouth to mouth and began chest compressions with my fingers. I was not optimistic that this infant was going to live, but knowing the parents were just outside the door, our team followed the full protocol. After 15 minutes of trying to regain a heartbeat, we gave up.

The staff stood together holding the mother and father's hands and praying with them that God would be able to give them strength to bear this loss. "Why my baby?" was the father's tormented cry as he fell to the floor. The mother sobbed loudly and the father rolled on the floor continuing to ask "why my baby?"

We held their hands, we looked them in the eyes and in the middle of the small resuscitation room, we tried to offer solace and compassion. We wrapped the baby in a cloth. We placed her on one side of the bed and prepared to try to answer their questions.

I watched Kathrin's eyes fill with tears, but my attention was quickly diverted, by the sudden entrance of another anguished mother bursting through the doors. She ran in, throwing her child on the same bed with the body of the infant who had just died.

The staff responded quickly, and immediately began to move to make efforts at resuscitation, seemingly unaware that the body of the infant was just three feet away on the same bed. I could sense that in their urgency to care for this one child that was still breathing that they had emotionally distanced themselves from the one already dead. They had grown numb as I had. After all, we have a live one. Move over we need to save this life while we have a chance.

I exhorted the staff to move the dead baby from the table as we cared for the live child. After all, the mother and father could not bear the scene of their 6 hour old baby being pushed aside as if she were not only lifeless, but worthless. The staff complied, graciously moving the body to a more respectful site outside of the resuscitation room. We then proceeded to help the one who was yet alive.

We were able to successfully resuscitate three out of four pediatric cases that day. This was in the middle of managing the other myriad cases of trauma and less urgent surgical consultations.

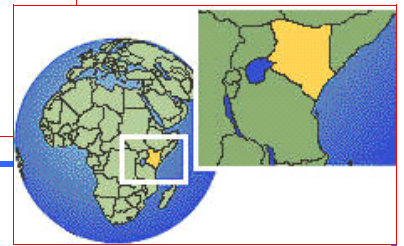
The sense of 'crisis' continues to rise as the day goes on. There are too many patients, not enough physicians nor supplies. We leave at the end of our shift, knowing that we have done the best we could, given the limited resources available and the demands placed upon us. We have comforted those who have lost and given relief to those who are suffering. We have tried to model compassion and perseverance in the midst of overwhelming odds. I believe Jesus would have done just this. He would neither ignore the grief of those who mourn, nor just manage those who yet have a chance of life. The Eternal Savior is eternally optimistic. He always has time for those who grieve and yet takes time to offer hope to the living.

"Move over!" He bids the angels as He looks down on each of us..., "there is hope here, we've got a live one!"

**UGANDA 2003 TRIP:
9 SERVING IN JULY —
PLEASE PRAY**



Dr. Johnson and Kay serve slum children through the College of Family Medicine. They have been missionaries for 13 years, leaving the American Dream in Philly for the pain in Nairobi. He became a missionary through reading the Bible. Please pray with him against burnout. With World Gospel Mission, you can send a note of encouragement to mjohnson@todays.co.ke



Trusting in Worship

"Stand at the gate of the LORD's

house and there proclaim this message:

'Hear the word of the LORD, all you people of Judah who come through these gates to worship the LORD. This is what the LORD Almighty, the God of Israel, says: Reform your ways and your actions, and I will let you live in this place. Do not trust in deceptive words and say, "This is the temple of the LORD, the temple of the LORD, the temple of the LORD!"' Jer. 7:2-4 (NIV)

Jeremiah warned the people of Judah not to trust in their sanctuary for security. They reasoned that surely the Lord would not allow His own home to be destroyed (7:4). That axiom was cover for doing whatever they pleased, including serious sinning (7:9). As long as they had the Temple they said, "We are delivered!" (7:10, NASB), and they believed that all was right with their God. Their theological motto was, "It's the Temple, stupid." Their theological motif--"Our God delivers."

The African American church magnifies gathering for weekly worship and she cares far less about the clock than do Anglo churches. She proclaims God's deliverance every week. "Our God is able." "He is a way-maker." "God can make a way." "God can do anything but fail." These are variations upon the ancient verity, almost obligatory each week in sermon and song--"Our God delivers." Echoes of the Exodus and Emancipation mingle with God's help making it through last week.

What are the consequences of this praise and affirmation of God's deliverance? For most AfAm churches, they seem to be to co-equal to assisting the AfAm community generally, and their own church and immediate neighborhood particularly. The consequences of worship usually do not escape the gravity of the AfAm

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Prayer and Praise



↑ Pray for Moon (whom we haven't seen recently) and the salvation/discipleship of those we contact at the Westside, as well as for more coworkers. Judi now accompanies me and we're experiencing general acceptance and developing friendships. Pray also for friend Rel's salvation.

↑ Nine plan to come to Uganda. Please pray for their fund raising, God's anointing and to be fully ready. With non-essential travel discouraged by the State

Dept., pray for protection from terrorists, etc.

