

Narrative with PowerPoint Presentation:  
Paula Lofstrom (with interruptions by Denny)

**Slide #1:**

Dennis Lofstrom, Paula Lofstrom, Mary Ellen Kitundu.

Mary Ellen is the President of International Health Partners, US & Tz  
Denny is the Vice President and C.O.O. (Chief Operations Officer) of IHP, US & Tz  
Paula is the glue that tries to hold it together with the title Administrative Coordinator (because it sounds high-falutin')

**Slide #2:**

Tanzania is the size of any 5 large mid-western states, i.e. North and South Dakota, Iowa, Minnesota and Wisconsin combined.

**Slide #3**

Fifth grade geography lesson: You can fit 3 United States into the continent of Africa. It's huge. Point out Tanzania by Lake Victoria, below Kenya

**Slide #4:**

Lake Victoria is the largest lake in the world in surface area. Lake Superior is considered larger because it is deeper and has a larger volume of water.

In Dodoma International Partners has a contract with St. John's University supported the opening of a baccalaureate level nursing school which has been open now for 3 years and has become the largest nursing school in the country with 324 students.

We've completed paying for the land at Zinga, just north of Dar es Salaam for a Pediatric AIDS Hospital – actually our goal is to accept any child with a life-threatening disease. Our larger goal is to never have to send a bill – but we'll have to see. We have some people in England helping to raise the money for this hospital.

Nyakato Health Center is up near Mwanza. Follow the road east/southeast out of town to the white-roofed building that is Mwatex.

**Slide #5:**

As above

### Slice #6:

Lake Victoria is the big ink-block-like blob on the left. Mwanza is the bubbles on the lake. Follow the road east/southeast out of town to the white-roofed building (in about the middle of the slide) that is Mwatex. This is Musoma Road.

### Slide #7:

The white roof is Mwatex – a textile factory.

You'll note this is a densely populated area around the open area in the middle. Greater Mwanza is 2 million people. Our catchment area is 186,000 people. The open part in the middle of the slide is 32 acres, one mile diameter, and is owned by the East of Lake Victoria Diocese of the Evangelical Lutheran Church of Tanzania.

### Slide #8:

Health Center is the square roofed building. It was built as the diocese headquarters by the Finish Lutheran Church. However the bishop at that time wanted this to become a health center, so they moved out of these office to some much more marginal offices downtown and this building sat empty. They prayed every morning for 15 months for someone to come make it into a health center. Then we came. We saw the first patients 7 weeks later. We started with 7-12 patients per day. Then we worked up to 17 to 21 patients a day. We are now seeing 60 to 100 patients a day and are seeing more each month as people walk further and further to come for quality health care in a Christian facility. We do, however, see anyone who comes to the door. We do not discriminate and treat everyone who comes to us no matter of who they are or their status/religion, etc.

Point out Sele and Magola's house. Sele is our Project Manager, Magola is our driver. Maua Hostel is going to become an evangelical training center. Lofstrom's house and Paula's tiny little pool (a built up cistern, 8 x 14 ft). The bungalow is a 3 bedroom, 1 bathroom house where we usually put our female medical students. Dr. Mbwambo is the medical director for the diocese. The Guest House is a 4 bedroom, 2 bathroom house where we put male medical students, visiting doctors/families/etc.

### Slide #9

Self explaining.

### Slide #10:

Actual cash donations and "in kind" donations. "In-Kind" means donated medical supplies, building supplies, doctors' donated time.

**Slide #11:**

34% is construction costs, i.e. buying cement, nails, toilets, etc. over and above what have been donated.

41% is labor – that’s the money we pay to our Tanzanian construction crew – usually 18 people, half women. All are paid the same, according to skill levels.

14% is the money we put directly into the clinic, i.e. buying the sterilizer, an incubator for the lab, other equipment needed in the clinic, first time reagents for a new lab test. From that point on the clinic can charge enough for the test to pay the lab tech and cost of replacement reagents.

