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The
COMMISSION

FOREIGN MISSIONS JOURNAL, SBC/OCT. '75

The COMMISSION

October, 1975
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Book on prayer in pocket of a medical jacket armed with stethoscope introduces this month's emphasis on medical and benevolent ministries. Material is supplemental for this fall's Foreign Mission Graded Series study. Photo by Gerald S. Harvey.

CREDITS

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Graphs: Wayne Hundley, 3.

FLOYD H. NORTH, *Editor*
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BOB HARPER, *Art Editor*

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Each article to which this symbol is attached is recommended for use in the Foreign Mission Graded Series study of the year indicated. Scheduled topics: 1975—Directions in Healing and Helping (Southern Baptists' Medical and Benevolent Ministries), 1976—Schools and Student Work, 1977—Publications: Tool for Church Development and Evangelism, 1978—Sharing Christ's Mission Overseas: Evangelism in Brazil and the Philippines.

LETTERS

Letters to the editor with comments, suggestions, or criticism about this magazine or its contents are welcome.

Words of Thanks

The picture story in Vietnam in the June issue was great. Thanks.

James M. Dunn
Dallas, Tex.

Thank you for this wonderfully informative, interesting, and inspiring publication. I would truly feel the loss if I didn't receive it.

Mrs. Mary P. Fischer
Hanahan, S.C.

Thanks for one of the most beautifully warm presentations of the last days of Vietnam [June] that I have seen anywhere—and also your very fine article "Update on Relief." We are tremendously grateful for the leadership given by your Southern Baptist personnel in Bangladesh.

Larry Ward
Los Angeles, Calif.

Sharing with the Church

Our WMU is using the November 1974 "Women in Missions" for a Sunday evening church service. It is just too good not to share with the entire church.

Mrs. Kate Stephenson
Collinsville, Ill.

For Studying Missions

Since I "discovered" THE COMMISSION through a sample packet of literature from the Foreign Mission Board a few years ago, we have been subscribers and use the magazines constantly in GA and RA work and in family devotions. Thank you.

Mrs. Barbara Woods
Springfield, Mo.

This magazine is filled with material for use in all WMU organizations. I wish more people subscribed.

Mrs. Nell Beach
Elliston, Ky.

Two Too Many

A wonderful thing has happened! I am receiving three copies of THE COMMISSION every month. However, though I enjoy reading THE COMMISSION as much as anything that comes through my mailbox, perhaps it would be better stewardship if I told you about it and limited my number of copies to one. I am enclosing the labels so that you can get your records straight.

Joe Young
Casilla, Miss.

P.S. Please be sure you keep sending me one of the copies. I wouldn't want to miss a single month!

NEXT MONTH

A photographic portfolio of East Asia.

Faced with realities about money and society, how can medical missionaries best serve today? The FMB's medical consultant diagnoses the situation and offers a prescription.

MEDICAL MISSIONS

Not Over, but Changing

By Franklin T. Fowler

Mary was desperately ill. That wasn't new. She had been ill most of the two years of her life. Once again her parents bundled up their daughter and took her to the Baptist clinic in Gokwe, Rhodesia. Once again Robert Garrett, medical missionary, started intravenous fluids and prescribed some antibiotics.

Later the doctor sat down to talk to Mary's parents. "Why does Mary get ill so often?" asked her mother.

"What do you feed her?" Garrett inquired.

"Since I have taken her off the breast, I have given her rice water and some casava [a root-type vegetable high in carbohydrates, but deficient in protein and fat]," she replied.

"Why don't you give her some meat?"

"We cannot afford it," was the all-too-common reply.

"What about eggs?"

"Oh, I am told that they will be bad for her," said the mother. "They might even cause her to be sterile later."

"Do you boil the water you give her?" asked the missionary.

"Oh no, we just use the creek water. It looks so clean."

The obvious solution for Mary's problem, and for millions of others like

The author, a physician, has been medical consultant for the Foreign Mission Board since 1961. Earlier he served as a medical missionary in Paraguay and Mexico.

her, is not necessarily more hospitals, but a massive attack on the real enemies: Ignorance. Poverty. Superstition. These enemies result in inadequate diet, use of contaminated water, poor excreta disposal, below-par hygiene, and, finally, disease and death.

Mary and her parents illustrate one aspect of the new era in health needs that calls for new approaches. Some may ask, "Is the day of medical missions over?" The reply: Not over, but changing.

But before we look at health care of the future, let's pause to review medical missions work.

The concern by followers of Christ for man's suffering go back to the days when

Southern Baptist Convention recognized the obligation to help suffering humanity. The Convention's first appointed missionaries were a physician, Sexton James, and his wife to serve as medical missionaries in China. They never arrived, for they drowned when their ship capsized off the coast of China.

Since then, however, hundreds of physicians and nurses—and more recently, dentists, hospital administrators, laboratory technologists, hospital chaplains, prosthetists, physiotherapists, and others—have been appointed and have served in many parts of the world. In 1974 the Foreign Mission Board of the SBC reported among its missionaries 60 physicians, 60 nurses, and

'Plans are in the making for creation of a disaster relief team . . . organized and equipped to be transported to a disaster scene and render medical aid.'

our Lord walked the dusty trails of Palestine, and "all who were sick came to him and he healed them." Jesus Christ sent his disciples to preach and heal (Luke 9:1-2), and this concern for the showing of God's love has continued throughout the history of the Christian church.

From its beginning in 1845, the

43 other medical and medical-related personnel. To these must be added 424 national physicians, 705 national nurses, and 1,866 other nationals who work alongside the medical missionary force. These people together ministered to more than 1,100,000 patients in 20 hospitals and 116 clinics in more than 28 countries.



Today, world revolutions of nationalism and social concerns, changes brought about in transportation and communication, and economic world crises have all contributed to changes in the traditional "medical mission" approach.

The traditional approach to medical missions has been characterized by the curative hospital approach to the suffering. Persons ill and injured were brought to a mission hospital, sometimes from many miles away, partially because it was the only "modern" facility available. There the patient received the best attention possible, within the mission board's financial capacity. Sometimes the care was excellent, sometimes good, and sometimes just adequate.

Much praise can be paid this monopolistic period of medical missions, that is, when the mission medical facility held a monopoly by being either the only or the best facility available. Many persons were healed; many doors were opened to the gospel; many individuals were brought to a saving knowledge of Jesus Christ.

Shifting Strategy

But changes in the world scene have made it necessary to restudy the strategy of bringing health to many of the world's people who so desperately need it. In some areas, mission hospitals today may not be the best or most efficient way of delivering health care in the name of Christ. In other areas, the mission hospital must change its approach, perhaps providing specialty care not offered by others, such as infant and maternity care, tuberculosis treatment, or even long-range, chronic disease care and treatment. The training of nurses, interns, residents, and paramedical personnel must take on a much more important role.

In other areas of the world, approaches will have to be found that are not "competitive," but rather cooperative with government health programs. Some missionary physicians, nurses, and dentists may find themselves teaching in some of the national medical or dental schools. Some may be working in government-sponsored health programs. Others may even be working in government hospitals, as long as their Christian witness can be offered freely and without hindrance.

To plan strategy for the future, we must recognize some of the world events and forces that are forcing a change in medical mission strategy.

World Economic Situation. Economic factors certainly will continue to influence what can be done in health care ministry. No one knows what the future economic developments in the world will be; I would not even venture a guess. However, with the shift of economic centers from a few of the more affluent countries to others, with



Medical Consultant Fowler at his desk.

the change of monetary standard from gold to oil, with worldwide inflation, and with the demand of developing nations for more industrial and economic independence, the abundant funds of the past possibly will not be available in the future.

The unprecedented development in medical knowledge and technology has added tremendously to the cost of

modern health care delivery. That this increase will continue there is no doubt.

With these factors in view, how far can traditional medical missions (curative and hospital work) compete for the missionary dollar with other essential and critical needs on mission fields? How much of the mission dollar can or should the medical missionary expect for the carrying on of his work, which so many times has been patterned in days past of the monopoly era of medical missions?

Growth of Government Influence. As nations become independent from colonial powers, or from each other, a growing concern of their governments for a well-being of their own people naturally takes place. This is to be applauded. Responsibilities previously those of the missionary, such as education and health, are being taken over by governments.

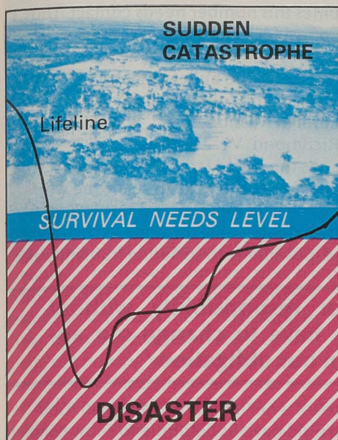
If our medical missionary forces are to remain in many of these countries, they can no longer continue in the monopolistic phase, for we are no longer the monopolists of modern medicine. Paternalism in all its forms must cease. Possibly medical mission work can no longer survive if competing with governments and large, international, philanthropic organizations. So we must look for some cooperative possibilities. We must now ask, "What can we do to be of help? Where can we fit in?"

Medical missionaries must be willing to work with, and in many cases under, national leadership. David Akande is a highly skilled and trained hospital administrator under whom several Baptist medical missionaries serve in Ogbomoshos, Nigeria. At the Baptist Hospital in Asunción, Paraguay, Dr. Jovino Cabrera is medical director. Some Baptist medical missionaries are and will be teaching in national medical and dental schools under national direction and leadership.

Population Growth. Perhaps one of the greatest crises the world will face in the next quarter-century is continuing population growth. By the year 2000, we are told, world population will double, from four billion to approximately eight billion. Already many people are dying for lack of food.

This problem has no easy solutions. Certainly we must continue to take a careful and intensive look at population control. What should be the Christian attitude toward it? What does the Bible say about it? What encouragement should be given medical missionaries in reference to their participation in family planning programs? Some large denominations oppose participation;

SUDDEN CATASTROPHE



some accept it; others try to deny it. Where do Southern Baptists stand?

Careful study must be made of the whole problem. We must plan to reach more people, for there will be more people.

The solution to this complex, urgent problem lies down not one path, but many. Numerous avenues must be explored: increasing food production; harvesting of the sea, with all its potential; discovery and development of new arable lands; location of new sources of water for irrigation, the key to much food production. Do Southern Baptists as a denomination and in its missionary enterprise have a responsibility in these matters?

No longer can we limit our concern to the curing of the sick. More and more we must look to the total life of many persons as being our responsibility. Health is a totality of man's life, his joys, his hopes, his future. As proclaimers of the good news, we must also be concerned for man's totality—his eternal as well as his physical health. His birth, nutrition, education, environment, vocation, and above all his relationship with God and his fellow man, must be our concern. "I am come that they might have life, and . . . have it more abundantly," Jesus said (John 10:10).

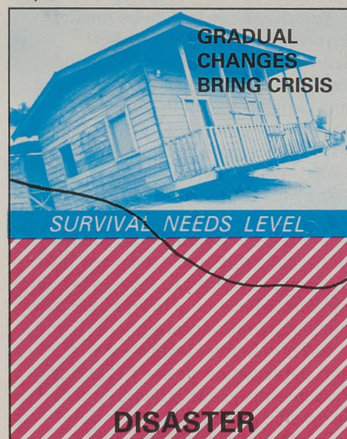
World Disasters. Most likely, disasters will continue to afflict man. Hurricanes, earthquakes, floods, and tidal waves, even wars, will continue in the next 25 years. Some say they will even increase. What is the Foreign Mission Board doing in this area? Through creation of a disaster relief council, headed by W. Eugene Grubbs, the Board has provided for quick response to crises.

But much more needs to be done. Plans are in the making for creation of a

disaster relief medical team. This unit would be organized and equipped so that it quickly could be transported to a disaster scene and render medical aid. Yet much more attention should be given to the more chronic types of disaster. There are at least three types of such disasters.

(1) The first type is the immediate catastrophe, such as those mentioned above. In such a case vast numbers of human beings are thrown immediately into great turmoil. Survivors need food, shelter, medical attention, and leadership, for often leaders have either been killed or put into a state of shock. (See graph at left.)

Response must be as immediate as possible. The missionary on the field must have at his disposal funds and ability to go into action at once. Relief teams of doctors and nurses and other medical personnel must be available to respond within 48 hours. Com-



munication must be established and maintained.

(2) A second type of disaster is usually slower in developing, but just as critical and fatal in results. (See graph above.) Because of drought or crop failure, or perhaps due to economic influences or political changes, massive populations drift into a state of slow starvation. People wander from place to place, hoping to find what often is not there—food, water, life.

A strategy must be developed for bringing relief in the face of such a disaster. Obviously we cannot feed entire populations, but we can do something. We cannot solve all of the underlying problems, but we can search for some of the solutions. We cannot do the job alone, but we can cooperate with government authorities and others. Through it all, we must remember that

from a small boy's lunch our Lord fed 5,000.

(3) A third type of disaster is much more subtle, for it is where many of the world's people live. (Graph below.) These persons live just above, or right at, the disaster level. It takes little to push them over the brink. Locally, one crop failure, one dry well, one epidemic of measles can all lead quickly to disaster and death. The reason: there is no reserve, either in food or energy, no resistance to disease for lack of nutrition.

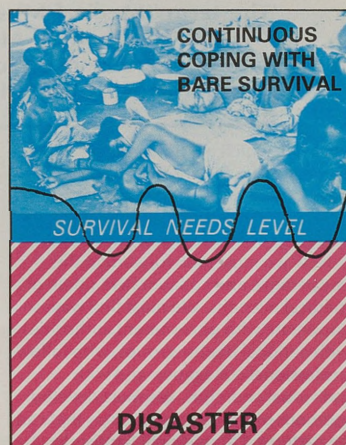
Much has been accomplished to meet this crisis, but more needs to be undertaken in health education, agricultural programs, nutrition, well digging, community health, preventive medicine, and the like. To prevent a disaster is just as important, if not more important, than responding to one already developed.

Looking Ahead

What, then, is the future of medical missions?

