

THE WARNOCKS' ESCAPADES

Our Home Page: <http://home.comcast.net/~twcwmissions>

2 July 2010

Ted's Advance # 13030Z

Ted's E-Mail: missionsted@comcast.net

Carla's Advance # 13031Z

Carla's E-Mail: carlanursemg@comcast.net

Carla's Story: Miracles happen! However, because miracles rarely fit Biblical form, I usually call them God-incidents. One miracle occurred this spring to one of our missionaries. I have permission to share her story with you. Here it the story of Ms. Missionary (Ms. M).

As she had every 3 years since 2003, Ms. M came to Atlanta for her end-term missionary wellness medical exams. She had a few minor chronic issues, but was generally in excellent health. One of the routine exams for missionaries is a chest x-ray. In regular physical exams, this is not done. However, we still require it for our missionaries. On the chest x-ray, Ms. M was found to have a possible ascending aortic aneurysm and a damaged aortic valve. Further tests confirmed this diagnosis. An aneurysm is like a bulge in a rubber tire or a hose. Once the pressure becomes too great for the weakened rubber, it ruptures. In Ms. M's situation, the bulge was in the body's biggest artery at the point that is comes off the heart. Even with the best medical facilities nearby, this tends to be deadly because once the bulge bursts, very little can be done to stop the blood loss and save the person's life.

Ms. M had no symptoms that were truly relatable to the aortic aneurysm and a damaged aortic valve. At any moment, her life could have ended. Within 2 weeks of diagnosis, she had major cardiothoracic surgery in which her aortic valve was replaced and the aorta repaired. She has since begun cardiac rehab and is on her way to 100% recovery. Thanks be to God and excellent missionary health benefits provided by you, the people of the United Methodist Church

Atypical Mission: In 2009, a total of 113 medical evaluations were coordinated, completed, and missionaries medically cleared by the Missionary Health Ministry Wellness Program that I coordinate. This year we anticipate nearly 150 evaluations. In addition to this responsibility, I am a health educator, advocate, liaison, and counselor. I realize that my mission assignment, coordinating missionary healthcare, does not fit the usual missionary stereotype. However, to the missionaries I work with, especially Ms. M, I am in God's service with and for them, and in turn for those they serve.

Notes from Ted:

Late January and early February 2010 took me to the Democratic Republic of Congo (DRC) and then to Nigeria to begin a formal process of capacity and governance training for these two country's new health boards. In May, I traveled to Zimbabwe to conduct similar board training. These training programs included areas such as: creating their organizational chart, developing operational health board Bylaws, defining board governance versus management roles, understanding hospital and clinic revitalization factors, grant writing, leadership, SWOT, Robert's Rule of Order, strategic planning, and creating a 5 year Strategic Plan in workable "draft" form that



references their countries goals, objectives and the health related United Nation's Millennium Development Goals 4, 5, and 6 that deal with the reduction of child mortality, improving maternal health, and the combating of HIV/AIDS, Malaria and other diseases. Contained within each of these country's Strategic Plans are mission vision statements that read much like *"The health board of our country and the United Methodist Church seeks to ensure that our Hospitals, Clinics, and other health related programs provide holistic, affordable and accessible delivery of healthcare services"*.

Following the Board training, I visited the United Methodist Samuteb Memorial Hospital in Kapanga, a remote village in the DRC. This hospital - founded in 1914 serves a community of over 140,000 and delivers (on average) 200 children each month. At this hospital they regularly deliver pre-mature children. Without reliable electricity, the hospital has shown ingenuity in their successful care of these children by placing them into a cardboard box, wrapping them in soft blankets, placing two hot water bottles inside the box, partially closing the top and covering each newborn child with a mosquito net.



Visit to Wings of the Morning at the Lubumbashi Airport in the DRC: With a long and near child like fascination with aircraft, as well as four years serving in the U.S. Air Force, I jumped at the chance to spend a day working on one of the aircraft assigned to our United Mission Aviation Ministry (UMAM) in the DRC.



This aircraft, a Cessna 206, is being rebuilt to go into service. On the day I had a chance to assist in the scheduled inspection, we removed access panels and inspected key components. We checked control cables for correct tension, and adjusted aileron (turning) linkage for proper configuration. It was a good day. A few weeks after my departure from the DRC, I received the photo to the right with the caption - She Flies! With a new engine, this aircraft will soon be returned to missionary service. Information on the United Methodist Aviation Ministry can be found at: <http://new.gbgm-umc.org/umcor/work/aviation/>



ASP - Appalachia Service Project: The last week of June, 70 persons from our church - 50 of them youth traveled to Clinchco, Virginia to participate in a program that hosts 15,000 volunteers annually - serving some of the most needy families in the U.S. To use their words, "for over 40 years they have focused on making homes warmer, safer and dryer". On this week, our groups repaired roofs, build and repaired porches, installed new doors, dug ditches, replaced floors, installed floor tiles, and installed retaining walls to divert creeks from destroying homes. With more teams following us, we know much will be accomplished during the summer months. The team I co-led completed a deck with a locking safety door. To the right, a small child closes the door on her new deck.