6% is education. This is used in several ways. We’ve educated our first MD. She starts in November. We are scholarshiping a young man to get his MBA so he can become our administrator, and a young woman to become our accountant. So, in 2 years when we really need these people, we’ll have them ready to go and we can train them in as we want them without having to “untrain” them in something learned someplace else. Also, we pay our medical staff at a very low rate. That’s because we want to keep our prices to the patients as low as possible. So, we try to find donors to our education account so that we can pay for the educations of our staffs’ children. Educating their children is THE most important thing for all of our staff-members, so they’re willing to work for such low pay as long as we educate their children.

Our clinic charges 2000 Tanzania shillings for the first visit and 1500 shillings after that. Now, a chicken costs 9,000 Tsh. So, our patients receive quality health care for ¼ of the cost of a chicken.

5% is the cost of office stuff and auditors – internet costs, telephones, paper, printing ink, etc.

**Slide #12:**

People want to know, “How much of my dollar goes directly into the program?” In the case of International Health Partners, US it’s 98.67%. The remaining 1.33% is mostly the gas it costs Denny and Paula to go around the U.S. telling the story of International Health Partners and trying to motivate teams and volunteers, and asking for financial support for the program. The percentage is so low because Denny, Paula, and Mary Ellen and Joyce Zemel (treasurer), are all volunteers as are all the board members on both boards, US & Tz.

**Slide #13:**

Self explaining

**Slide #14:**

Read slide: The lake has 2400 islands in it. The children are helping to carry water. When the buckets are full they weigh 40 pounds each.

**Slide #15:**

Self explanatory

**Slide #16:**

Most of our guests take a 2-3 day safari to see the Serengeti and Ngorongoro Crater (probably the best animal viewing in the world). Don't the giraffes look like a church convention? Where's Maude? Have you seen Helen? Where do we register? Where's the coffee?"

**Slide #17:**

Tanzanian street food – roasted maize.

The Sukuma look very much like the Massai. They represent 16% of the country's population, 6 million people. The country is 1/3 and 1/3, and 1/3 – 1/3 Muslim, 1/3 Christian, and 1/3 unchurched or tribal-traditional. However, the Sukuma have been very resistant to Western anything – western medicine, western education, or western religion. Thusly, they are 1% Muslim, 6 to 7% Christian, and all the rest unchurched. This means that they believe strongly in sorcery and witchcraft.

For instance: When a woman grows too old to go out into the forest to cut wood to cook over, she cooks over dung (very high in urea) or a shrub plant called pencil plant that puts out very noxious smoke. Therefore, the women's eyes get red and irritated, then infected, then more red and irritated. They're accused of being witches and hacked to death with machetes. Also, anyone with cataracts, male or female, is said to be bewitched, and killed. We'll talk more about this later in the talk.

Bismarck Rock is the one-and-only tourist attraction in Mwanza. It's a rock with a natural cross in it balanced on other rocks. Remember that this was German East Africa until after World War One. After that it became British East Africa under the old League of Nations. Then it became Tanganika under British rule. It became independent in 1961 and then joined with Zanzibar in 1964 to become Tanzania.

Crowned Cranes are the State Bird of Uganda. These were photographed in Ngorongoro Crater.

**Slide #18:**

This slide is here for young people. The two women are obviously friends. They love each other. Any woman loves whomever does her hair. Over time they know all your secrets and sympathize with you and your life-stresses.

But, if you'll notice, the young women are in the middle of the block on a street in our village. This slide shows that lasting happiness is who you love, not the latest I-pod or flat screen TV.

**Slide #19:**

The clinic was built about 15 years ago by the Finnish. The blue truck is our "Lego" truck. We call it that because the truck is Lego Block blue.

**Slide #20:**

Self explanatory. Read aloud.

**Slide #21:**

Bottom left is the proposed maternal home complex. It will be a multi-use building complex. Certain rooms will be set aside for "at-risk" mothers (and their families). The rest of the rooms will be for our teams that come to help, and for our nursing students who will be coming up to their different rotations including mid-wifery. There will also be an apartment for Lucy and her daughter, a commercial kitchen big enough for a commercial bakery, and a restaurant and coffee shop.