First, we must reassert Southern Baptists' responsibility to suffering humanity. Because of the appearance of so many factors that would tend to discourage the traditional approach to medical missions, the temptation arises to abandon all responsibility to physically suffering people. In light of Matthew 25:34-46, the multiple illustrations of compassion shown by our Lord, his miracles of healing, and the involvement of the early church in the healing ministry, we cannot abandon our responsibility without committing heresy. We may have to change our approach, but we cannot disown our obligation, if we truly preach the gospel of love.

True, the ultimate purpose of our



missionary undertaking and organization is evangelism (the bringing of all men and women to a saving knowledge of Jesus Christ and the nurturing of these into full, mature discipleship). Still, we must not forget to demonstrate and prove our concern and compassion. Otherwise, we may leave the impression that our interest is only in numbers, not people—in statistics, not individuals.

Second, we must look toward a world health care ministry. We must realize that traditional forms of curative medical missions must be amplified to include community health, preventive medicine, nutrition, and programs in agriculture, health education, family planning, and the like. Some existing work will need to be redirected and changed. Some may have to be closed or turned over to private or government health care institutions.

We return to those real enemies with which we began: ignorance, poverty, and superstition. As in the case of Mary, we are dealing with a "sick community," not just with a sick child. Medical missions of the future must move out into the total life of the community. Only then can individual health be improved. We must now address ourselves to the totality of life.

The term "medical missions," no matter how much it has meant in the past, must be changed to "World Health Care Ministry." This would signify the more global concept of health. We seek to bring total health, not just medicine.

Third, we are in the cooperative phase of medical missions. We have long been out of the monopolistic phase. No longer are missionaries the sole dispensers of modern medicine. In many cases, we can no longer afford to be in the competitive

phase within their economic and professional possibilities.

We must develop programs that can be carried on if and when foreign missionaries are required to leave. We must search for programs of health care ministry that do not depend on foreign economic or personnel subsidy. We must develop programs that take the gospel into the community and homes of those in need not only physically, but also desperately in need of spiritual and

'We cannot abandon our responsibility without committing heresy. We may have to change our approach, but we cannot disown our obligation.'

eternal health. We must develop programs that will respond to various disasters.

All this calls for emphasis on the cooperative phase of health care ministry.

Fourth, we can look to lay medical involvement—a Baptist medical fellowship. It is understood that the continuity of any mission undertaking, and certainly that of the world health care ministry, depends on the full-time, career missionary, committed to long-range involvement. Still, the next 25 years will see greater interest and involvement of the "lay" medical volunteer—those physicians, dentists, nurses, and others who pay their own expenses to go for a few weeks or a few months to become actively involved in health care ministry around the world.

As lay volunteer involvement increases and participation in the world health care ministry grows, a Baptist medical fellowship is called for. This would be a fellowship of all Baptist medical

times this number needs contact. Thus, appeal for names and addresses of Baptist medical persons who would like to receive the bulletin. (Send information to Medical Consultant, Foreign Mission Board, Box 6597, Richmond, Va. 23230.)

As the world faces tremendous changes in the next 25 years, the world health care ministry also must adapt to the changes and continue to recognize responsibility to suffering humanity and

to total health for the total man. God would have us continue to show concern for those who suffer and thus prove our interest for the eternal, our discipleship, and the sincerity of our message.

The health care ministry of the future will involve total man—where and how he lives. In the name of our Lord, we must adapt to methods and approaches that will better meet man's needs within our potential. As others take over traditional medical care, our responsibility will continue, and we must continue to witness to the abundant life that only Christ can offer.

Is medical missions over? Will economic and political pressures force Southern Baptists to withdraw from the responsibility to suffering humanity?

Medical missions is not over, but must change from the traditional curative approach to a much broader concept of world health care ministry.

The role of the medical missionary must change as he or she now goes to the locations of so many illnesses—the community and the family. Free from institutional administration and involvement, these missionaries can minister to the individual where he lives. No longer should we be satisfied with bringing the sick to our houses of healing and then returning them to sick communities, simply to repeat the vicious cycle over and over. No longer can we, or should we, build "palaces of the sick," patterned after U.S. standards where much can be done, but for so few.

The future calls as never before for a new approach, as the number of suffering humanity increases and their needs grow. The future of health care ministry is challenging and exciting. I call on Southern Baptists to have the faith and courage to respond, "that they might know thee, the only true God, Jesus Christ, his Son," and thus have life abundant and life eternal. **TC**

'The term "Medical Missions" . . . must be changed to "World Health Care Ministry." This would signify the more global concept of health. We seek to bring total health, not just medicine.'

phase, in which mission medical facilities compete with facilities provided by the government and others. Economics and advances in medical technology are bringing this phase rapidly to an end.

Now we must look forward to the cooperative and collaborative phase of medical missions. We must find ways to cooperate with government authorities, with national Baptist groups, with fellow professional colleagues, and with individual churches. We must develop methods of health care ministry that can be patterned for national Baptists to

personnel in Southern Baptist churches who, through designated channels, would advise and give consultation to the Foreign Mission Board on world health care ministry. Such a fellowship would also organize disaster relief medical teams and volunteer projects, and would help in promotion and recruitment of medical missionaries.

Through publication of the *Occasional Bulletin of Missionary Medicine*, the FMB medical consultant's office already reaches more than 2,000 Baptist medical personnel. I am sure, however, many

Waiting To Help in Angola

By Davis L. Saunders

Refugee work at standstill as there are no roads open out of Luanda. Plenty of food stockpiled but impossible to get to people." This tersely worded cable from Missionary Harrison H. Pike in Angola expresses the frustration of wanting to help, of having modest resources to help, of knowing personally and intimately of critical physical needs, and yet of being unable to move into action because of military and political activity in this turmoil-stricken land in southwestern Africa.

At its meeting in May and again in June the Foreign Mission Board appropriated \$30,000 for famine relief in Angola. This was in response to an urgent appeal from the missionaries and the leadership of the national Baptist Convention.

Beginning in 1961, refugees had left their villages and farms in Angola and had fled into neighboring Zaire or into the forests. With the change of the Portuguese government in April 1974, this overseas state of Portugal began experiencing greater freedom, especially in movement and in worship. The refugees, variously estimated at between 500,000 and 1,000,000, upon returning found their homes destroyed and their farms overgrown. Relief efforts have been aimed at meeting critical physical needs until the simple, rural homes can be rebuilt and the first crop of food harvested.

Transportation was obtained, supplies purchased, a warehouse rented, and a team assembled for the distribution of food, seeds, and farming tools. However, after the missionaries made only a few trips into villages where refugees had settled, the cable signaled the halt of their relief activities. Nevertheless, plans are still being made in anticipation of possible cessation of hostilities in preparation for Angola's forthcoming elections and independence from Portugal later this year.

Missionary Pike has been making contacts and arrangements effectively to speed up future delivery of needed supplies the moment avenues of transportation are opened. Contacts have been made with leaders of the several political

parties in an attempt to obtain permission to continue the relief work in spite of the conflict.

Ralph C. Bethea, a missionary physician on furlough from Kenya, visited Angola in June to assess the potential for utilizing medical supplies and short-term volunteer personnel among the refugees, as soon as the situation becomes stable. His recommendations are being considered and plans are being

enrolled could get through the roads from the various areas.

Missionaries also continued to plan for the opening of new stations at Carmona in the north and at Santa Comba in the center of the country. And they have requested new missionaries to assist in these places, as well as two missionary journeymen to help in teaching the children of missionaries and in administrative details.

Missionary Curtis Dixon reported in mid-July that, in spite of the disruption everywhere rampant and with mail services in Luanda almost at a standstill, response to the Bible Way Correspondence Course was the best it had been in more than a year. He also indicated that the Mission was able to continue broadcasting its radio programs on local stations regularly.

In writing about the struggle to locate and purchase food, Pike told of jealousy guarding the resources he had received. But then he concluded, "So the Lord took the five loaves and two fish, blessed them, and gave them to the people; and twelve basketsful were left over. This he did and promised, and he keeps his promises."



In Angola Jacob Alfredo weighs supplies of powdered milk into uniform size bags for distribution to refugees.

formed, but definite action is postponed for the time being.

Plans by Agricultural Missionary Albert C. Sutton to transport the Mission's tractor into the refugee area to assist in breaking land for planting also had to be postponed because of the blocking of the roads. On his last trip to the north for planning with the villagers, Sutton was able to take a small quantity of beef cattle for food.

At the annual Mission meeting held in June in Nova Lisboa, Angola's second-largest city about 400 miles south of Luanda, the capital, the missionaries decided to continue their plans for a Bible institute in August. They did so, trusting that most of the 50 lay pastors

Later word from Angola indicated that all Southern Baptist missionary personnel evacuated the violence-ridden nation by automobile about August 10, bound for Johannesburg, South Africa. The evacuation, reversing an earlier decision by the missionaries, came after the U.S. consul general strongly recommended the departure of all Americans. Fighting between Angola's three political factions had left hundreds dead and sections of Luanda without power and water. The evacuation was viewed as temporary.

Baptist mission efforts in the realm of relief were expected to continue in Angola, with missionary men planning to work there, at intervals, with relief projects. The missionaries—four couples and their families and a missionary journeyman (with two new journeymen to join them)—were to set up relief operations from South Africa. Relief supplies may be shipped into Angola through Foreign Mission Board channels. **TC**

This article was prepared in mid-July. The author is Foreign Mission Board secretary for Eastern and Southern Africa. He served in Africa 1951-73, first as a missionary and then as a FMB field representative.



Asunción Hospital

Password for Baptists

The travel schedule had collapsed. The connecting flight took off before the incoming flight arrived in Asunción, Paraguay. No other flight was available. The airline official, although courteous and speaking fair English, was of little help to the North American traveler; the attendant seemed mainly concerned that his airline not be held responsible.

So the inconvenienced traveler became a name-dropper. The name: Baptist Hospital. He asked, "Can you tell me how to get to Baptist Hospital?" The attendant brightened visibly. Of course he knew of the hospital. Of course he knew where it was. He wrote down the address without needing to look it up. And the visitor was on his way to contact with missionaries.

That incident is a personal, though minor, illustration that almost everyone in Paraguay knows of Baptist Hospital. In its 22 years the institution has established a reputation for concerned service. In large measure it has been responsible for creating a positive public attitude toward Baptists and toward evangelicals in general.

"I feel that the hospital indirectly has prepared the land for evangelization and

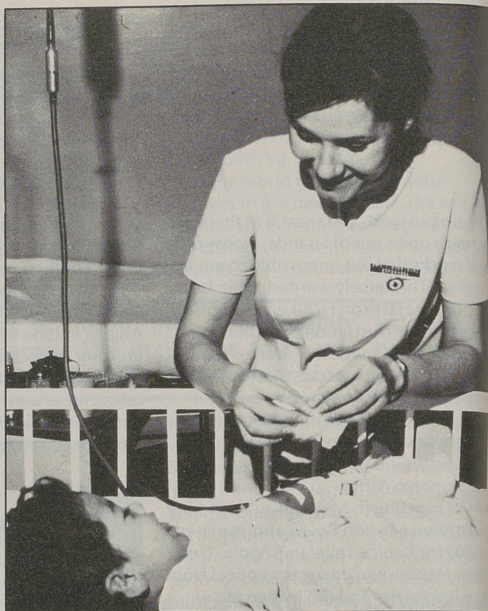
**Text and
Photos by
Leland
Webb**

has changed the concept of the people toward Baptists," declares José Misena, pastor of Villa Morra Baptist Church, whose property is next to the hospital grounds. "Everywhere, people know about the work of Baptist Hospital."

Has the hospital, opened in 1953, been the most forceful influence in making Baptists known in Paraguay?

"I am positive this is the case," answers Missionary Dr. William Skinner, who began service in Paraguay in 1951, just after language school.

When he first arrived in Paraguay, he recalls, he drove to an interior town to assist in evangelistic services. Along the way he gave rides to any who asked. He offered each passenger a tract and asked if they knew about Baptists.



"I didn't find anyone who knew anything about who Baptists were, or who any evangelicals were," relates Skinner. But in no more than eight to ten years, "You could go to any city in the country and mention Baptists, and people would know immediately that you referred to Baptist Hospital," he adds. "Undoubtedly it has helped the image not only of Baptists, but also of all evangelicals."

The influence has been felt in personal ways many times. About eight years after the hospital opened, police in an interior locality stopped a missionary who was distributing tracts and took him to jail for questioning. Unfortunately not carrying his passport or Paraguayan identification papers, the missionary faced hostility.

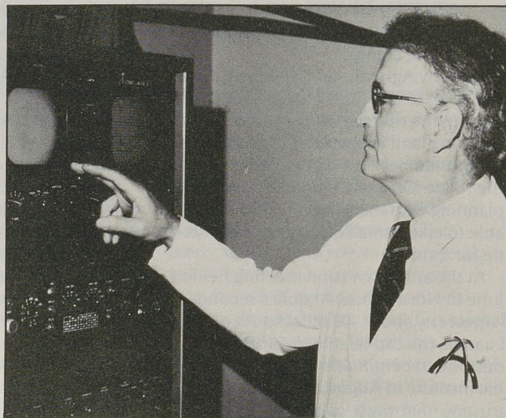
Asked where he lived, he replied, "I live at the Baptist Hospital." At once the police chief's attitude did an about-face. He knew about Baptists because of the hospital. The missionary was soon released.

Paraguayan Dr. Jovino Cabrera, now Baptist Hospital's medical director and the first Paraguayan to hold that position, also has felt personally the change in climate. "When I first became a Christian," he relates, "it was hard to be an evangelical. People ignored us on the street. When we had meetings in homes, they would throw rocks and fruit at the houses."

"When the hospital was founded, the environment was tense. But the work of the hospital penetrated this environment, entering minds, hearts,

Above: In pediatrics ward at Baptist Hospital, Asunción, Paraguay, nurse smiles reassuringly.

Right: Missionary Dr. William Skinner at heart-monitoring equipment in hospital.



and society for the gospel." Other events have influenced the change, too, he acknowledges, "But the hospital had a part. Now you can go anywhere and tell people you are a Baptist, and you are received as a person."

A part of the reputation has grown out of the hospital's outreach through clinics held in churches and through the mobile medical unit (see page 12).

