

Dear Friends and Supporters,



**For We Care Outreach
Network Society**

232 Willow Park Drive SE. Calgary, AB, Canada T2J 0K5

August 2020

Newsletter

Blessed to Be a Blessing

For We Care acts as facilitator for Christian Visionaries who share our registered Objectives:

“To demonstrate to everyone, regardless of their race, color, professed creed or geographical location the Love of God and the purpose of Jesus Christ’s sacrificial servanthood, by providing for the poor, ... whether in spirit, mind, emotion, because of physical impairment or lack of material necessities,” - thus introducing lost souls to God.

Let us say thank you for being a part of and supporting For We Care through your prayers and your charitable giving. Through your support, by whichever means, we have been empowered to serve God, as His obedient children, in Kenya, Cameroon & Nigeria, and Canada. We would like to take this opportunity to share with you some of the exciting activities being carried out or in the planning stages.

KENYA – OPEN to the GOSPEL

Where several Great Projects are on the go

This ministry is under the supervision and guidance of Mark Hawkins, one of our Directors. Mark has been involved in helping a devoted loving team of local leaders for the last 7 years and he is providing this update.

The ministry started with one rural church and has now grown to many churches with 10s of thousands of new believers. Our focus has been on evangelizing and church planting among rural, poor and ignored people and tribes. Many tribes who were formerly hostile have been saved and now work together as one in serving Jesus and one another.

Many ministries have been provided with 14-passenger busses and other businesses to raise funds for growth. We have established a small Bible school to train leaders. The Ogiek evangelism went well with more than ½ of the 40 thousand people having made decisions for Christ and they are now well underway evangelizing the neighboring Pokot people who are very open to Christ.

Zachariah, Principal of the Bible School, lead six local prostitutes to Jesus and they have since grown rapidly into a large group evangelizing prostitutes and customers of prostitutes, alcoholics, and street children. Our newest Pastor is a Bible School graduate who with his family will move into a slum area of Kisii to help the former prostitutes serve street children.

The PET (Prostitute Evangelism Team) now has many farms to grow and sell food in markets as alternate employment. The good challenges of growth are to support leaders to help new believers grow. All pastors are self-supporting, with a little help, and can handle a church of 500 – 1,000 people.

The challenges and opportunities are great and we are motivated by the Apostle Paul’s instruction to Timothy: “And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others.” (2 Tim. 2:2).

We want to encourage you to participate in this wonderful opportunity to build the Kingdom of our Saviour as we depend on His Lordship, leadership, guidance, protection, teaching and provisions each day.

CAMEROON & NIGERIA

Bringing the Good News about Jesus to the Fulbe People

The “New Dawn Initiative”, one of our newest projects, seeks to promote the Kingdom of God among the Fulbe, by partnering with Fulbe believers in the areas of evangelism, education, and community development, primarily in Nigeria, where they number over 16 million, but also in Northern Cameroon. The initial contact with the Fulbe people occurred in Cameroon, where North American Baptists (NAB) and some cooperating missions were actively engaged in spreading the Gospel.

With a total population of over 38 million, the predominantly Muslim Fulbe are possibly the largest unreached, semi-nomadic people group in the world. They are scattered as minorities throughout at least 17 African countries, but constitute a distinct ethnic group all their own. The need to reach out to the Fulbe people became a priority for a number of NAB members around the year 2000, and they created a focus group under the name of ‘Friends of the Fulbe Society’, with Bernie Lemke, one of FWC’s Directors, as its present chairperson.