The MCH is the 2<sup>nd</sup> unit below the administrative/clinic block. MCH is Maternal and Child Health Center. We want to be able to offer prenatal care and well-baby checks.

Also shown are the buildings that are completed or near completion. The eye center is in the upper left of the block, it's about 1/2 done. The Patricia Ward, an isolation ward of 10 completely separate rooms is done. The birthing center is about 2/3 done. The laundry slab is poured. The footings and foundations are in for the radiology suite but we can't pour the slab until we know where the drains/conduits need to be and can't build the building until we know what roof stresses the equipment will require, etc. And, we need the equipment and building donated. Until we have x-ray, we can't be a hospital.

**Slide #22:**

This is what the MCH will look like.

**Slide #23:**

This is the floor plan for the MCH. Notice there are private rooms for family planning. There are rooms for well-baby checks and also for pre-natal exams. The education theatre will be used by Dr. Powell to teach infant resuscitation to other health professionals, to our nursing students, and to traditional birth attendants. We will also have classes for pregnant women and new mothers. We plan a demonstration garden showing the foods that need to be grown to help raise healthy babies and children.

**Slide #24:**

Self explanatory

**Slide #25:**

Malaria. It costs about 37 cents for us to do a malaria slide.

Three out of four children live to be age 5. In other words, 25% of all children die before age five. This is primarily malaria. But, it's a combination of diseases, malaria and typhoid, malaria and pneumonia, malaria and measles, malaria and TB, malaria and HIV/AIDS, overwhelm the child's ability to throw off the disease.

We never, ever turn away anyone who cannot pay. We have a special fund called our SNF fund (Special Needs Fund) that pays the clinic for anyone who has no resources at all.

If we have the MCH and women are used to bringing the children to us for well-baby checks, then hopefully they'll bring the babies to us sooner when they become ill. Many of the deaths of young children are because the parents wait too long to bring them in. The malaria can become cerebral malaria which is mostly fatal or severely damaging to the brain if they do survive.

If they bring the baby in right away, we can start the medicine and within a few days they are fine.

**Slide #26: Monica.**

Monica was brought to us when she was 16 months old with this huge tumor on her neck.

Her mother had noticed a knot on her neck when she was just 2 months old. She was taken to the government hospital and a biopsy showed it was a teratoma (a tumor with bones, teeth, hair, etc., not necessarily malignant). Now care for children under 5 is supposed to be free. But the surgeon would not do the surgery for less than \$100.00. The family had no way to come up with that much money. So, the tumor grew and grew. Then they brought her to us.

We knew we could not handle this case. However, we used our SNF (Special Needs Fund) to send Monica and her mother down to Ocean Road Cancer Hospital in Dar es Salaam. They re-biopsied the tumor and said it had indeed become cancer, was growing around the trachea and strangling her and she had about 6 weeks to 3 months to live.

Mary Ellen asked if there wasn't *something* that could be done to give her family.

Well, possibly radiation, but that would be expensive and we'd have to pay for it. Mary Ellen said, "Okay. Do the radiation, we'll pay for it." (It was less than \$300.00.)

**Slide #27.**

Monica at 2 years old. When you're 2 you are very responsive to radiation. We have her come in every 2-3 months to check to make sure there is no re-growth.

**Slide #28.** Some things we commonly see:

- Goiter
- Burns, especially in children. The porridge blew up in this little boy's face.
- Denny and Paula examining a little girl with amoeba
- Major surgery being done in what was formerly the bishop's office
- Debbie Chong doing an ultrasound exam.

Debbie brings a team of OB/Gyn team every six months, in May and September. This means that we can pre-screen patients to be seen as soon as the team arrives. The fact that some of these doctors are female is a great service to the Hindu and Muslim women who cannot be seen by a male doctor. We also do outreach education in the churches and mosques and schools, particularly female issues.

**Slide #29:**

Dr. Bon pulls 2-3 teeth a day. We need a dental unit. We have the equipment coming in a container in February. We are going to set up temporarily in the lobby of the Patrica Ward until we are able to build a dental building.

**Slide #30:**

Medical student in the lab.

Slide showing a tape worm.