Some of the reputation rests on the kind of care given patients. "I receive good reports from all over the country—from up on the Brazilian border, all the way down south, out on the Chaco, and everywhere else—about the excellent care in Baptist Hospital," says Ricardo Figari, who has been serving as acting administrator of the hospital. "The professional services of Baptist Hospital are well thought of all over the country."

Adds Skinner, "Patients come not only from all parts of this country, but also from Argentina, Brazil, and Uruguay. The other day a lady came in from Brasília, Brazil, for her annual checkup. They have excellent facilities there, but she comes back here every year for her physical."

States Paraguayan Dr. Manuel Talavera, who has served as hospital chief of staff, "This hospital is considered by the public and by the Paraguayan physicians who have the chance to come here one of the best in Paraguay." He points out that the institution is well equipped, housing, for example, one of the only two heart-lung machines in Paraguay.

The hospital is not large by Stateside standards—73 beds. During 1974 there were 2,597 inpatients and 34,017 outpatients registered. But its positive influence has spread to other medical facilities.

"I understand that this hospital and the service to patients here have served as models for others," Cabrera says. "The attitude of people once was: You go to the hospital to die, not to get help. But



people came here and saw a hospital well-equipped, clean, and where staff members were kind and treated them with love. People changed their attitudes toward a hospital and Baptists."

The director of one private *sanatorio* (sanatorium) confided to a Baptist doctor, "The truth is that your hospital, because of your training and equipment, is requiring us to upgrade our hospitals."

Part of the gracious attitude toward patients grows out of a major part of the hospital's contributions—its various training programs.

People want to come back to the hospital, Skinner reports, because, "They say they feel the nurses who take care of them, as well as the doctors, have a personal interest and love for them they have not found anywhere else. We owe a great deal to our school of nursing; probably the most important factor, as far as people wanting to come back, is

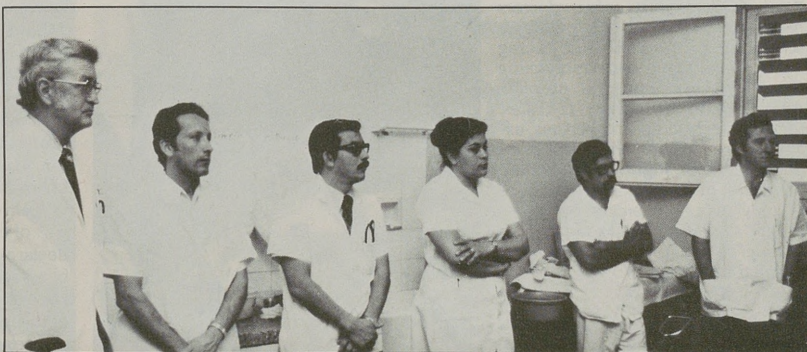
the care from the nurses, even student nurses. They have a personal, loving touch and are anxious to meet the spiritual needs of patients."

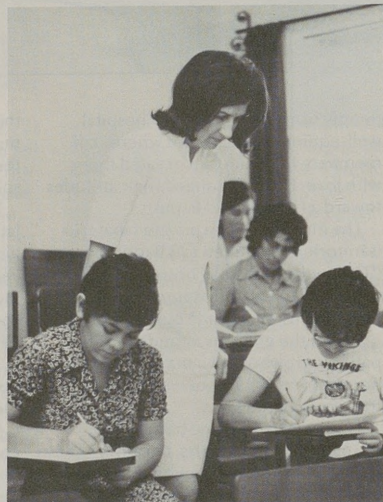
To the hospital's nursing school, which last year enrolled 27, have come "Baptist girls from Chile, Argentina, Uruguay, Peru, Nicaragua, and Ecuador," Skinner says. "Many have gone back to their own countries after training; some are still here and doing an excellent job."

The resident training program for doctors is another far-reaching arm of the hospital.

"No resident anywhere else in this country can get the training he gets here," Medical Director Cabrera declares. "In other hospitals residents often don't see many special cases; here residents have to work in the outpatient clinics, in delivery—they do everything. They spend three months in each specialty." Continues Cabrera, "I am

Top: Entrance to Baptist Hospital in Asunción.
Right: Skinner (l) and others on staff gather for prayer time before early morning rounds.





Top: Skinner and other doctors meet for discussion in parlor at school of nursing. **Above:** Young nurse walks along path connecting nursing school with the hospital. **Above, right:** Missionary Jo Yates, medical technologist, oversees examination in class she teaches at nursing school. **Right:** Checking the hospital's heart-lung machine, one of only two such pieces of equipment available in Paraguay, is Manuel Talavera, who has served as hospital chief of staff.

now practicing as an obstetrician and gynecologist, but in my clinic I have a general practice. There I'm taking advantage of everything the hospital taught me."

Baptist Hospital was the first in Paraguay to offer a rotating internship program, where doctors in training rotate through all the services. Other medical teaching available clung to the system of requiring doctors to choose specialties early.

"Many of the doctors who came to work here were pleased because they had never had any practical, clinical concept of medicine as a whole," Skinner states.

After the Paraguayan system was revised, Baptist Hospital discontinued its internship program, but maintains a four-year residency program that provides rotating training in all the specialties. Extension of the hospital's influence continues. "Several doctors in Paraguay," notes Skinner, "having finished their residency program in our hospital, are heads of public health hospitals."

Within the hospital a scientific meeting is held weekly—with discussions led by staff members or visiting lecturers—to help staff and residents keep in contact with developments.

In the spiritual realm the hospital also serves as an international center for training in pastoral care. (See page 11.)

And there is training in preventive medicine. "We have training for the patients themselves," points out Skinner. "We hold a well-baby training program for mothers. We also have a family-planning program, where potential mothers can learn how they can plan their families and not face such a heavy burden of children in the early years of life."

Underlining all the hospital's activities even its training programs, is an evangelistic emphasis.

"We have a Bible study with doctors who are not Christians," Skinner reports. "They come if they wish. We have lunch together in the dining room and then have Bible study. We read Scripture, and doctors are free to ask questions or make comments." Two residents have made professions of faith in Christ, probably due in part to this study, Skinner believes.

"I am convinced that the hospital is a part of the spiritual ministry," Cabrera declares. "The hospital should not just be a social ministry. The hospital must keep its emphasis in evangelism as a part of the total work of the Lord."

Declares Skinner, "If it were not for

the chaplain and his staff, who do a fantastic work—if this were just a physical, humanitarian project, we would be wasting our money. Without this partnership and working together in the overall approach to try to cure the whole man in his physical, mental, and spiritual needs, we would be losing the whole purpose of our mission."

A psychiatrist, not an evangelical, speaking at one of the scientific study periods, praised the partnership of medical and spiritual treatment he had observed at the hospital. "I have never seen, in any part of the world, such spiritual attention to the needs of people," he declared.

He told of treating a patient for years in his psychiatric clinic without much success. Then the woman made contact with the hospital chaplain. When she returned to the psychiatrist some months later, she was, said the doctor, a different person. Her life reflected a complete

change, the result of a conversion experience.

Sitting in the family conference room at the hospital, José Lezcano, serving as acting chaplain during the furlough of Missionary James O. Watson, speaks of his schedule: visiting rounds twice daily; chapel services Tuesday through Friday for patients, twice a week for staff; some contact with relatives of patients; passing along to a local pastor the name of anyone making a profession of faith.

"Witness on the halls and in chapel complement each other," says Lezcano. "If I have talked to people in the halls, they may later also be in chapel."

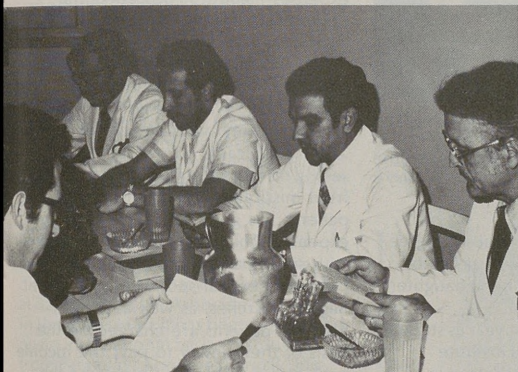
To illustrate the evangelistic influence of the hospital, Cabrera introduces his North American visitor to one example. Relaxing in a rocker in his modest home, Antonino Gaona, a decorated hero of the Chaco War, now past his mid-80s, declares: "I am a product of the hospital."

While he was in the hospital for surgery, "They read the Bible to me on my sick bed," he recalls. He left the hospital not a Christian, but soon had to return for further treatment.

"I was converted before leaving the second time," he relates. "Christ had pity on me and allowed me to be sick again to go back to the hospital and be converted. They treated me like a brother in the faith, even though I was not a Christian."

One nurse read to him daily from the Bible and led him to make his Christian commitment. A missionary doctor also had considerable influence. Gaona could have gone to a military or other government hospital for treatment without cost, but he chose Baptist Hospital. "I feel the Lord was calling me there," he testifies.

Gaona lives in an area not far from an *anexo* (mission point) where Cabrera, even with his busy schedule, leads.



Above: Physicians meet for Bible study. **Above, right:** Two Paraguayan Indians chat at hospital desk. **Below and right:** Doctors assist at regular clinics at area churches: Zulmira Marquez writes prescription; Jorge Aid checks patient.



Before holding service at the *anexo*, Cabrera always stops first at Gaona's home, and the elderly Baptist, now unable to attend services, always has his tithe ready. "How could I forget?" Gaona explains. "It is the Lord's."

"What is the atmosphere like at the hospital?" Cabrera asks him.

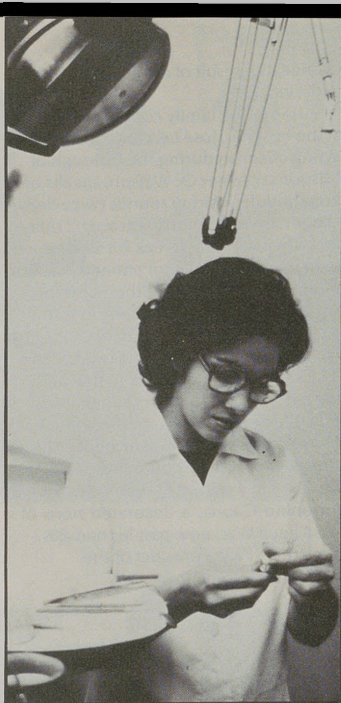
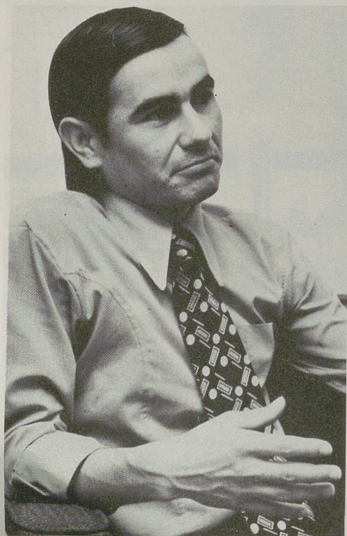
"Like a family," answers Gaona. "I am grateful the Lord let me be there."

Today transition is under way at Baptist Hospital in Asunción. That change is amply illustrated in names already mentioned: Cabrera, Talavera, Lezcano, Figari.

Cabrera, who has become, as already noted, the hospital's first Paraguayan medical director, moved to Asunción from his small hometown after third grade in order to continue schooling. He worked to pay his own way during his schooling, sometimes even doing janitorial work. "But through everything I feel the Lord had a purpose for my life," he says. "He gave me many opportunities to work in his church. I felt I had to study, I had to work, but I could never miss church."

Talavera, chief of staff in 1974, was one of the hospital's initial employees, first in the *depósito* (storage area). During his medical school years, missionary doctors helped him by providing books, since the missionaries had to study the same books to pass medical examinations in order to practice in Paraguay.

After Talavera's residency at Baptist Hospital, he studied for six years in the U.S. Unlike many Paraguayans who leave home to study, Talavera elected to return, influenced in part by a missionary doctor. "I decided to help my country and my people," Talavera states simply.



Above: Dentist Irma O'Campos readies instruments for morning's patients at hospital. **Below:** José Lezcano became acting chaplain during missionary's furlough.

His wife holds a master of music degree from the U.S., the first Paraguayan to hold such a degree; she is the daughter of a pastor.

Lezcano during his last year as student at the Baptist theological institute worked with Missionary Watson in hospital chaplaincy. He later joined the chaplain's staff and during Watson's furlough served as acting chaplain.

Figari, then ten years old, was present at the hospital's inauguration. He began work at the hospital at age 21, first as receptionist, later in accounting. After university training he joined the administrative staff, then became assistant to Missionary Leland Harper, administrator. During Harper's recent furlough, Figari served as acting administrator.

Having Paraguayans in various positions of responsibility, comments Skinner, "coordinates all the work. It gives them the responsibility of running the hospital, feeling the day-to-day problems, being sure that the Board of Trustees coordinates with the hospital's functioning and that Convention and Mission representatives take an active part in planning and participation of the running of the hospital."

Circumstances make transition imperative. "Apparently it is not going to be easy to have another medical missionary," explains Skinner. A missionary from outside Paraguay must repeat medical training and take 30-plus medical examinations in seeking a license to practice. Currently officials "have not been willing to give a temporary license for a new physician who might come, as they did for us when we first came," he adds.

"The final goal is to raise up from among our Baptist constituency doctors who are dedicated, who are able to give of themselves so that the hospital can continue.

"We keep on praying that God will send missionary physicians with faith that he will help them through the exams, as he has done in the past, to fill the immediate, urgent need of our hospital."

This touches on the problem area of expenses. "About 90 percent of the people here pay the cost or less," states Figari.

"The hospital at the beginning was a complete charity organization," points out Skinner. "When we got to the point that the money available was not able to allow us to carry on, we had to start seeing private patients." Thus, income from missionary physicians' private patients has gone into the operating expenses. This practice has not set well with some Paraguayan physicians.

At the hospital-sponsored clinics at Baptist churches, as well as in the hospital, patients are charged on the basis of their ability to pay; the income goes into a fund to help pay for the continuation of the clinics.

"Most doctors have private patients," adds Skinner. "Most physicians generally have three different offices—for public health in the morning, for social security in the afternoon, and in their own clinic at night—in order to make a decent living."