NYALAADE HESRE
NEW DAWN
INITIATIVE



MEDICAL EVANGELISM TEAM

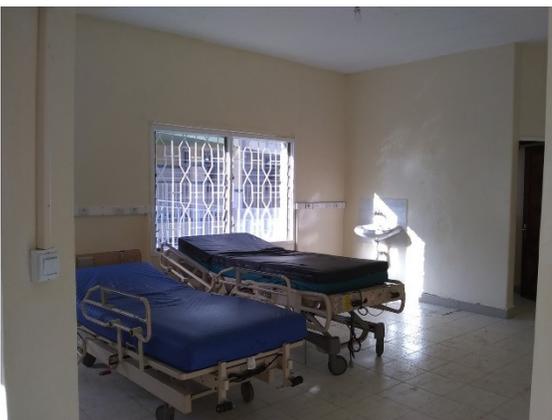
With the Society’s encouragement, the “Nyalaande Hesre New Dawn Initiative” was incorporated in Nigeria by our Fulbe partners in order to facilitate the work they undertake, both with and without foreign assistance. Over the past 20 years, these faithful new believers have been committed to reaching out to their own people, even while they endure many hardships along with persecution. One of the latest initiatives begun in the year 2020, has been

the formation of a medical/evangelism team headed by a Christian Fulbe physician, which while operating a local clinic is also attempting to meet the staggering needs for holistic health in surrounding villages.

Mbingo Hospital Emergency Department

This project continues under the control and guidance of Dr. Charles Ricketson MD FRCP, Emergency Medicine, Vice President, For We Care – Mbingo ER

The hospital is located in a rural area of the Northwest Region of Cameroon. It has 310 beds including an array of surgical, orthopedic, general medical, infectious disease/isolation, pediatric, maternity and chronic wound care beds.



There is no ambulance service in this area of Cameroon and the hospital daily receives patients suffering from serious medical conditions such as heart failure, diabetes and HIV/AIDS with serious infection. It also receives a high volume of vehicular trauma, as well as many surgical cases such as bowel obstruction or perforation, many forms of cancer and now frequent gunshot wounds as well. The hospital has been in desperate need of an Emergency Department and we proceeded to renovate the Outpatient Department and transform it into an Emergency Department in order to better serve the patients it receives. At least, that was the original intention. The physical renovation got mostly

completed with For We Care funds. However, the increasing intensity of the civil war put everything on

hold in late 2018 and into 2019. Resources (personnel and some local funds) got diverted to the safer city hospital in Bamenda. All the volunteers dried up. Then COVID-19 came. Consequently the ER is not yet able to function for major resuscitations but it is functioning as what we might term an “urgent care” centre. As of yet there are no trained ER physicians or nurses. This is another reason why we should encourage you to also support the Future MDs of Africa Scholarship Program (FMASP).

Mbingo Hospital – Future MDs of Africa Scholarship Program

This project is under the direction of Dr. Gregory Kline of Calgary, FWC’s Vice-President – Future MDs of Africa Scholarship Program. Dr. Kline is a Professor of Medicine/Endocrinology at the University of Calgary and the Medical Director of the Dr. David Hanley Osteoporosis Centre. He has made a number of collaborative teaching visits to Mbingo Baptist Hospital.

Dr. Kline explains how this project came about: “In late 2016, I was visiting MBH in Cameroon and during my time there, was assigned to cover the women’s medical ward along with 3 medicine residents and a clinical assistant named Joel (a young man that had completed a local two-year basic medical assistant program). I had the responsibility of overseeing each person’s daily work with the patients and over the space of two weeks, I came to recognize that this young man had truly exceptional medical skills. His knowledge was at least as good as the medical residents (all of whom were already doctors) and I was impressed that he seemed to be so keen to learn everything he could, always asking questions and attending every lecture I gave – coming in to work early and staying late in order to get everything done so as to have time to attend the lectures that were for



the residency staff. Most of all, I was tremendously moved by the compassion I saw him show to his patients – it showed in the way he spoke to them and comforted their families and it showed in his constant attention to detail in the care-giving.