Slide showing schistosome. In the U.S. we have avian schistosomiasis – swimmers itch. But in Africa, the Schistosomiasis penetrates into the circulatory system and seriously damages the kidneys and bladder.

This is another reason we do not swim in Lake Vitoria – E-Coli, B-Coli, typhoid, Schistosomiasis, snakes, and crocodiles.

**Slide #31:**

This is what you see all over Tanzania – children taking care of children. There are 1 million orphans in Tanzania today and by 2020 there will be 3 million. This is due to AIDS. We have developed an Orphans' Care Program, however, it will take an initial endowment of 3.3 million in order to assure those children 18 years of age a secure home.

**Slide #32:**

X-Ray. We cannot become a hospital until we have x-ray.

We have just signed an MOU (Memorandum of Understanding) with Gunderson Lutheran Medical Center in LaCrosse, WI. They have an association with General Electric, so there is a hopeful but not assured (by any means) chance that we may get an x-ray.

**Slide #33:**

The footings and foundations are in for the x-ray suite, but we cannot put in the slab until we know what equipment we're going to get so we know where we're going to need to put the conduits and drains would need to be. Also, we can't build the building and put the roof on until we know what stresses on the trusses would be required for the weight of the unit(s).

**Slide #34:**

Self-explanatory

**Slide #35:**

We need a modern surgery suite. We're extremely crowded in the former bishop's office and there is even a bathroom in there. Not usual in an O.R.! We are also desperate for a defibrillator! It is scary for us to be doing surgery without one.

**Slide #36:**

Solar power. We are working with the Rotary to help fund a 5 Kv (Kilivolt) unit that would power surgery, the lab, and x-ray. Different clubs can combine and Rotary International will do matching grants to help us fund a solar unit backed up by a wind-generator for \$87,000.

**Slide #37:**

Our operating budget is up from \$6200 a month to almost \$20,000 a month. That's because we're doing a lot and it takes a lot to do it.

**Slide #38:**

The Patricia Ward, named for a woman (former nurse) named Pat Schaefer. She wanted to be part of the team that came out from St. John's Lutheran Church of Ft. Wayne, IN. However, Pat developed an oat cell carcinoma and died before the team came. She asked that her ashes be interred in the building. We did that in a beautiful ceremony with her pastor and our district pastor and the congregation of our chapel and the team and other volunteers. That afternoon it just started being called "Patricia's ward."

The team that came got that first wall up 36 hours after the plane landed. They were pumped! It was a very complicated building – lots of interior walls because it's an isolation ward and has the added ante-room in addition to the patient's room, bathroom, and little porch. This is because eventually this ward will be for people with T.B. or Leprosy and they will be admitted

for 2-3 months. We want them to be able to visit with their families, so we have the little porch with bougenvilla (rather prickly) planted along under the windows so family members cannot get close enough for cross-contamination.

The interior of the Patricia Ward:

This is a team of 14 from Most Ministries. Frankly, they use eyeglasses as a vehicle for bringing in people to witness for Christ. They gave out 250 pairs of glasses per day.

**Slide #39:**

This is that first construction team that built the Patricia Ward. On the right hand side in the hat is the pastor (in the hat). His wife, with him there, had never been on an airplane before in her life. The night before they left she said, "When we come back....." Now, they had said they'd come back in 2 years to build another building. But, in 2 years, when I talked to them, they said they were building another building.....a new church. During their preparations for coming out the first time, they'd had so many people drawn into the project and the church went from 2 services to 3. By the time they returned and reported on their trip, they found they needed to re-model and rebuild their church. So, that's what they're doing. Like almost every church that has come out, new people are drawn into the church because of the service and the publicity about it as it spreads into the community. However, they say they WILL come back out in 2 years.

**Slide #40:**

The trenches must be 2 meters (6 ½ feet) deep because we're near the Great Rift Valley and have small earth tremors. We do not have earthquakes, just tremors. So, we need a secure base for the buildings.

Denny is out there checking the building every step of the way. While we are gone, Len Duda is there (he's a contractor).