For example, Cabrera maintains at his home a private clinic with rooms to accommodate ten patients and a delivery room also equipped for gynecological surgery. Mrs. Cabrera, a midwife, looks after much of the clinic work.

Despite whatever problems may exist and as transition continues in the face of reality, Baptist Hospital in Asunción stands on an unshakable record of compassionate service, nationwide reputation, and international range in training. "Baptist Hospital" may not be an unailing password in Paraguay, but it's likely to win you a sympathetic ear.

TC

DEALING WITH TRAUMA

I came with a desire to help the sick in whatever way I could," wrote the young man from Uruguay whose mother was dying with cancer. "But I discovered that I had many things inside of myself that needed changing first."

Commented a Paraguayan student in his evaluation at the end of the six-week course, "It has helped me to see the value of listening to people. And to see the needs of people and not be able to do anything about them has helped me realize my own limitations."

A young man from Brazil who was unable to help a patient injured in an accident because of his fear of blood, said in his evaluation, "I like the atmosphere of the hospital. Here you evangelize. You also love people. This is a Christian atmosphere. I don't know that I have overcome all of my fears, but I surely do feel more security than when I came here. I really believe that now I could help a person who had an accident."

The course they refer to is Clinical Pastoral Education, conducted under direction of Missionary James O. Watson at Baptist Hospital, Asunción, Paraguay. In the three years it has been conducted on an international basis, 16 students from Paraguay, Argentina, Brazil, and Uruguay have participated.

"Because our patient load is small," Watson explains, "we limit the class to a maximum of seven per course. We are not trying to do quantity work, but rather quality. We hope that those who return to their countries will use what they have learned to instruct others."

Watson was transferred to Paraguay from Argentina in 1962. From 1962 to 1972 every student from the Baptist theological institute in Paraguay received at least one semester of clinical pastoral education at the hospital. "An experiment with theological students and nursing school students in cross-professional communication was tried one year with relative success," Watson reports.

During the period 1966-70 pastoral care was taught to the theological students in the opening of two new works (mission points) in suburban areas of Asunción. The first was opened in one of the poorer suburbs. An early experience of the students was in helping a poor family who lived in one

room and whose husband and son had drowned in the nearby river. "This experience," relates Watson, "gave them a genuine contact with grief, death, and the needs of people during this time of suffering."

For several years Chaplain Watson has collaborated with the nursing school connected with Baptist Hospital in group therapy work and in teaching mental hygiene.

At a medical missions consultation in Asunción in 1964, arranged by Foreign

illness and what they could do to help prevent it."

Written verbatims, word-for-word accounts of visits with patients, "helped them improve their visiting with the sick," Watson continues. "In group therapy and personal conferences they became better acquainted with themselves in their struggle for identity. National doctors, nurses, missionary doctors, and others shared with them from their specialties the causes for illness and the reactions of patients to their illnesses.

"Studies in spiritual therapy and grief reactions helped them know more about psychosomatic illnesses. The verbatims helped them learn how to listen to patients. They were encouraged to be the love of God to the patients and not just talk about it."

Missionary Leland Harper, Baptist Hospital administrator, acquainted the students with hospital administration and the costs of caring for the sick. "In the preaching seminar they took a look at their preaching and learned about some of their hang-ups," Watson says. "They saw the destructive power of cancer in their visits to the cancer clinic."

The group also visited a Mennonite Hospital, some distance from Asunción, that cares for patients with leprosy. There the students learned of advances in care for such patients.

The Baptist Hospital staff, reports Watson, received the visitors "with open arms," literally so in the case of one young woman at the hospital who later married one of the students; they serve now as home missionaries for Argentine Baptists.

"The cross-cultural fellowship with the students has been meaningful to both students and personnel," Watson reports. "A better team spirit has developed among the healing team."

The first international course lasted eight weeks, but later courses were shortened to six weeks; the Paraguayan heat was severe on some who came from farther south.

"The enthusiasm of the students when they returned home has caused many pastors from these countries to inquire about the possibility of their attending a six-week course," Watson adds. "We need a chaplain with supervisory training to come help us extend this ministry." TC



Missionary James O. Watson presents certificate for completion of Clinical Pastoral Education course to Miss Stella Souza Rocha, of Brazil, the first woman to take the special training.

Mission Board Medical Consultant Franklin T. Fowler, Watson presented a paper on "Healing the Integral Man." The participants, representing five nations, voted for such a course to be offered to representative students from the theological institutes and seminaries in their countries.

The first international course was held in 1972. For eight weeks the five students visited patients in Baptist Hospital, Asunción. "They also visited for two weeks in the national mental hospital, under the leadership of a national psychiatrist," Watson says. "He instructed them in the causes of mental

Clinic on Wheels

The day began as usual in Paraguay—hot and early. This day, as many others like it, would prove long and exhausting, but rewarding. Just as the sun began to peep through the trees at the Baptist Hospital in Asunción, a medical crew gathered to begin a journey of mercy. *La Clinica Movil del Hospital Bautista*, the Baptist Hospital on wheels, sat waiting to go.

The mobile clinic is a representative of the Baptist Hospital. For many persons in Paraguay who have no other access to medical attention, it represents hope. The clinic also represents love and concern on the part of Baptists. Most of all, it represents a chance to hear, perhaps for the first time, that God had a Son, the Savior of the world.

Days earlier, preparations had been made—the locality was chosen; medications were gathered; volunteer staff of doctors, nurses, and laymen had been notified. Now, early in the morning, this group of energetic people was ready to carry out the two-fold purpose of the Baptist Hospital: to provide relief from physical pain and to point men and women to Jesus Christ, the Master Physician.

Two and a half hours away, over 60 miles of highway, 35 miles of dirt road, and 3 miles of oxcart trails, people in the village of Puerto Garay would be starting their trek to the house of Doña Else, where the clinic would be set up.

The author was appointed a missionary in 1969; she serves as medical technologist at Baptist Hospital, Asunción, Paraguay, and also teaches in the nurses' training school.



Above: Eagerly telling about the mobile medical clinic of Baptist Hospital, Asunción, Paraguay, and its capabilities is Mario Gonzales, Paraguayan physician in charge of the mobile unit. **Facing page:** The side of the mobile clinic is opened to reveal some of the compact equipment and storage space provided inside.

Individuals in need of medical help would come from several miles away by foot, on horseback, or by oxcart. For them, the mobile clinic would be their only contact with medical treatment.

Doña Else several years earlier had been a patient in Baptist Hospital. Then she had begun her journey to Asunción in the back of an oxcart, but the bumps proved too severe for her delicate condition. Her family then suspended a hammock across the cart, and Doña Else rode in this until they reached the highway. From there she traveled by bus.

At Baptist Hospital she found healing for her body. But more than that, she found Jesus as Lord. And so, on this day, we were going to her home to share her Savior with many others. As the mobile clinic moved through the field toward Doña Elsa's home, the medical team could see people waiting in every direction.

The clinic was set up under thatched roof and under a tree. Patient after patient came for help. Throughout the day the line seemed to grow. Many injections were given. People were treated for anemia due to parasitic infestations. Teeth were extracted. Medicines were dispensed. Consultation with the doctor might be free, or the patient might pay 25 cents. Medicines are usually given without charge.

Present on this trip, as always, was a special group involved in the clinic work—laymen who speak the Guaraní language. They tell the people about God and the fact of his Son. For many listeners, this is their introduction to the gospel of God's love.

As the sun set and the last of the patients were sent on their way home, the mobile clinic was repacked. The trip home was not so cheery as the early-morning travel. Exhaustion had set in.

But there were also recollections: The mother who had brought to the clinic several of her eight children suffering from malnutrition. The old woman who, enduring excruciating pain, had walked two miles to see a doctor. The young boy whose stomach was severely swollen because of parasites.

The agony, the poverty, and the needs of the rural people in Paraguay take on new meaning with a first-hand view of their needs.

As the mobile clinic rolled into the hospital driveway, night had fallen. But with the darkness had also come a peace and joy as the words were recalled, "As you did it unto one of the least of these my brethren, you did it to me" (Matt. 25:40 RSV).

Through visits by the mobile clinic crew, preaching points and missions have sprung up. By showing people we care about their physical needs, we can also show that we care about their spiritual needs. Because of contact by the *clínica móvil*, lives have been changed. Pain has been alleviated. And people have been given the message of hope.

This account reflects the positive ministry of the mobile medical unit of the Baptist Hospital in Asunción. Currently, however, the unit is seldom active. Shortage of personnel available to man the unit has kept it parked more than on the road. Mario Gonzales, the Paraguayan physician in charge of the unit and the one with greatest interest in it, recently has been working in the interior of Paraguay. For a time the exorbitant price of gasoline helped keep the unit non-mobile. There is hope that the mobile clinic can be returned to active use in the future. TC



SAVE FOR
CRAIG SERIES
1975

Scrambling for Nutrition

BY LINDA COLEMAN

In some of the YWA lessons studied in Rhodesia, emphasis has been placed on Christian marriage and establishing Christian homes. In this connection, it seemed wise that future Christian mothers should learn how to rear healthy children. Thus arose the scheme of teaching the girls who attend the YWA I lead how to prepare simple but healthy food they could afford.

The first lesson seemed a roaring success. It went something like this:

When asked their advice on where to begin such a program, others had suggested demonstrating how to scramble an egg. So I took all the necessary paraphernalia to the meeting. First we all viewed the filmstrip, *You Can Help Your Child*, made in Rhodesia by Missionary Gerald S. Harvey. It points up the contrast between protein-deficient children and healthy children. It also shows some of the protein-rich foods.

After the filmstrip we talked about cooking eggs for children to eat. Usually a young child is fed only a thick porridge. I demonstrated how to scramble an egg in margarine. When I asked if one of the girls would like to try, there was no shortage of volunteers.

After one girl finished, I recommended we let two of the little boys waiting outside eat the scrambled eggs. A twinge of panic arose as I remembered my own Melissa and how she turns up her nose at any kind of egg. But in our test about four children, ranging in age from two to five, sat down on the floor and eagerly consumed the eggs. The youngest among them jabbed the others on their legs with his spoon

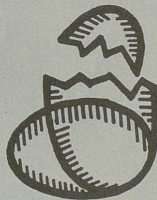
The author, Mrs. David M. Coleman, was appointed a missionary to Rhodesia in 1968. She and her husband are stationed in Salisbury, Rhodesia.

when they ate faster than he.

Another member tried her hand with this new cooking method. When she had finished, I suggested she feed the egg to her baby sister, tied on her back. This was the first time a baby had come to one of our meetings, but on this day Ritah either had to bring her nine-month-old sister or stay at home. The baby had been fussy throughout the meeting.

Confronted with the egg, the child ate it eagerly. "Anoda (She likes it)!" exclaimed Ritah. Curiously, the child was quite content after getting the egg into her tummy.

Then came the final egg. After another member prepared it, I asked



who should be chosen to eat it. The oldest girl in the group spoke up at once to say she would volunteer, but the others laughed their disapproval of her decision. Instead, they all decided to sample the egg.

A bowl of water was brought out, and each girl, after washing her hands, took a helping with her fingers, the customary method in the Shona culture. The only problem: one egg divided among six girls wasn't sufficient.

I asked if the egg tasted good. "It was delicious!" they all agreed heartily.

As I left for home after such an exciting meeting, I began to wonder, *Where in the YWA manual does one find directions on scrambling eggs?* TC

By
Ruth
Fowler

Stories about a sleeping beauty, dolls with blonde hair, a strange game called baseball—the United States is a whole new world for Nguyen. Nguyen is five years old, the daughter of Vietnamese refugees at Ft. Chaffee, Ark.

Her bewilderment soon turns to laughter as Southern Baptist Missionary Prissy (Mrs. Gene V.) Tunnell tells her a story in Vietnamese. When Nguyen grows up, she will be familiar with all the customs of the U.S.; she will speak perfect English and will probably not

The author is a staff writer in the press office at the Foreign Mission Board.

remember the long journey in the midst of war that brought her here.

Her parents and older brothers and sisters will have much more difficulty adjusting. They must learn a new way of thinking; they must live with many memories of death, pain, and their homeland.

At Ft. Chaffee, as of Aug. 1, 14 missionary personnel, veterans of the mission effort in South Vietnam, labored, trying to make the adjustment easier for Nguyen, her family, and 24,000 other refugees.

In the next few years many people will

Strange New World



Faces tell much of the story of Vietnamese refugees at Ft. Chaffee, Ark., where thousands of refugees have made their temporary home while awaiting sponsorship.



laugh at Nguyen and her family. Others will hate them. Many will want to help. Some will be afraid. The missionaries at Ft. Chaffee face a big job. They want to find sponsors for the refugee families. They are trying to make life easier for the refugees when they leave Ft. Chaffee, and they seek to make life better for those who must remain there for a few more months.

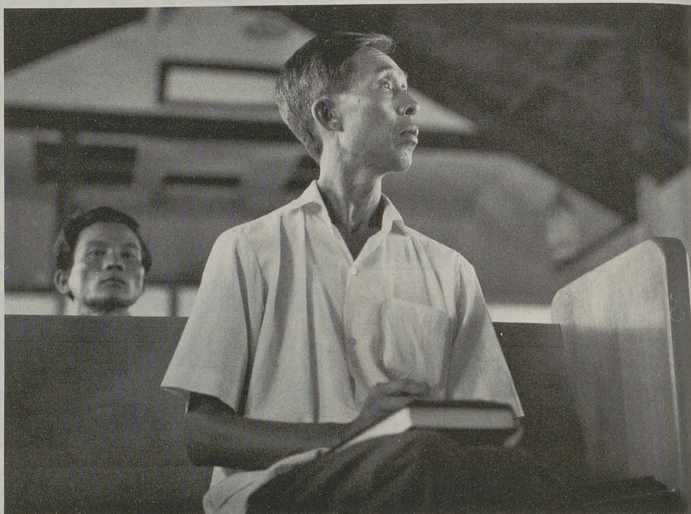
The Beginning. While many Americans were still dazed by the rapid succession of events in Vietnam, refugees began to pour into Ft. Chaffee. Most people felt helpless in the midst of great numbers of



Photos by Bob Harper



Bottom: Former Missionary Journeyman Doug Kellum teaches English to Vietnamese in chapel building at Ft. Chaffee.