It struck me that this man would make a wonderful physician and so I asked him if he had ever considered it. Of course he had, but the financial situation was impossible. As is the case in many countries around the world, higher education is only the purview of the wealthy and I’ve had enough experience in medicine to know that the possession of wealth is the least important characteristic for a potential physician. Thinking about this for some time, I knew that the most important component of any development plan has got to be the empowerment of the people through education – but even that is not enough. There is a need to ensure that the most promising young leaders (who may not be the wealthy!) are given the opportunity to receive the education and become the agents of change themselves. Additionally, many wealthy students who receive medical training choose to set up practice in major cities, often for private paying clientele. Although this is certainly valuable for the patients they serve, the super-concentration of highly trained specialists in one or two cities does not help with the medical development needs in the rest of the country (something that is also true in North America). In order to get higher quality care and leadership in other locations, there is a need to recruit people who are dedicated to their communities and willing to use their skills to build new medical infrastructure outside the capital cities even if the pay is less. As my friends in the sports world say, ‘if you want to build a truly spectacular team, you have to start by getting the very best people at the earliest stages.’ Seeing so much skill and promise in Joel, I felt compelled to come home and set up the Future MDs of Africa Scholarship program with FWC.”

The FMASP recognizes that there are potential high-capacity medical leaders among individuals working in African health centres who already have some basic medical training, either as a nurse or

clinical officer or laboratory technician. Such persons will be younger-aged and willing to commit to further, formal medical education provided they have sufficient pre-existing schooling to qualify for application. They will have shown excellence in their clinical work to date, as recognized by local physician supervisors/co-workers. Most importantly, they will be nominated for the scholarship by other physicians who see in them the character and dedication that is so necessary for compassionate medical leadership.

Provided the program criteria are met and accredited medical school acceptance achieved, the FMDASP will fund the full course of training plus living expenses with the expectation that the scholarship recipients will pursue post graduate training in the CIMS (or surgical equivalent) program prior to taking a position in a local health facility.

At present we have one medical student, (Joel), attending the University of Ghana Medical School (a four-year program); this is a high quality medical school that has very competitive entry standards, receiving hundreds of international applications including many from North America. Joel was accepted into the program and is now finishing his fourth year. I (Dr. Kline) have been in regular contact with Joel over the years by email. It has been difficult and stressful at times in many ways (a common feature of any medical school!) but Joel did very well and I have received official notice from the university that he earned very high grades including an additional scholarship to permit some special overseas training experience.

Once Joel has his (4 year) medical degree, he will enter the CIMS Internal Medicine Residency Program at Mbingo Baptist Hospital in Cameroon. I am pleased to report that there is tangible progress coming from that program. In particular, the program is now officially partnered with the Medical University in Yaounde. This is a big step forward in terms of gaining national credibility for the program and they have also inaugurated an on-site Baptist Health Institute which will be the research arm of the hospital and associated training programs. As a research and training-focused institute, this place is poised to become a leading medical centre in west-central Africa. I cannot emphasize enough just how huge a step this is for raising the bar of health care training and delivery in Africa

The internal medicine residents are also progressing very well. Many residents are now taking on research projects in addition to their training. Dr. Kline reports that “they actually get more scheduled teaching than our own residents here in Calgary and it certainly shows on the ward — at one time, when I rounded in the hospital with the residents, some of them were willing to politely challenge me on issues of diagnosis and therapy. This is an incredibly important and excellent development — the highest quality health care depends upon physicians being willing to think and professionally challenge each other for the purpose of coming to the best diagnosis and plan.” Several residents have even chosen to pursue further training beyond the 4 year CIMS program - including oncology, cardiology and intensive care — for which additional training is available in South Africa or India.

In order to continue these steps, it is crucial that we continue to bring the highest quality people into the programs. Whether in Africa or Canada, the best health programs succeed when they train the most motivated and skilled entrants. This is where the Future MDs of Africa Program comes in.