Team from St. Matthew's Lutheran Church in Walnut Creek, CA to start the Bogumil Birthing Center. The lady in the white T-shirt, like many women, has fallen in love with the chop saw. She boards horses for a living. She started giving us \$50.00 a month. Then, she took another horse (or something) and began giving us \$150.00 a month. They then started giving us \$400 a month.

Beginning the birthing center.

**Slide #41:**

The team from First Lutheran Church in Newton, Iowa came out to work on the eye center, but their container got tied up in a dock strike in Mombasa, so they switched gears and went to work

on the birthing center. The group did a bang-up job on the BBC. In the upper right picture you see the team moving the hugely heavy scaffolding called the “Tower of Power – or Tower of Terror” depending on if you were by it or on it.

Because ½ of the jobs in Newton were lost when Maytag closed, many of the church families who were willing to come to Tanzania, couldn’t afford it. Those that could afford it were often older people. But, building takes muscle. So the church used some of their mission funds to (a) pay for the shipping of the container of building supplies that were purchased by Atonement Lutheran in Overland Park, KS, and (b) help with the travel costs of some of the families who had young adults who could provide some of that needed “muscle”.

They got the roof onto the BBC before they left.

Slide #42:

Christ Church Unity of Kansas City, MO, also called One Community Spiritual Center. This team was led by Rev. Will Bowen to celebrate the 50<sup>th</sup> anniversary of their church’s founding. They brought 20 people and \$33,000 to help with building costs and to work on the BBC.

Because they were in Tanzania over two Sundays, Rev. Bowen got to preach first at the chapel in Nyakato on the campus of the hospital-to-be, and also downtown at the very large Lutheran Cathedral. Paula is in white in the middle of the picture, Rev. Bowen to her left and back a little with the African stole, and Paula’s son David is kneeling in the middle of the group on the right side.

Slide #43:

Rev. Bowen preaching in the chapel with a lay pastor doing the translation. Dave Bogumil after whom the BBC is named. Dave’s church, St. Matthew’s in Walnut Creek, CA, started the BBC and Dave was supposed to be on that team but got a sarcoma and needed cancer treatment. The team wrote prayers for him on the studs and rafters as they built the building. Happily, the prayers worked, Dave recovered and was able to come out with the CCU team. Pastor Gunda is in the middle and Rev. Will Bowen in his “other” work clothes are in the picture.

The BBC as it looked just a few days before the Lofstroms left Tanzania.

The interior of the BBC has somewhat of a cathedral ceiling over the nursing station in the center of the building. All around that area is a swathe of plywood boards, 4’ high. A group of artists in Kansas City, MO is painting murals to be hung on these wooden backings. Also, a group called Stone Lions Puppets, coming out in August, are going to make huge silk butterflies to hang from the ceiling of the BBC to float around with the air currents.

#### Slide #44

This is the group from Atonement Lutheran in Overland Park, Kansas that came to start the eye center.

#### Slide #45

The Atonement group also wrote blessings on the rafters, windows and doors. You can read this one, "May you see the love of Christ in this place," as Pastor Gunda and Denny watch the first rafter being set into place. Pr. Gunda is the former bishop of the East of Lake Victoria Diocese but has retired from that job and now works full-time for International Health Partners, and has his own small parish, as well.

The second woman on the left is Pastor Jan Kibler, who came out with the Atonement Team. She'd spent much of her life in missions work and loved the opportunity to be part of this team. She did a wonderful job each day leading devotions, keeping the group cohesive with prayer and blessings.

Bottom left:

Our crew works with the teams, and continues when they leave. They got the roof on the eye center before the first big rain.

The eye center ready for the walls to be concreted.

#### Slide #46:

Self ex.

#### Slide #47:

We have a contractor with us now, but he won't be able to stay forever. We need help in all areas. Everyone finds their niche.

#### Slide #48:

Some of our staff:

Miriam is our Nurse Manager at the Clinic.

Dr. Bon is our #1 Clinical Officer. We put all our visiting doctors/students in with Dr. Bon or Dr. Msengi first until they are comfortable with what they are seeing. Dr. Msengi's name is Dr. Godfrey Msengi. So, we call him Dr. God. He's not sure why that is so funny to us.