Vietnamese; others simply didn't know where to begin.

Truman Moore, pastor of Eastside Baptist Church, Ft. Smith, Ark., a former missionary to East Pakistan (now Bangladesh) and now a member of the Home Mission Board, saw a need for spiritual help for the refugees. He also recognized the need for an extensive education system. He approached the administration at the camp and volunteered the services of Southern Baptists. Moore is now coordinating Southern Baptist efforts by both Home Mission Board and Foreign Mission Board personnel.

After contacting the two mission boards, Moore secured the support of the people. He and a corps of volunteers set to work. Among the volunteers were several missionary journeymen and former journeymen, plus the Vietnam Mission personnel assigned there by the Foreign Mission Board.

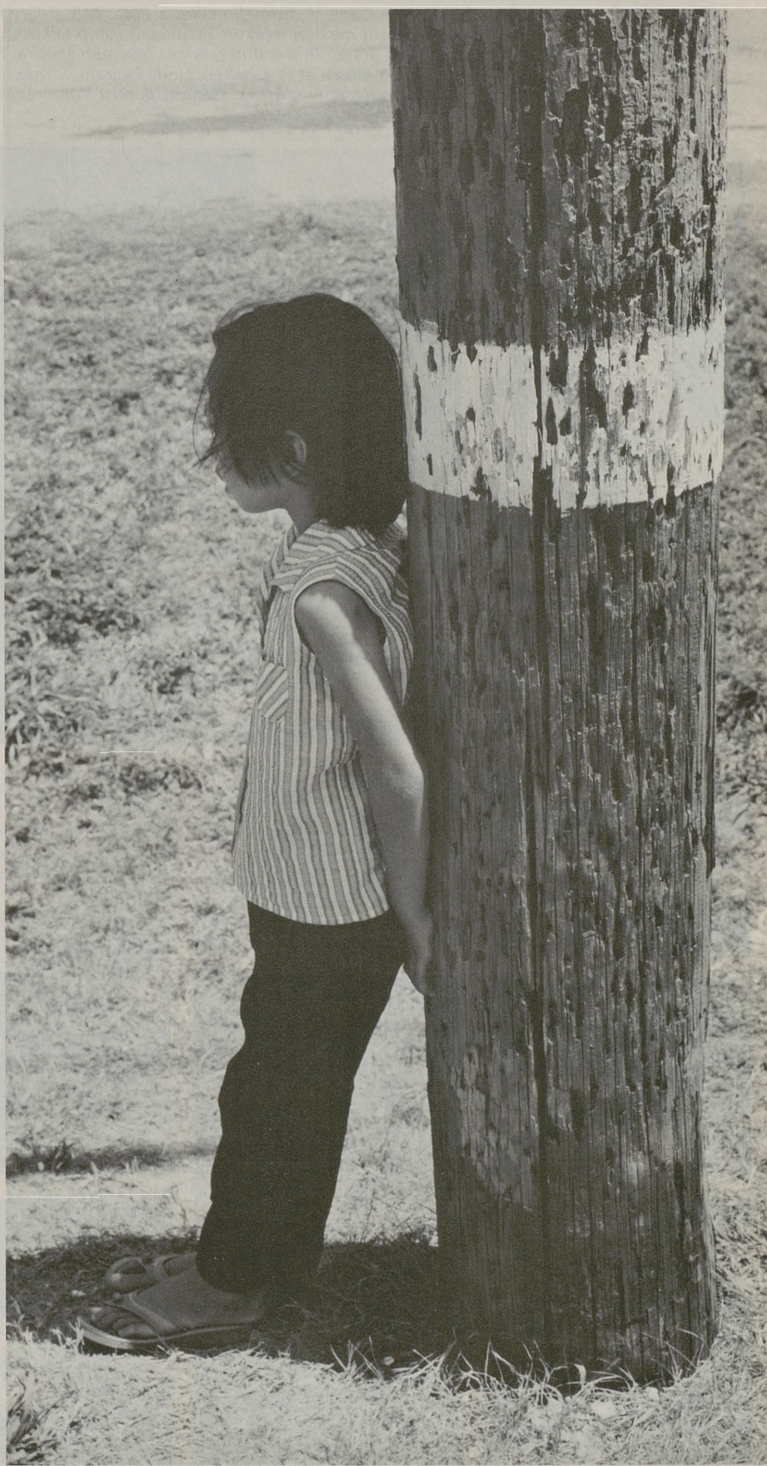
Needed were chapel services for Vietnamese Christians and opportunities for others to come to Christ. Other kinds of Christ-centered help, like counseling and comforting, were also called for.

In the area of education, English classes were the first major project. Southern Baptists enrolled 18,000 of the refugees in English classes according to age and English-language comprehension. Home economics courses, teaching cooking and shopping, were begun. Day care centers, like the one Mrs. Tunnell works in every morning, were opened. Special question-and-answer sessions, dealing with sponsorship, customs, and any number of other subjects, were organized.

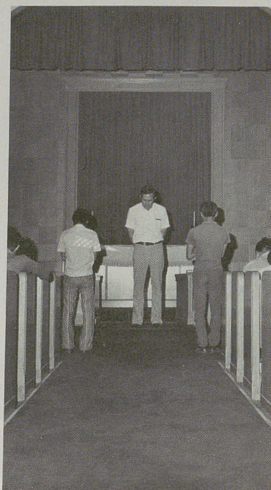
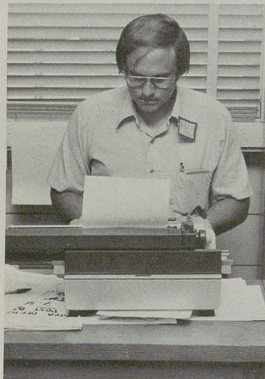
James M. Gayle, former missionary to Vietnam awaiting reassignment, was in charge of the chapel program through July, when Robert C. Davis, Jr., also a Vietnam missionary, arrived in Ft. Chaffee. Missionary Gene V. Tunnell headed the education program when Baptists were in charge and during a transition period when government-paid teachers began working in the program. Tunnell now devotes himself full-time to sponsorship.

Cooperation. The refugee city had needs bigger than any one group of people could handle. It became obvious that everyone who wanted to help had to work together. So they did.

Home Mission Board and Foreign Mission Board personnel, Christian Missionary Alliance people, Health, Education, and Welfare (HEW) employees, YMCA personnel, the military, the government—all began to



Clockwise from upper left: Missionary Gene V. Tunnell makes a note. Missionary Journeyman John Parsons leads in worship service at Ft. Chaffee base chapel. Baptist mission workers helping at camp talk things over. Mrs. Tunnell keeps children busy. Missionary James M. (Jim) Gayle leads prayer in worship service. Trueman Moore, Ft. Smith, Ark., pastor and a Home Mission Board member, has coordinated Baptist efforts at Ft. Chaffee. Linda Pegram, former journeyman, counsels young refugee about college. Journeyman Doug Van Devender at typewriter. **Center:** Baptist Volunteer Anna Adams, who assisted Baptist work in Vietnam, has ministered among refugees at Ft. Chaffee.



pull together. The aim: sponsorship.

Government officials came to see that education was their responsibility. They, through HEW, contracted with a local college to hire teachers to take over the job of English education. The local college asked Southern Baptists to stay with the program in administrative roles. In this phase of the work John Parsons and Greg Holden, missionary journeymen assigned to Vietnam at the time it fell, and Doug Kellum, Phyllis Tyler, and Linda Pegram, journeymen who had served in Vietnam earlier, became active. Another journeyman, Doug Van Devender, began working with Tunnell in sponsorship. (The other journeymen later moved into sponsorship work, except for Miss Pegram, who continued to counsel college-bound refugees. Some of the journeymen planned to return to school in September.)

The Home Mission Board, Church World Service, and the Foreign Mission Board cooperate on sponsorship. The basic idea is that the Vietnamese people can't begin to lead productive lives in America as long as they are confined to Ft. Chaffee awaiting sponsors. Sponsors must be found for every refugee unit, which means a family or single person.

All of the education programs, led by Southern Baptists or government workers, are aimed at helping prepare the Vietnamese for sponsorship.

Even military personnel involved, which includes guards and others, have the basic aim of merging all the refugees into society and out of the refugee cities at different military bases in the U.S.

Chapel Program. The Protestant chapel at Ft. Chaffee is a hub of activity. Every morning a prayer meeting begins the day at 7:30. At 9:30 Baptists teach an English class for Bible students. The class includes English words and terms found in Bible-related study. Students, primarily Christians, learn what a prophet is or what fasting means. The aim is to help Vietnamese understand the lingo of Christians.

There are Church of Christ services three afternoons a week and a class in doctrine for new believers every afternoon. Every Protestant group that conducted mission work in Vietnam or has a significant number of members on base has permission to use the chapel. The limitation is not to discriminate against others, but to guarantee the opportunity of continuation of work already established.

An evangelistic service is held every evening, with one English-language

Sponsorship—It's Magic!

The small, Protestant chapel at Ft. Chaffee, Ark., fills with Vietnamese. Even the heat doesn't deter the crowd. Every row seems full, then one more person crowds in. Twenty or more stand at the back. Everyone listens, waiting for some clue to their future.

The hillside is crowded with 30 to 40 young people. Each sits on his or her shoes, and many hold umbrellas over their heads to protect them from the sun. Suddenly they begin to cheer; the guest speaker had touched on their favorite subject.

A small girl sprouts a wide grin as the American family comes closer. The big day has finally arrived, and she will be leaving with her family. Every Vietnamese person has one dream; for her it has come true.

What is working all this magic? Sponsorship. Sponsorship is the first step, the first piece of hope for the Vietnamese. The United States government has said that every Vietnamese refugee will have a sponsor. None will leave Ft. Chaffee or any other camp without one.

Until the day comes, a two- or three-month wait for most, the Vietnamese must prepare. They learn to speak English. They learn homemaking and American customs. They daydream about being a part of America.

The Vietnamese refugees are eager, enthusiastic new Americans. They left a lot behind to come, and they appreciate where they are now. For them, freedom is tangible and very important. The few who regret their decision are a definite minority. A few came to freeload off a rich nation, but they also are a minority.

Most knew that life in Vietnam, if they were allowed to live, would offer them nothing. America seemed to offer more. Much more.

What most Americans don't seem to understand or appreciate is that there is no choice involved. The Vietnamese people are here to stay. The best thing that can happen for them and for the U.S. is for them to be assimilated into the work force, taught a new way of life, and allowed to contribute to society.

Part of caring is giving physical financial support, plus spiritual and moral support. The biblical basis is widespread. One Southern Baptist missionary put it simply: "Christians do a lot of talking about sharing and caring. The time has come to either put up or shut up."

HOW TO SPONSOR

1. Meet with your church. Define your capabilities as a congregation. Determine where the family or single person will live, who will be responsible for rent, utilities, food, clothing. Understand that the number of hours needed to help a family is great; be sure that certain people will be responsible for taking them shopping, etc.

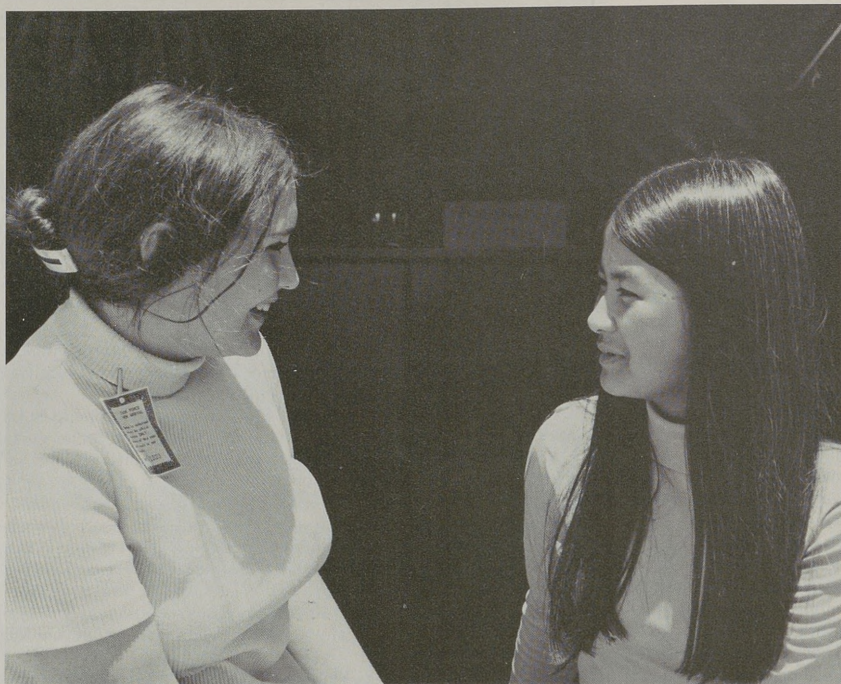
2. Contact the state mission director, the Home Mission Board, or a missionary at Ft. Chaffee. Explain your capabilities exactly.

3. Requests will be channeled to Church World Service or to another proper agency. A family will be found that meets specifications of the sponsoring church.

4. The U.S. government will pay transportation to the new home and give the sponsoring church \$100 for each family member.

5. Individuals may sponsor only with written recommendation of their church or pastor. Individuals are discouraged unless they realize the great time element involved and are willing to invest that much in the relationship.

—Ruth Fowler



Author Ruth Fowler talks with Miss Hanh, a young Vietnamese, at Ft. Chaffee.

service on Saturday. Baptisms take place at the swimming pool and totaled about 250 by mid-July. Many of the Vietnamese are very open to the gospel, feeling it is due to an act of God that they are in America and safe.

Volunteers who were working in Vietnam before that country fell are now working in Ft. Chaffee. Anna Adams is secretary to Tunnell. Jack Miller and his wife are also there. He has been involved in building benches for the English classrooms. Olive Allen, emeritus missionary, is at Chaffee working in the day care centers.

Faces in the Crowd. The hardest task for Americans is to accept the Vietnamese as individuals. There are masses of Americans and masses of Vietnamese. How can masses relate one-to-one?

