Zambia Newsletter

Zambia Missions

1910 Sycamore View Rd Memphis, TN 38134 (901) 372-1874

Web: www.zambiamissions.org

David & Lorie French

P.O. Box 36893 Lusaka, Zambia (Africa) dfrench@zambiamissions.org

April 2007

Tragic Death of William. As I reported in my last newsletter, one of our three Mission Coordinators, William Siangandu, was seriously injured on the highway in late February. By the grace of God he survived his injuries and was released within a week. After a week he returned to the hospital for a checkup and it was then that they examined his arm and determined that he had a broken collar bone! He had suffered for over a week. A week after that, he fell seriously ill with an extremely high fever. We rushed him back to the hospital and it was at that point that we discovered that the doctors had not even checked him for internal injuries. Two days later I was told that his kidneys had stopped working and he was gravely ill.

At that point we decided to move him to a private clinic as we had lost all confidence in Lusaka hospital; but his doctors refused to release him (or his records) and warned that he might very well die in transit and anyone who moved him would be liable to the police for his death! At that point Lorie and I cancel our classes and drove down to Lusaka hospital to see what we could do. We were shocked to find that he had not even been given an IV. No wonder his kidneys were shutting down (he was dehydrated and starving to death for four days)! And, despite his straining efforts to breath, they had not thought of giving him oxygen. After fussing at the medical staff, they finally gave him an IV and oxygen. His condition immediately began to improve and his breathing became more relaxed.

Earlier in the day we had been told that his doctor wanted to give him a wide-spectrum of antibiotics but, before doing so, wanted him to get a certain blood test done. Because the hospital did not have the equipment to do the blood test, we found a private clinic who could do the test and we had sent money earlier in the day to pay for the test. Having arrived at the hospital about noon, we were shocked to find that none of the nurses had yet bothered to draw the blood for the test! Although enraged by the point at the incomprehensible negligence of the medical staff, I some how managed to nicely insist that they draw the blood NOW so I could have our driver take it to the clinic for testing (driver had been waiting for 4 hours).

Lorie and I, then, drove to a private clinic and asked for advice as to how we might have William "rescued" from the hospital. Unfortunately, we were advised that there was nothing we could do to move him, but that perhaps we might get him moved to the "high-cost" medical wing. It was at this point that

we learned about the three different levels of hospital care. There is low-cost (which is where William had been placed), medium-cost, and high-cost care (pre-paid medical care where there is better equipment, certain medicines that they don't have in low-cost, and more attentive medical caretakers). Lorie and I dashed back to the hospital, up to high-cost care, and paid a deposit to have William moved to high-cost care. Of course, I had my doubts that this would be much better. Since there was nothing more we could do, Lorie and I returned home.

Later in the day we were told that the results from the blood tests had been done and taken back to the hospital. I was obvious shocked and appalled when I was told the next day that his doctor had not returned the day before to check on the results and administer the antibiotics and had only just done so (20 hours after the blood test had been done)! The next morning we were informed that William had died. He never was moved to high-cost care and that (because the staff had failed to properly administer the IV) they had removed it after only an hour. We were told that he died of cerebral malaria, but we really don't know what truly caused his death (malaria in combination with medical negligence or what).

I tell you this story because it illustrates the sad state of medical care in Africa and explains why so many Africans die so easily and needlessly. I am convinced that William's death was unnecessary and could have been prevented had we gotten him proper medical care; but, unfortunately, we didn't realize how serious was his condition and how incompetent was the medical care at the Lusaka hospital until it was too late. This is now the third person from among our staff families that has died at the Lusaka hospital (Thomas suffered the needless deaths of his two infant children in 2005 and 2006). We have now determined that we will <u>never</u> again send anyone to that hospital. It is merely a place to go to die. There are some private clinics and we have determined to utilize their services in the future.

The death of William is a serious loss to our ministry here. William was extremely effective in evangelism and he demonstrated the spirit of a servant – exactly the type of leader we want our students to emulate. William will be seriously missed. We have determined to build an apartment annex to our women's dorm and to employ his widow (Eness) as a dorm mother and involve her in our women's ministry.



Seminar in April. We currently have 76 students on campus this month! School teachers in Zambia get one month vacation in April. We felt this was an excellent opportunity for us to invite those teachers living in the mission fields of Zambia to come to our school for a month of Bible/ministry training and encouragement. Thirty-four teachers accepted our invitation and are currently here on campus for this month. We are now at maximum capacity and it is truly an exciting month for us here at Mapepe. We were also most blessed to have **Tom Torpy** (minister for the Jericho congregation in Mocksville, NC) here for the past three weeks to teach. He taught two classes over a three week period (six hours per day). He did an incredible job!

Agricultural Workshop. Richard Myers will be coming (April 28) to conduct two one-week workshops on drip irrigation. This is a very low-cost way to irrigate gardens during the dry-season and can better help our church leaders to support their families in ministry.

Practical Training. We believe that students learn best by putting into practice the things that they learn in the classroom. Not only do we take our students out every weekend to do evangelism, but we also have started taking students out to do humanitarian works. Presently our students are involved in an effort to build a house for a widow who has AIDS and two children to take care of. It is our belief that churches must be active, not only in evangelism, but also in caring for widows and orphans.

Web Page and Email. If you would like to see pictures of our work (e.g. students building the widow's house), you can visit our web page at <u>www.zambiamissions.org</u> I try to post new pictures to the web page every month. Also, I would like to encourage you to email me so that I can add you to our email bulletins (<u>dfrench24@gmail.com</u>). Once or twice a month I send out news about our work. For example, those on our list heard about the events of William's death as they were happening this past month.

Lorie's Reflections



"A worthy woman, who can find? For her worth is far above rubies...She looks for wool...and works with her hands with delight." (Prov.31:10,13)

This month has been filled with a flurry of events. The farm land is sprinkled with families harvesting maize (corn).

The classrooms at MBC are filled with students for the Seminar in April singing wonderfully harmonized songs. Two visitors from the U.S. came to help with the work here. Due to the your generosity, the foundation has been dug for a house for Stella and her children (the work was done by our MBC students).

Our dear, Stella began a class to teach the younger girls to crochet so they could sell the "works of their hands". She started with about five little girls, including Natasha (see arrow in picture upper right). By the third day of class, she had nine little girls in her class. The girls could hardly wait until 2 P.M. each afternoon. There were squeals of delight as each of the girls began to see their baby caps,

headbands, and other items taking shape. Perhaps the biggest smile of all was on Stella's face. She was teaching and sharing her talents with her students. Well, news traveled fast across the campus here at MBC and our female students wanted Stella to teach them to crochet also.





Stella's class increased another six students (a total of fifteen). By the end of the second week, Stella class had increased to include several faculty/staff wives (above).

Stella was encouraged by her students to come and join us in our class on Spiritual Leadership for Women. She did! In just one week, Stella and her "students" will be given certificates of completion for the classes in the Seminar in April program. Our God is so AWESOME! He touched many of you with the story of Stella's pain. Now, rejoice with her in the opportunities that God has given her to celebrate about. Rumor has it that Stella was even seen

just off campus with her son, Ammon, who was teaching her to ride a bike for the first time in her life (right). Please continue to pray daily for her and her struggle with AIDS. Keep her precious children in your prayers. You have blessed her and she is blessing others.