Lucy cooks for our guests/teams.

Selemani Shabani is our Project Manager and has been with us for seven years.

Magola is our driver and our friend and has also been with us from the very first day.

Grace is our nurse/pharmacist

Elizabeth is our intake nurse and she and Elizabeth have both delivered babies when women arrive at the door pushing!  
Jimmy is our Lab Assistant.

**Slide #49:**

Medical education is an important part of our mission.  
Isabella Divitch from Austria is looking through the microscope.  
A German medical student is right at the elbow of a surgeon, helping and learning.  
An Austrian medical student, Lisi, is learning to do a circumcision. Circumcision reduces the spread of HIV/AIDS by about 40-50%.  
The two students looking at the x-rays are from Univ. of N.C. medical school and from Oxford in England. We don't have x-ray so must send our patients down to other facilities in Mwanza to get the films. Then they bring them back to us for interpretation.

Dr. Harris Mainster is Chief of Surgery at Bottsford Hospital in Detroit, MI. In this picture he was showing a group of first and second year medical students how to suture. Paula bought a few chickens in the market and had them cleaned and gutted. Dr. Mainster then had each student glove up, create a sterile field, and he taught them how to pick up those instruments and learn to start suturing. Yes, that night the Lofstroms had sutured chicken for supper. Den said, "I have a knot in my stomach." Harris said, "Oh that's okay Denny, it's absorbable suture."

IHP uses the teaching skills of many of our visiting doctors to do outreach into the community. The female OB/Gyn doctors have done several talks at the mosques about female anatomy and physiology. We were asked to give a talk to pre-teens on "How your body is changing," and then we were asked to do a talk on prostate issues. Dr. Mainster agreed. He did a masterful job to an audience of about 150, evenly divided between men and women. The lecture was very well-received and there were many questions.

On the way home, Dr. Mainster commented, "You know, I bet I'm the only Jewish doctor ever invited into a mosque to do a talk on prostate issues."

**Slide #50:**

Self ex.

**Slide #51:**

Upper left oval...ladies who came with the CCU team, not medical, not construction... They organized the rooms in the Patricia Ward, sorted and inventoried sheets, pillows, quilts, got everything ready to go for each room, then helped with Central Supply. Everyone has abilities we can use!

Middle left: Irish, Austrian and U.S. medical students.

Bottom left: Two guys, neither in construction by trade, figure out how to what needs doing in the birthing center.

Top right – IHP-Tz Board Meeting on Paula’s porch at Nyakato. Mary Ellen chairs the meeting, Den is to the left, then Pr. Gunda, John Musembe (white shirt) is an architect and an engineer, with his back to the camera is Bishop Maghina, then in red is Bibiana Mwaluko, the Dean of St. John’s University School of Nursing, then Paula.

### Slide #51:

Top left: “In kind” means donated medical and building supplies. This is a container load of medical supplies that came from Orphan Grain Train in Norfolk, NE.

Bottom left: students unloading a vacuum hood for the lab.

Bottom right: Students from Scotland, Ohio, England, and India.

When we know there is a container of supplies coming, the students/volunteers are told they’ll be “slave labor”. We import our slaves from Europe and the U.S. and pay our Tanzanian staff. We’re not about to pay for something we can get the students to do for nothing.

Because we can’t afford a crane (\$1200) to lift the container off of the truck bed, we have the students unload the container, then we tie it to a tree and drive out from under it. Then, because we don’t have a warehouse, the container must be re-loaded. It’s a very tiring and physically exhausting day for the students/volunteers.

The young woman medical student helping unload the evacuation hood said, that night as she was doing dishes, “I’ve never been so physically tired in my entire life.” Good preparation for becoming a doctor.

### Slide #52:

Albino children.

Dr. Louis Kaji is a wonderful ophthalmologist that works with the visiting eye doctors who come from the U.S. to Nyakato.

Dr. Kaji came to our house one afternoon with a list of 97 children who needed glasses.