The primary goal of sponsorship becomes more a reality when individual Southern Baptist families make a decision to share in the ministry their missionary personnel have started. Single people as well as families need sponsors.

Hahn, 17, is in the States alone. Her family and brothers and sisters remain in Vietnam. She escaped Danang to Saigon,

then on to the U.S. A Christian, she wants to study in the States so that she may in some way help her people.

Mai and Vinh are both Christian men. Mai was an army chaplain, Vinh a student. Both are in the States without families. Mai left behind not only his parents, but also a fiancée in Danang.

Families range in size from three to seventeen or so. Many family groups are willing to divide so that one sponsor will not have such a burden.

Tran's family will go to Minnesota. Tran will try to go with them, but because he is 17, old enough to start to college, he may not. He speaks fluent English and could begin college without any remedial programs. He wants to be near his family, but doesn't know what school he can attend. The decision: to go with them or stay at Chaffee and hope for a scholarship to college.

Thai is only two years old, the only child of a young couple at Chaffee. The mother's family is also with them. The only words he knows in English are "Hello. How are you? I am fine. Thank you." He plays peep-eye behind his mother's long skirt and pretends to be shy. Just before the American woman

visiting the camp turns to go he darts toward her and grabs her hand. He kisses her hand and repeats the only words he knows. His family needs a sponsor, too.

The Vietnamese boy is about 13 and follows the journeymen everywhere. He wants to know what they do, and he listens to every word they speak. He is anxious to please them. The boy and his friend sit by them in church and sing in a loud voice to show their pleasure at being there. Both of these families need sponsors. They will probably go to different sides of the continent, but the friendship formed at Chaffee will be remembered.

Another friendship this boy formed will be remembered, too. When I visited the camp to gather information, he sat by me in chapel. Carefully he showed me the words of the song and helped me to sing in his language. He took great care to translate the bulletin and show me the Vietnamese Scripture. He helped me to feel at home in a strange place.

I hope that I and other Southern Baptists will return the friendship. Maybe we'll have the opportunity to help someone feel at home in a strange place.

Can you come to Botswana for a year?" That question came to me by telephone from Foreign Mission Board offices one day in May 1973. The fact of the call still seems incredible. The Board had no file on me, and I had made no substantial contact with anyone there.

Since I had been in private dental practice for nine years in my hometown, Pine Bluff, Ark., my wife, Renee, and I assumed our life was settled. Dentists don't usually move much, so we felt we were home to stay after I left the U.S. Army in 1964.

Faced with the request to go to Botswana to replace Charles L. Bellenger, missionary associate dentist, while he was on furlough, I found questions flashing through my mind. First, where is Botswana? What would happen to my practice? What would a year abroad mean to our small children?

Yet the excitement and dimension of Africa and the possibility of going there made me want to say yes, even though I knew it was "impossible." My answer: "I'll pray about it." I know that answer was the right one. As Renee and I talked, we realized it was possible that God wanted us to go. We also knew that he would have to arrange it, for we would need to be on the field by Aug. 1.

As we and others prayed, God began to move seemingly impossible problems aside. My first letter from Bellenger said they had been praying for a year for someone to replace him. It is humbling to realize your life is about to be used to answer others' prayers. When God brought the young Christian dentist he had chosen to take my place in my office, we had already been processed and approved by the Foreign Mission Board.

We arrived in Francistown, Botswana, on Aug. 3. The love we felt from the mission family and the warmth of the nationals there to meet us will always remain in our memories. Our first Sunday in First Baptist Church was made even more memorable by the antics of Amy, our two-year-old. We were not sure how to react as she wandered from the women's side of the church auditorium to the men's side and rolled on the dirt floor. The absence of a church nursery was one of many changes to which we would be trying to adapt.

After a week I began the work I had come to do with the Baptist Mission Dental Clinic and with the young African man Bellenger had trained as an assistant. At first Reade, our nine-year-old son, felt Africa was not too different from Arkansas. Then he met a young African boy who would not enter our yard because, he told Reade, he



The Harold Mitchell family arrives in Francistown, Botswana.

FRANCISTOWN ADVENTURE

BY H. E. MITCHELL



thought I would beat him. Beggars approached our family on the street. How should Christian missionaries respond? How could we best show love? Each member of our family felt the responsibility to represent Christ in a way that wouldn't hinder his kingdom. Why had this feeling never been as strong before we came to the mission field?

As I began treating patients I could not talk to because of the language barrier, I found myself praying that they would be able to know I cared about them by the treatment they received. (I realized this is the way a Christian should approach any stranger anywhere.) Many times I found that they responded with smiles in their eyes, if not on their lips.

It was impressive how quickly, even in

this country as large in area as Texas but with poor transportation and communication, the reputation of Bellenger and the dental clinic had been established. I had been told that a dentist, even for a short-term project, could help missionary evangelists gain openings among people where dental care is almost non-existent. I saw this proved, as I traveled to the new mission station at Selebi-Pikwe to work with the mobile dental equipment one week each month.

Bellenger had warned that I would probably be doing things I did not do in private practice. To be honest, I did not look forward to some of the more difficult cases that might come my way, because general dentists in the States do



Missionary Associate Charles Bellenger (r) welcomes Mitchell to fill in at the Baptist Dental Clinic during Bellenger's furlough. Said Bellenger: "It's good to meet the man we've been praying for for over a year."

not perform a lot of procedures that might be required of me in Africa. But having talked with oral surgeons before I left home, I realized the basic knowledge was in hand—it was just a matter of putting skills into practice.

The first such opportunity came in Selebi-Pikwe when an elderly woman patient sought help; she thought her tooth was abscessed. In fact, she had suffered a broken jaw. With God's help we were able to take care of the problem. I say with God's help, because I feel strongly that in these difficult situations I received extra spiritual guidance; I found myself praying more and more for patients.

In translated conversation with me, the elderly woman could recall no reason for the fracture. When I was out of the room, she told the African assistant that one of her children had beaten her. This gave me new insight to realities of life.

When patients could speak English, I carried on the same type of conversation that I would with patients in Arkansas—about family, children, and background. Many Botswanans are quite curious about the U.S. and life in the States.

Renee and I arrived not really certain of what opportunities we would find for a Christian witness. We soon confronted the language barrier in working directly with Botswanans. But the Lord provided other opportunities; there are many Europeans in Francistown, people from all over the world who are just as spiritually hungry as African nationals. During our year in Botswana God gave us some special friends to love and to witness to.

One example was the Dutch geologist who came to the dental clinic the first week I was there. Before his appointment ended, he had invited us to dinner. As soon as we sat down in his home, he asked, "Why are you here?"

He felt most white people go to Africa for one of two reasons: because they can't do well at home, or for material gain due to the high salaries. Since he knew I was there for mission work, he was not sure where I fit. His opening question gave me a chance to express our sense of calling and direction from God. I felt strongly that night that this family was given to us for the year for witness and to share our Christian commitment.

The geologist's seven-year-old daughter, Charlotte, became close friends with our seven-year-old, Molly. Charlotte went to church with us and after Sunday School attended the African services. Before the year was over, Charlotte expressed desire to become a Christian.

Renee and I fell heir to an interdenominational Sunday School where the Bellengers had worked. Renee, a teacher, soon was instructing

young children. A British couple and I decided we could best serve by starting an adult Bible study to be held at the same time as Sunday School, and thus available to those who brought their children.

One incident during our stay is painful to relate. A young African woman came with a difficult situation with a wisdom tooth. After much struggle by both of us, we came to a stopping place in the treatment. She was upset, not fully understanding what I had done; she felt she should not be charged the token fee. At this point I responded heatedly; I was shortly sorry for my remarks. I felt I not only had damaged my personal image, but also had failed in representing Christ as the Baptist dentist.

Later I went to another village more than 300 miles away to offer dental treatment. One of the first patients was this same young woman, experiencing some post-operative problems. During the year many patients came and went, and I never saw them again. Now I felt God had brought this one back into my life to give me a second chance. We were able to help her with the tooth problem. When she returned for her final checkup, I apologized for my earlier remarks. I believe God gave me a chance to clear up this matter because I was his representative.

A unique opportunity developed when I made contact with the Hungarian surgeon at a diamond mine community and learned there was interest in securing dental care for the local hospital. It was arranged for me to go with Missionary Ed L. Smith to work three days a month and then hold services on Sunday. A diamond mine is a closed community, so there is no church there,

At First Baptist Church, Francistown, on his first Sunday in Botswana, Mitchell meets Kgakgamatso Masilo, a leader in a student Christian group in high school.





At Baptist Dental Clinic in Francistown, Goodwill Maeco, assistant trained at the clinic, aids Mitchell.

but we found a group of Christians, including four South African Baptist couples, longing for fellowship and communion with other Christians.

We held interdenominational services on Sunday morning and then a service in English and one in the local language, attended primarily by Africans. Smith assisted me in the dental clinic the three days prior to Sunday. This gave people a chance to meet a minister in a different role.

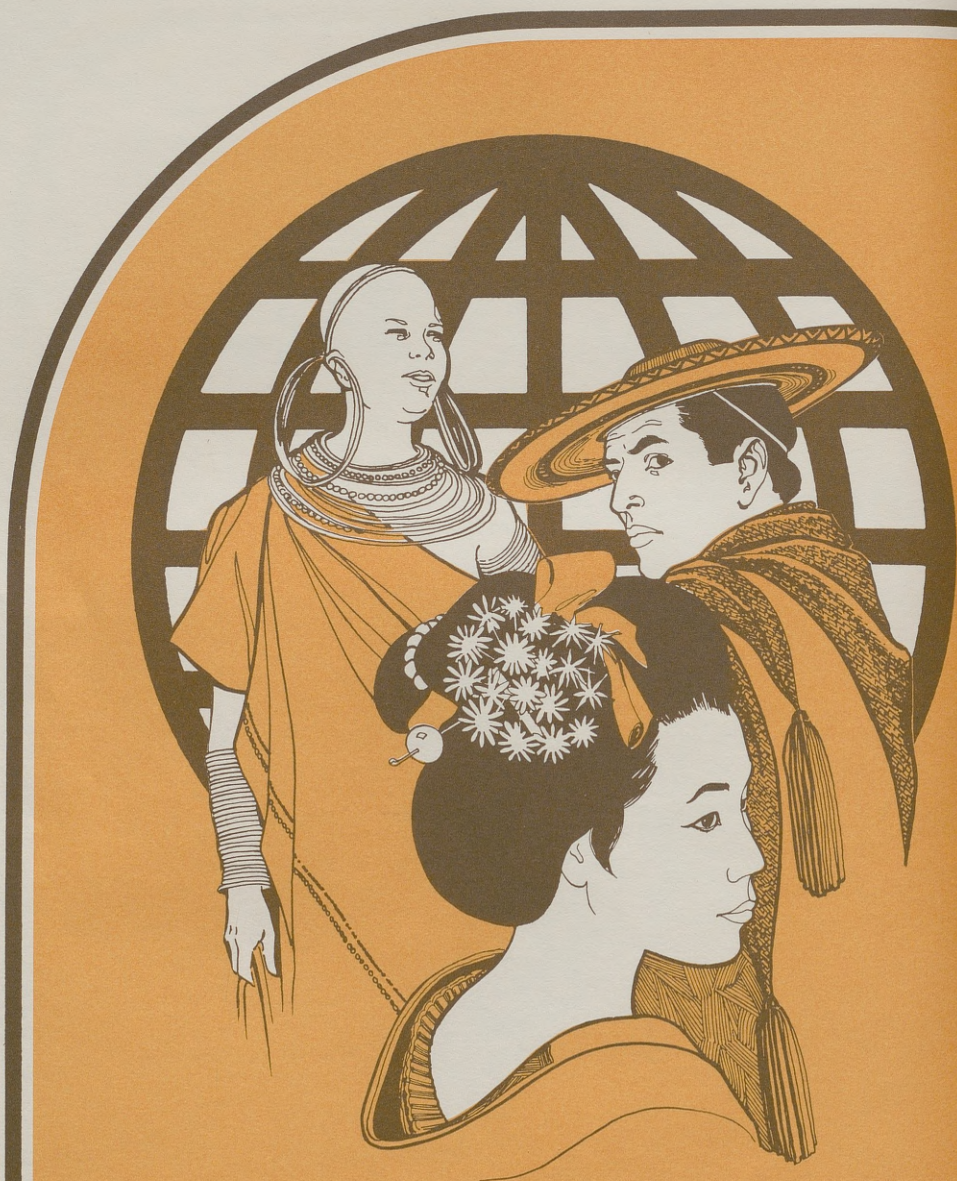
We had contact with the Hungarian doctor and his wife in their home, sharing our thoughts and feelings. On occasion I was asked to speak in the church services. This doctor came to

church for the first time to hear me, because he could not imagine a dentist doing something of this nature. This allowed me to offer my personal testimony, not just to him, but before the group.

Opportunities for laymen overseas are unlimited, not only in the health field, but in almost any field. Finding that I could, indeed, leave my practice for a year showed me I am not as bound as I thought. God performed miracles so that I could take the year away from home; our going to Botswana made no sense in any way from a human standpoint, yet in retrospect it seems like a natural happening for us.

We were able to meet a specific need; I believe that is the way God works. In various countries are opportunities for laymen in various fields—business, mechanics, and maintenance work, for example. Christian laymen who can serve even for a short time will be surprised at the contacts they make.

If someone makes himself available for this type of service, he can be sure that blessings will come, though perhaps not what he would expect. We came away from Botswana with an overwhelming sense of blessing in our lives. We received much more than we gave. We cannot adequately describe the love of the people there. TC



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OCTOBER 1975



Into Tonga Land

Photography by Gerald S. Harvey

News item: *The first home missionaries appointed by the Baptist Convention of Rhodesia have begun work in a remote section of northwestern Rhodesia.*

Can you imagine what it would be like to live in a place where, if you broke your arm when the plane with the nurses was taking off, it would be two weeks before anything could be done to help you?—**Missionary Nurse Carolyn Roberson**, Sanyati, Rhodesia

In a far-off place of Gokwe there is a place where Tonga people live. These people used to live by the Zambesi River. They were fishermen. They made boats to take them out into the river to fish. They were happy living there.