Funding for this project requires close to CDN \$25,000 annually, per student, to cover tuition fees, relocation, travel, etc. There are already several additional future applicants identified, pending additional funding availability. As Dr. Kline has said, “I see no better investment for health care in Africa than to invest in the people themselves. If I visit the hospital for 2 weeks, I can care for a couple hundred people. If I teach for 2 weeks, I can improve the quality of care for hundreds more. And if we can help a motivated and compassionate young man or woman to become a physician that cares for their community, we can lift up literally tens of thousands of people who will benefit from that person’s care and medical leadership throughout their whole careers.”

Mbingo Hospital – Hydro Electric Project

This is a recent Project reminder published by NAB:

Electricity is an enormous challenge in Cameroon, and even more so for hospitals with expensive electronic equipment, not to mention the challenge of regular power outages during surgery. Dr. Palmer has been pioneering an effort to construct a Hydro Electric Dam near the hospital in Mbingo. This project would provide clean and consistent electricity and would become one more piece of the plan to establish the Mbingo hospital as a premier teaching hospital in Cameroon. NAB is partnering with other organizations to fund this project. The anticipated cost of this project is \$2.5 million.

PASTORAL SUPPORT and STUDENT SCHOLARSHIPS

Funding permitting, these projects, are designed to contribute to the salaries of Pastors to enable them to serve more effectively; and to assist students to attend the Cameroon Baptist Theological Seminary located in Ndu.

THRIVE in CANADA

For We Care also offers you the opportunity to help people who struggle with social, emotional and/or academic issues to THRIVE. The necessary professional services are being provided by a number of qualified psychologists and coaches in various clinical settings.

Under this project we provide bursaries to families and individuals who desperately need psychological or coaching support and who do not have sufficient financial resources to obtain it. These professional services include *counselling* (addressing abuse, depression, anxiety, couple/family issues, etc.), *social skills training* (for people with Autism Spectrum Disorder etc.), *independent living skills* (for people with Down syndrome, etc.), and *learning programs* (for individuals with Learning Disabilities, AD/HD, etc.).

This project needs unlimited financial support as few people qualify for government funding for these services, and funding via supplementary health plans tends to be woefully inadequate. This is particularly tragic because so many people are suffering and struggling, yet programs and therapies exist that can bring healing, growth, and transformation! Your financial support makes it possible to bring hope, growth, and healing to those who would otherwise be left to struggle on their own.

Our Board and Management Team wish you a safe and blessed future.

May God bless each one of you immensely as you honor God by being kind to the needy. (Proverbs 14:31)

The For We Care Outreach Network Society is a Registered Canadian Charity (B/N: 85455 2148 RR0001) and operates its international projects under Agency or other Agreements with the local project beneficiaries according to the requirements of the Canada Revenue Agency – where possible, we also have members of our Society as our “boots on the ground” in a supervisory capacity.

Preferred Donation Method – via Cheque, Interac e-Transfers (or Money Order): Using these methods is cost free to us. Make your remittance payable to For We Care Outreach Network Society and mail it, if applicable, to our new mailing address: 232 Willow Park Drive SE, Calgary, AB, T2J 0K5. **The Least-Preferred Donation Method** – via Credit Card because it will reduce our net proceeds by up to 4%: For donations via credit card, please utilize CanadaHelps.

Tax Receipts: Donations made through CanadaHelps will be tax-receipted by them. Donations made directly to For We Care from individuals are receipted once a year (annual receipt), shortly after the end of the applicable donation calendar year. Donations received from corporate or other legal entities are receipted immediately upon receipt of the donation. Donations received from Charities/Churches, Foundations, or out of the country donors will be acknowledged through a General Receipt.

Designated Giving: Donations designated toward an already approved or contemplated program will be used as designated by the Donor, provided that when the funding exceeds the needs of the program for which the funds have been designated, or if the program cannot be implemented or completed, the unexpended residual designated funding may be applied to another, similar approved program or, failing that, will be used “where most needed”.

If you have any questions, contact Wolfgang Rochow: wolfgang@gestalt.com – Cell phone: 403-796-8558