To the Wasukuma witch doctors, Albinos are considered “not quite human” and it’s okay to kill them. Forty-eight albinos have been killed this year in our area. So, the parents of these children surrendered them to the government for care and education. Essentially, the school is a prison with 2 chain link fences with barbed wire on top to keep the children safe. It started as a school for children who are blind or severely vision impaired. Many albino children have vision problems because of the lack of pigmentation and other things.

The witch doctors will sell the fingers and toes and penises of albinos as a talisman against evil spirits and what's left will be cooked down and sold as a magic potion against evil spirits. You can see why the parents want the children protected. At Misingui the children sleep two to a cot.

So, we wrote to the doctors who had come out and Dr. Louis Scallon from Iowa State Univ. said he'd try to get the lenses. He succeeded – from the Lions clubs, and also frames of appropriate sizes for the children. The prisoners at Rockwell City, Iowa fixed up the glasses for the children. Paula got the happy job of delivering the glasses, accompanied by the Regional Commissioner, the District Medical Officer, and the Regional Medical Officer, and the media. The government wants to be seen as doing something for these children, so the story went on national TV in Tanzania.

However, when we took the glasses out, there were 119 children – more had been given to the school. So, we wrote again to Dr. Scallon asking for glasses, and asked also for sun glasses as the children's eyes are so sensitive to light.

Dr. Scallon went to Pech Optical in Sioux City, Iowa. They donated transition lenses ground specifically for each child (about \$500 a pair).

Now there are 127 children at Misungwi, some as young as three.

**Slide #54:**

Self ex.

**Slide #55:**

Self ex.

**Slide #56:**

Self ex.

**Slide #57:**

Start with the lady with the hand over her mouth.

When Dr. Brown's cataract team came we had arranged for them to work first at our dispensary (clinic) at Isaka which is way, way out in the bush, 5 hours away from Nyakato. There were 190 pre-screened patients. However, when they got there, there wasn't a single cataract. Very strange. So, they saw those patients and treated other eye problems, but we brought them back to Nyakato and put it on the radio that we were doing free cataract surgery and the patients came in droves. This little old lady came (as well as an 83 year old man) from Isaka. We asked them why they had not come while the team was there. They explained that the witch doctor had said

that cataracts were NOT curable and that it was a trick and that the Americans were marking them for death.

This woman's daughter had kept her hidden for 22 years because she didn't want her mother killed. The old man had been totally blind for 14 years and had never seen his grandchildren. The old woman told her daughter, "You take me to the Americans. If I die, I die."

This is the look on her face when we removed the bandages and she realized she could see.

When we asked her what she'd say when she got back to Isaka, she replied, "I'll tell them your God is stronger than the witch doctor."

On the top left are people waiting to be seen by an eye team.

Bottom left are two women from the Most Ministries eye team fitting glasses on patients. They are 89 and 82. Age is no excuse to not volunteer.

Bottom right: Pr. Emmanuel is gifted with eyes. So, Dr. Scallon is going to bring him to the U.S. for formal training at the Wolfe Eye Clinic in Marshalltown, Iowa when our eye center is almost ready to open. That way, Pr. Emmanuel can go to work right away using his new skills. The Diocese has said they'll assign Pr. Emmanuel to the chapel on the grounds, so he can do eyes 2-3 days a week and still have a parish.

**Slide #58:**

Self ex: Fully 1/3 of our total income comes from people who donate between \$25 and \$150 a month. This makes us able to plan ahead, go ahead and hire another woman for the construction crew, etc.

**Slide #59:**

Gabriel Cade wanted to be an actor when he finished college. He went out to Hollywood and was in a few movies. Then his cousin volunteered at a hospice unit in Zambia and Gabe went out to volunteer with her. He decided he needed to become a doctor. He went back to Hollywood and was on a TV program called Survivor. He made enough money to start medical school. He met Sarah McDowell and they married. She's a teacher.

This young couple has worked all over the world, in Cambodia, Indian, Indonesia. They wanted to find the place where their lives could make a real difference. They worked with us at Nyakato for 3 months and made the decision. This is it. When Gabe finishes his residency in Emergency Medicine and Wilderness Medicine, they'll pay off their school loans and then come to Nyakato to continue the work started by Denny and Paula. They are part of the future of IHP.