Then the Kariba Dam was built. Kariba Lake began to grow bigger and bigger. The land where these people lived was flooded by the lake. They had to be moved from their homes by the river. Some of them were moved to a place in Gokwe. They were given small farms, but they were not good farmers. They were good fishermen only. They cannot fish at their new homes. It has been hard for them to live. Many times they have been hungry.

They speak the Tonga language and do not understand Shona and Ndebele. They follow their own customs. Inheritance is from the mother's side of the family. The women smoke big bubble pipes. They wear many beads and bracelets. They do not have many clothes. Often they do not have enough food. When they were moved from the Zambesi Valley, many had never heard about Jesus.—**Missionary Wana Ann (Mrs. M. Giles, Jr.) Fort**, Gatooma, Rhodesia, in program material for WMU week of prayer in Rhodesia, July-August 1975.

The airplane comes here twice a month with medical assistants. They attend to us if we have some troubles and leave us some medicines to help ourselves when they have gone. In January I had terrible diarrhea when the plane had gone. We could not send anyone to cycle to Sessami to call the plane because of rains. Even if there were no rains, an average cyclist would take two days to reach Sessami. After suffering severely for a week, I was healed by the Lord.

It is possible for any of our family to die and you only get the information when the plane comes at its scheduled time.—**Titus S. T. Mazhambe**, Rhodesian Baptist home missionary at Simchembu

Baptists first became concerned about the Tonga people about 11 years ago. Baptist missionaries were working in the Sessami area of Gokwe. As they told people about Jesus, many showed spiritual hunger. People accepted Jesus as Savior. The missionaries wanted to tell all the people in Gokwe about Jesus. They wanted to go to the Tonga people. The roads were very bad. That year of 1964, Missionary Bud Fray wrote his report to the Baptist Mission. He said, "We ask for prayer and support. We want to see the Tonga people become Christians."

The next year Fray and Missionary Dr. Sam Cannata were able to visit the Tonga villages. They had clinics and preached. At first the people were interested. Finally the Word of God began to reach some of the Tonga people.—**Wana Ann Fort**

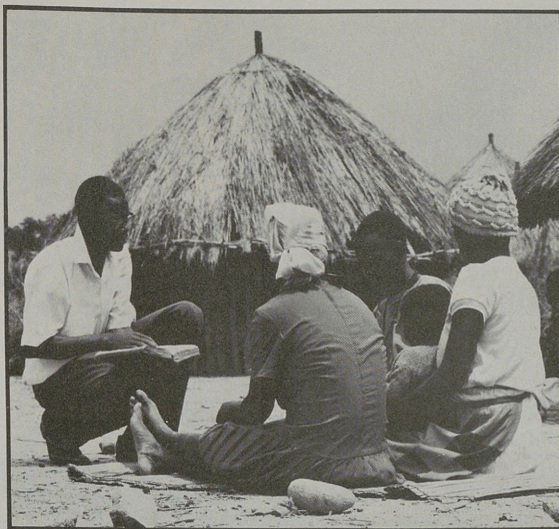
The Tonga people believe there is a god (Leza), whom they take as head of the spirits. They don't believe that one can live without the control from the spirits. It is so easy to gather the Tonga people into a big group. They come to your preaching services, mostly women and children (young people). The reason they come is not for the gospel. It has been their custom to meet together and play their traditional plays, so going to a religious meeting is to them as good as going to a traditional dance.

They will not listen to your preaching. You can see them talking to each other or smoking their big pipes (*ndombondo*) while at the service. A preacher is only recognized as a man of God (*munto wa-Leza*) who has nothing to do with them except that he works for his Lord. They even give much respect to a preacher, yet they don't respect his message.

Polygamy is exercised largely. A man can marry as many wives as he wishes. This makes the huts to be more in a village. In some villages the huts are large enough to accommodate one family, while a compartment is left to keep goats.—**Alphaeus Maposa**, Rhodesian Baptist home missionary at Nyenyunga

The people have showed respect for Mufundisi (meaning "preacher")

Facing page: Member of Baptist church at Simchembu, Rhodesia. **Top:** At Nyenyunga, Rhodesian Baptist Home Missionary Alphaeus Maposa explains Scripture to women at Chief's kraal. **Right:** At clinic held biweekly at Nyenyunga, nurse from Sanyati Baptist Hospital dispenses medicine.





Mazhambe in many ways, and the chief even brings goat's milk for the Mazhambe children. But the people, even though they might respect the men, don't seem to care to listen to what they have to say about the gospel. I have noticed, especially in Nenyunga, that the people actually jeer sometimes at what the preacher has said. They just laugh and sometimes walk away in the middle of the service.—**Carolyn Roberson**

In 1968 there was a weekend revival at Nenyunga. Fifteen people accepted Jesus as Savior. Preaching points were established at Nenyunga and Simchembu. These became churches two years later. Yet these churches had no one to preach to them regularly. They did not have a pastor. They did not have trained leaders. They needed someone to teach them more about Jesus.—**Wana Ann Fort**

Even though the Tongas live in Rhodesia, the people here feel that they are a completely different group of people, and that actually it is a foreign mission field. These pastors and their families are truly sacrificing to go to these areas.—**Missionary John W. Monroe**, Gatooma, Rhodesia

The people are still primitive. Most of them are illiterate. I thank the chief because the people are no longer knocking out the girls' four front teeth as they formerly did. He has imposed a strong rule against the practice. They strongly believe in ancestral worship, rainmakers, polygamy, drinking, and smoking.—**Mrs. Margaret Mazhambe**, Rhodesian Baptist home missionary at Simchembu

We were shocked when we visited our Tonga friends and saw them dying in the darkness of their sins and covered with the spirits and country traditionalism. This brought us to the deepest of our hearts and great concern of immediate evangelism; although we knew that hindrances would come because of language, this never cut down our spiritual desire. We kept our eyes fixed unto the Lord. So we will continue to pray with high hope that he, whom we believe is able, will continue to bless our



Top: Titus Mazhambe, Rhodesian Baptist home missionary at Simchembu, adds grass to roof of his home. His son assists him. **Left:** Mrs. Margaret Mazhambe conducts sewing class outside her home. **Facing page:** Mazhambe leads worship at Simchembu. Behind him people line up for attention at the medical clinic being conducted by personnel from Sanyati Baptist Hospital.



ministry among the Tonga people.—
Alphaeus Maposa

In February 1974 the Maposas were very happy. God had led them to a big Baptist church in Shabani. The church supported them. They did not have to work in part-time jobs. Mrs. Maposa was from this area and knew the people. They could visit her parents often. They loved the people and the church.

Maposa said his heart became very burdened for the Tonga people. When he read Romans 10:1-4, he thought

about these lost Tonga people who did not know the truth. He shared his burden with his wife. They prayed to know God's will. Finally they opened their hearts and said, "Here we are, Lord, send us!"—**Wana Ann Fort**

In February 1974 my husband shared with me the call to the Tongas. After some days of prayer I could only find myself quite convinced that the Lord had called us. So I said to my husband, quoting from John 2:5b, "Whatsoever he (the Lord) tells us to do, let's do it!" So

from that time onward we centered our prayer on the Tonga work.

Worries and fear rose again after my husband returned from preaching a revival meeting in the Tonga area, as he reported for prayers on the difficulties he had met, such as language, thick forests, hunger among the people, and malaria fever, which had caused several deaths of children while he was there.

Although I knew that the Bible teaches us to help friends in need, this could sound difficult to me when my husband

told me how they go without food and clothes. So I said to him, "Even if we had a little food to give, to whom could you give it, or how could you share it among those in need, since all are in need?"

After some time with this question in my mind, my husband quoted the Scripture found in Philippians 4:12-13. Reading from this passage, I could see clearly that the Lord knows all these problems, and he has his own way of going over them. We do not need to walk by sight, but by faith—**Mrs. A. S. Maposa**

In August (1974) Mufundisi Maposa got his first look at the Tonga work. He went to Nenyunga for a week of revival meetings. He came back in something of a state of a shock—the hunger of the people physically, the terrible poverty and general low living standards, and generally a bit of culture shock.

He had taken more than enough food for the week, but by the middle of the week he had no food, because he had shared every meal with many people who just came to eat with him and were hungry.

The meeting was a success, with several adults and older young people making decisions. (Since that time, ten of these have been baptized.)—**Missionary Gerald E. (Jerry) Schleiff, Gokwe, Rhodesia**

The two pastors that have gone are beginning to understand us missionaries a little better. They have told us that many times they could not understand why, if the missionary helped one person, he couldn't help everyone. Now they are in a situation where they have to make a choice as to whom to help, because they cannot afford to help everyone.—**John W. Monroe**

I went to Simchembu to construct a pole-and-mud, two-room house with two helpers. The house was completed in 21 days. It is lacking very much, because we did not have enough grass. Also my team was inexperienced. When it rains during the day or at night, we cover the blankets with our raincoats and just stand as if we are under a tree.—**Titus Mazhambe**

As a nurse at Sanyati, my primary responsibility in medical work is in five clinics. Among them, I go to Simchembu and Nenyunga once a month for well-baby clinics. Missionary Margaret (Mrs. Archie G., Jr.) Dunaway and Willie Karambambe, an orderly, go every two weeks to conduct medical clinics and obstetrical clinics.

A recent trip was my first since

*At Simchembu
a Tonga
woman enjoys
learning to sew
in class
led by Mrs.
Mazhambe.*



Alphaeus Maposa moved there. Our clinic is just a room on the end of his house. At the short worship service at the beginning of our clinic, for the very first time since I have been going there, the people sang the choruses. Usually when we have sung they have just sat and talked among themselves or listened. The fact that they sang is a sign that at least they have been listening. We have to look for these little things for encouragement.—**Carolyn Roberson**

While we were in Que Que, we sometimes prayed for God to send someone to the Tonga people, but not ourselves. We had known the hardship that one faces in the area. I cannot explain how God changed my mind when my husband repeatedly told me that God was giving him no rest in his heart because of the Tonga people who need to be evangelized. When we came to this area, I didn't just follow my husband because he was called to mission work. I was also called as an individual to this task.—**Mrs. Margaret Mazhambe**

The roads are so bad, it is hard to get to Sessami. Mrs. Mazhambe was very ill. Her husband hired a bicycle and went 68 miles through the forest. He reached Sessami, where he got the plane to get his wife and take her to Sanyati Baptist Hospital. God helped, and she was able to get well.—**Wana Ann Fort**

The Tonga area is a most difficult place of service, and many have felt that

a "foreign missionary" would not be able to survive there; hence, the need and encouragement for a "home missionary."

Mazhambe says there is no other evangelical work in the area where they are located. One or two other denominations are near the area; however, their witness is almost nil, he said.

These men are supported and sent out by the Convention. Of course, our missionaries give money, too, but it is put through the Convention. The church people here must feel the responsibility of supporting these two families.—**John W. Monroe**

In her testimony Mrs. Mazhambe said that God also called her to work among the Tongas. She said she has experienced some hard temptation at Simchembu, but is convinced that God wants her there. "As we visit the people, our hearts break when we see them hungry and almost naked," said Mrs. Mazhambe. "They come in dozens to our home asking for food. We are trying our best to help. Always we tell them about the love of Jesus."

—**Wana Ann Fort**

These people are unfortunate to be in an area where they cannot have cattle to use in farming and have enough crops in their fields because of tsetse flies that will cause the death of cows or donkeys. So they just cultivate with their hands. Every year they get just a little bit. They usually reap their crops around April, and by

September they are out. From October until the next spring season, they find others who have got more and work for it for a little money. The problem of hunger is a great one.—**Titus Mazhambe**

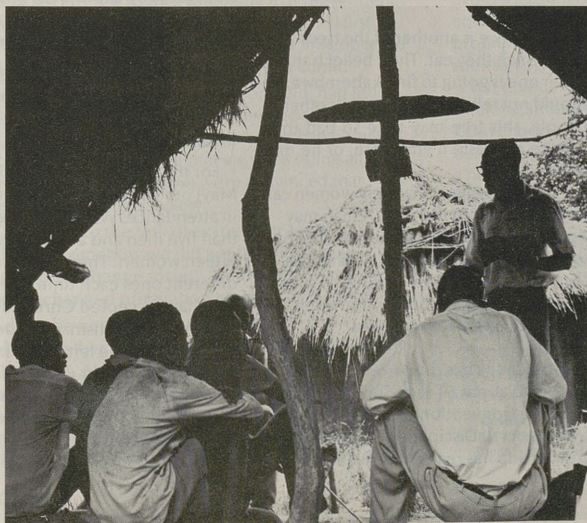
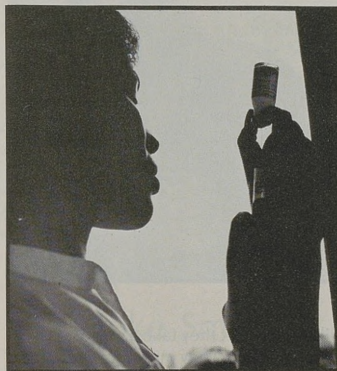
We have seen that evangelism has many hindrances within this area. The most difficult problem is that there is no special season when the people are found at home. When they finish their harvest in March and April, trucks are waiting to take them for cotton picking. The only persons to remain at the home are the oldest, who may not be able to see well or work as much. Sometimes one woman and the small children may remain to take care of the sheep and goats. All children from about six years upward go with their parents.—**Alphaeus Maposa**

These people think it is unfortunate for one to have twins. In the area where I am, a mother died who had twins. A long time ago they used to kill one of the children, but at the present time the government has prohibited that. So they indirectly kill the child by not feeding it.

When we had the funeral of this lady, my first funeral with the people, I asked if I could preach. Before I preached I thought I should show them some love. I told them I was going to be responsible for these twin girls. They were surprised. There is no fear that they will be killed now.—**Titus Mazhambe**

There is such despair, so little hope, in the lives of the people. They know death just as a normal part of life, and they seem to have no concept whatsoever of prevention of diseases. I am trying to teach the people through the under-five clinics. Margaret Dunaway is trying to

Right: At clinic held at Nyenyunga, Mrs. Archie Dunaway, missionary, examines child, while Home Missionary Maposa interprets. **Below, left:** Nurse prepares injection; **right:** The Maposas serve tea to Chief Nyenyunga. **Bottom, left:** Maposa witnesses to man who came to clinic; **right:** Maposa preaches for worship service at Nyenyunga.