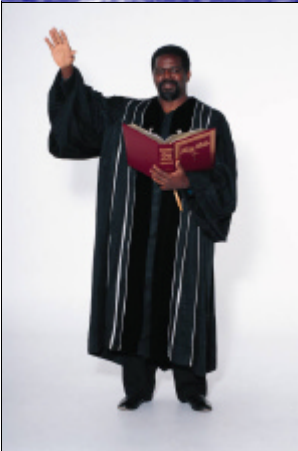
↑ Continue to pray that we'll locate all current AfAm crosscultural missionaries and for their help with a survey. We have 12 to date. I sense **strong** spiritual opposition.

↑ Tim graduated and needs an engineering job before his November wedding. Please continue to pray for excellent health for Susanna (who has a 3.9 GPA). Ethan is doing better at LeTour-

neau, and taking summer classes. Naomi would value prayer. Thanks for praying!

↑ The Cedine Men's Retreat Church Leadership workshops in March were greatly blessed.

↑ The 1-day Biblical Financial Foundations seminar is re-scheduled for May 31st in Nashville. We want all there whom the Lord desires and their financial freedom.



community. But is God willing only to meet our own needs? Is He not willing to bring deliverance to the pagans, including unreached people groups? Being willing, isn't He also able to do this?

If our God is able and willing, why can't He—indeed why should He *not*--send us to the world's mission fields? If God makes a way for us, why can't He use us to make a way for other peoples? If God delivers us, why can't He deliver others through us? Might I suggest that perhaps His plans have been thwarted (for example: Mt. 22:37; Mk. 6:5). But rarely are these questions even considered. "This is Church!" "This is CHURCH!" "THIS is church." "Our God delivers!" If we "do church" right, forget any consequences for failing to take the message of deliverance by faith in Christ around the planet. Our God delivers us—but let's not talk about our God delivering anyone else. Our God woke us up this morning, but we're not asking who else He did or did not wake up. In fact, God did not wake up 37,000¹ this morning who never even had a chance to accept Christ. Does that disturb our sleep or our worship? Global missions are off-budget, "missionary" is an invisible fulltime church *vocation*, we rarely hear it from the pulpit, and there are few voices in the pews for the 37,000 who *never did* hear of that God of deliverance.

Many African American churches, together with all churches largely complacent to the mandate to take the riches of the Gospel to those unlike themselves (Matt. 28:18-20), must reform their ways and actions, just as Jeremiah proclaimed. What matters in Christianity isn't equivalent to what goes on between 11 AM and 1:30 PM Sunday morning. It bleeds over upon the other sheep who have not yet heard Christ's voice (John 10:16). It bleeds over into the "Casualty Ward" at Kenyatta National Hospital. Religion is satisfied with security, the Temple and having church. God isn't.

Jim S. 1 Barrett & Johnson, *World Christian Trends, AD 30-2200*, p. 59.

Elmer Adams to the Congo

My vision for Africa has been in my heart for many years. It all started when I received Christ about 25 years ago. I remember the Lord saying to me that He wanted me to go to

Africa to preach the gospel and minister to the poor, but I was young and wanted to stay in America and enjoy the pleasures of this great country. Then my life began to fall apart. First my wife divorced me and I never seemed to have any peace no matter what I did. After many years of failing to find happiness in all I attempted to do, the Lord began to speak to me about 5 years ago, that He still wanted me to go to Africa. But still I continued to make excuses until my second marriage fell apart, also about 5 years ago.

Now I was totally broken and nothing mattered anymore. Then a small and soft voice began to speak to me everyday. It said, "Go to Africa and preach my love." Soon my heart was burning as never before about the hurting people in Africa. Then one night while watching TV I saw a documentary on Rwanda—how so many Africans were starving and dying. But the thing that really touched my heart was when I saw a young boy that looked like my brother who had walked miles to get just a drink of water and when he got to where they were giving water, there was none left and the people closed the gates. All he could do was hang on the gates, dying.

This was enough for the Lord to get my attention. From that day I set my heart on going and giving what I had to my hurting African "family." Nothing would stop me. My mind was made up. Though I was broken over all the failures in my life I was set on giving the rest of my life to helping the people of my forbearers, Africa.

At the beginning none would open a door for an old African American. But the Lord was with me. After 2 years of trying to go, I was invited to visit a Mennonite Brethren church in Fresno, CA. There I met Dr. Lumeya, an African. We instantly became friends and brothers, continuing to this very day. He invited me to go to Kinshasa, Congo to preach the gospel to lots of hurting people. I went alone, having never been to Africa before, but the Lord was with me. Many received Christ and gave their lives back to the Lord. I made many friends there and was invited to return. Since then I've been to Angola and back to the Congo twice.

During this time I was a member of the Mennonite Brethren church, attempting to become a fulltime missionary. After working faithfully for over 2 years in the almost all-white congregation, I was accepted by their mission board, leaving for the Congo on July 29, 2003. I hope to do job development projects, leadership training, church revitalization and to build an orphanage in two years to house about 500 children.

Elmer lacks \$500/month in support. He can be contacted at: ekitoko@mymailstation.com He was unanimously approved by Mennonite Brethren Mission & Service Intl. www.mbmsinternational.org