Mrs. Mazhambe holds twin girls she has helped to care for after the infants' mother died. By caring for these girls, the Mazhambes opposed the traditional prejudice against twins.



teach them through the obstetrical clinic.

Many times the same children come every two weeks, often with the same disease, the same complaints, and often these could be prevented, if the people only knew and would practice a little hygiene.

We are just beginning on the ground floor, trying to get them to understand what prevention is and that these diseases don't have to be.—**Carolyn Roberson**

Whenever there is hunger, people have to live on various types of trees as their food, such as munjunga and mukololo. These trees have fruit which looks almost the same, like beans. They drop during the summer. People start cleaning under these trees before the time. This enables others to see that the tree belongs to another family. They store the seeds, and they are cooked just

like beans, yet they take a longer cooking time. They mix them with other things to avoid the smell and make them taste nice.

Kabombwe is another of the trees from which they eat. Their belief is that when one is going to find kabombwe, he should not tell people. If he tells other people, this tree may taste so bad that no one can taste it any more, or he may not find it.

They also believe that only women can go and pick from this tree. A man may accompany his wife, but he will not go to the spot where the tree is. He watches for wild animals while holding his spear. They dig the roots, then pound them for porridge.—**Alphaeus Maposa**

Attendance has risen from about 32 people to about 60 each Sunday service at Sabala Convention preaching point [May report]. Discipline and singing as we worship has really improved.

Early March we started taking Sunday offerings. We explained all about offering to them before we started. We gave them a chance to ask questions. It was their first time to hear of giving money to the church. We had answers to their questions from the Bible. One woman said she was no longer coming to church. We were sorry to hear this, but we helped her understand, as well as others.

The following Sunday we got 12c, besides what was given by our family. We were not only pleased by the cash given, but we heard many whispering in their language, "*Ime ndaluba* (I have forgotten)." Praise the Lord, every Sunday a good number is giving offering to the Lord!

We admit that this seems hard and unusual to them, but if we are to build an indigenous church, we must teach people to give to the Lord—even at an infant stage of our work.—**Titus Mazhambe**

The Sanyati Church collected two large boxes of clothes for the Tonga people and gave them to the Mazhambes at a Wednesday evening prayer service. (He had come to the hospital for some dental work.) This couple is very happy and absolutely radiant.—**John W. Monroe**

We now have a preaching point at Vumba, about 20 miles from our mission station. Twice we went with our food and bedding on our bicycle that the Convention just brought us. A WMU group was started in March. Mrs. Mazhambe teaches them sewing, cookery, or general cleanliness before they have Bible study and prayer. The missionary has helped with pieces of cloth for sewing projects. The group started with six women, but now there are twelve.—**Titus Mazhambe**

At present we have about six women who seem to be active in coming to church. None of them can read.—**Mrs. Mazhambe**

For the past few weeks [written in May] our gatherings have been going up in attendance. We are having not less than five men and about thirteen to fifteen women. There were some different ones each time. We have seven who have accepted Christ and are studying for baptism. But now there are not many people left in the homes, since most have gone for cotton picking. We believe the Lord is going to work his own way that these people may be saved.—**Alphaeus Maposa**
TC

The Role of Benevolent Ministries

On Helping the Suffering

Should missionaries even try to help persons suffering from poverty and other social problems? If so, how? Or should missionaries concentrate on spiritual needs, avoiding confrontation with physical and social ills?

One missionary who tackled these often-debated matters was Hoke Smith, Jr. When he died in March 1970 at the age of 43, Southern Baptists lost a highly respected and discerning missionary. Appointed in 1952, he served first in Colombia, then in 1963 became field representative for the South Field of Latin America.

More than five years ago Smith prepared a study on "The Role of Benevolent Ministries in Future Missionary Strategy." A condensation of that study is offered here.

As you read, keep in mind the time frame. In the years that have intervened since the paper was written, some of the matters Smith proposed have been initiated. It is possible some of the views quoted have been modified. At the same time, the foresight Smith possessed is seen more clearly with the passage of time.

By Hoke Smith, Jr.

Problems of society are so overwhelming that the tendency of the missionary is just to say, 'Phooey on society! I'll just deal with the man's soul.' " This statement by a missionary to Latin America may be more true than we like to admit.

Most of us, before we came to the mission field, had little contact with grinding poverty and the intense social problems related to it. The gospel we knew and preached had little to say about social concerns. We felt that we were doing all that we could or should do, because we were convinced that changed men would change society.

We gave ourselves to the task of evangelism as we understood it, but somehow we did not talk about how changed men would change society. Neither did we give those who were changed orientation on how to go about it.

We should not be held entirely responsible for this omission, of course, because in a sense we were simply being true to our heritage. According to Walter R. Delamarter [formerly on the faculty of Southern Baptist Theological Seminary, Louisville, Ky.], "Southern Baptists have traditionally been strong on preaching evangelism which stresses individualism in religious experience, but have tended to

avoid social theory, ethics, and social welfare. Historically, our concern has been with personal morality rather than social problems, with surface cures rather than basic causes, with soul-saving rather than 'total life saving.' " *

But gradually, in recent years, there has been a change in thinking among us. The meeting of the Southern Baptist Convention in Miami Beach, Fla., in 1967 may stand for denominational historians as the first important indication of a new thrust in Baptist preaching and practice. The theme for that meeting, as well as for the denominational year 1967-68, was "A Church Fulfilling Its Mission through Ministry." The messages preached on the assigned topics revealed an awareness of social issues and called for involvement in the obvious needs of humanity. One had to remind himself that these were Southern Baptists talking!

As might be expected, these messages called forth reaction on the part of many. Perusal of the letters columns in denominational papers during subsequent weeks reveals that we are far from anything like a consensus on the question of

* *Review and Expositor*, Vol. 63, No. 3 (Summer 1966), p. 283. Published by the theological faculty of Southern Baptist Theological Seminary, Louisville, Ky. Used by permission.

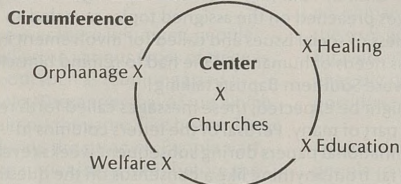
Missionary Dr. Charles Norwood vaccinates Filipino child.



the relation of social service to the preaching of the gospel. But the dialogue is under way, and the outcome can only be beneficial. And it is bound to affect the role of benevolent ministries in Southern Baptist overseas missions.

Any attempt to consider the role of benevolent ministries in missionary outreach will ultimately have to treat such fundamental questions as the mission of the church; objectives of church growth; the relationship of worship, proclamation, fellowship, and service. In other words, what we think about benevolent ministries depends on how we read our Bibles and how we understand the gospel. Illustrative of the varying outlooks on these questions are the positions taken by Donald McGavran, J. G. Davies, Cal Guy, Hugo Culpepper, E. Luther Copeland, and others.

Donald McGavran, director of the Institute of Church Growth at Fuller Theological Seminary, Pasadena, Calif., has exercised great influence among Southern Baptists. The first time I heard McGavran speak was in a missions class at Southwestern Baptist Theological Seminary, Ft. Worth, Tex., in 1963. He drew a large circle on the blackboard with appropriate markings as follows:



Then he said, "the circumference is always at war with the center."

To his way of thinking, the "peripheral" concerns of missions, or social services, are in competition with the central concern, which is church planting and development. Funds and personnel needed for church planting are siphoned off to meet the demand of the social service enterprises. Benevolent ministries would, therefore, for McGavran be in conflict with evangelism and church development. He draws hard and fast lines of definition with reference to Christian mission:

The Word enshrined in innumerable good activities of the Church cannot be called Christian mission. Make no mistake, these activities are good. Some of them are urgently necessary. But they are not evangelism. Worship, for example, is good; but worship is worship. It is not evangelism. . . . When we call the multitude of good activities in which Christians must ever engage evangelism, we ensure that the particular Christian activity which intends that men shall believe on Him, die with Him in baptism and rise with Him to newness of life will become less and less.**

This exclusive definition contradicts the current understanding that the "church is mission." It subordinates everything else to verbal witness and to numerical increase. In the same article McGavran makes light of the role of what he calls "the current sacred triad," *kerygma, diakonia, and koinonia*, in the spread of the gospel.

McGavran's absolutism seems to relegate all but the verbal witness to insignificance in evangelistic outreach. Worship takes a back seat to mission. J. G. Davies, professor of theology at the University of Birmingham (England), has dedicated an entire book [*Worship and Mission*] to this question and shows that worship is at the heart of the Christian mission. Elsewhere he denies that worship acts are withdrawal from mission. He sees service as well as worship as integral to the mission of the church.

R. Cal Guy, Bottoms Professor of Missions at Southwestern Seminary, either misses the significance of this insight or else rejects it when he implicitly adopts the same categorical strictures as McGavran. This seems clear when he writes, "Now to the statement of the place of social service in mission strategy: It must always be the handmaiden of the more basic spiritual responsibilities. . . . The first responsibility is to the root of the problem, and this root is sin. . . . Would this emphasis put an end to what is called social service, those phases of the usual program that 'prove our Christian compassion'? It might."¹

Harold Lindsell, editor of *Christianity Today*, subscribes to the same dichotomy:

Proclamation is primary; service is secondary. The role of service is twofold. First, it is a means to an end. By service it is possible to confront man with the Gospel of Christ. . . . The second role of service is as a fruit that grows on the gospel tree and leads the people of God to fulfill the law of God. But this does not mean that service and proclamation are equal. It means that service follows proclamation as an expression of a redeemed heart.²

I am uneasy about the motives which would impel the social service to which Lindsell refers. If it is understood as a means to an end, how can we be sure of the disinterested

** *International Review of Missions*, Vol. 54, No. 216 (October 1965), pp. 455-6. Published by the Commission on World Mission and Evangelism of the World Council of Churches. Used by permission.

¹ *Southwestern Journal of Theology*, Vol. 4, No. 2 (April 1962), pp. 19, 20. Published by the theological faculty of Southwestern Baptist Theological Seminary, Ft. Worth, Tex. Used by permission.

² *International Review of Missions*, Vol. 54, No. 216 (October 1965), p. 439. Used by permission.

love which alone can make such service meaningful? Must my interest and service to the needy man have a hidden motive, even if it is the high and noble motive of his conversion and baptism? Hugo H. Culpepper [now W. O. Carver Professor of Christian Missions and World Religions at Southern Seminary] expresses a position more in accord with my own [in a paper prepared for the 1965 consultation]: "On the other hand, there are still those who are convinced that a necessary expression of the Christian life of sending churches must include social ministries. We love because he first loved us. Any pragmatic results in terms of winning people is secondary to this. Simply to be the people of God includes the expression of the compassion of Christ."

I do not believe it necessary or biblical to cast evangelism and social service in opposing categories, or to rank their value on a scale of productivity. Rather, they are the warp and woof of that beautiful seamless robe in which Christ clothed his earthly life. He understood that his words and works bore witness to the same truth, and called upon men to believe in him, if not because of his words, then because of his works. Read carefully these words from John 13:11 in the Phillips translation: "Do you believe me when I say that I am in the Father and the Father is in me? But if you cannot, then believe me because of what you see me do."

Jesus further explains that it is not only disbelief in his words that makes a man guilty of sin, but also disbelief in his deeds (John 15:22-24). In God's economy of things, it is sometimes our speaking that counts for most, other times our action, and we are not smart enough to know *a priori* which is the most powerful element in our witness. The order of proportion of word and deed may vary significantly from one situation to another, in response to the circumstances in which we find ourselves. And our only guide must be the Holy Spirit as he dynamically leads us, not just individually but also corporately, on the cutting edge of history.

E. Luther Copeland [until 1975 professor of missions at Southeastern Baptist Theological Seminary, Wake Forest, N.C.] has sensed the dynamism of the approach of the church which is led by the Spirit. In a 1969 address delivered to Southern Baptist leaders, he pointed to the fact that we now

'What we think about benevolent ministries depends on how we read our Bibles and how we understand the gospel.'

live in a secular society and that the approach of a past era must be modified to meet the challenge of the new situation.

"In our time," he said, "it is fundamentally important that we reverse the priority of verbal communication. Once the order may have been *speaking, being, doing*. Now in our day, the church must *be and do*, and then *speak*, in that order." Continued Copeland, "Unless the church by what it is and does shows that it is at least as interested and involved in the great and urgent issues of human life as the best secularists are, its message will be derided and tuned out."

Although Copeland, to make his point, may be overdrawing the temporal sequence of word and deed (in much the same way as does Guy), he does show the importance of sensitivity and flexibility in our witness to the world about us.

We cannot escape the awesome significance of deeds of mercy in the life of Jesus. Of the 35 recorded miracles, 26 involved the direct alleviation of human suffering. Twelve references are to general healings, where unspecified

In Brazil Missionary Cathrine Chappell visits woman and child in neighborhood near good will center.



numbers found in him relief from their ailments. For Jesus these deeds were fraught with redemptive significance. When John the Baptist doubted if Jesus was the Messiah, Jesus pointed to the wonderful works as evident signs that in his person the Messianic age prophesied by Isaiah (61:1) had dawned.

If our ministries of mercy are properly conjoined with the word of proclamation and with suffering love, they will likewise be constituted by God as signs of this kingdom which had drawn near in Christ and his church. They thus become a powerful call to repentance and faith. When Jesus sent out the 70, he gave these instructions: "Whatever town you go into and the people welcome you, eat the meals they give you and help the people who are ill there. Tell them, 'The kingdom of God is very near to you'" (Luke 10:8-9, Phillips).

We must not be dissuaded from applying these passages to our mission today by the thought that our ministries are not "wonder-works" as were those of Jesus and his first century disciples—sometimes they are! Our deeds of mercy, whether we classify them as wondrous or not, can be invested by God with the same meaning as had those deeds of long ago.

Quite aside from any objective consideration of their role in missionary strategy, benevolent ministries have a vital relationship to the whole question of our own personal destiny. We must not forget that God's purpose in effecting our redemption was that we might be "conformed to the image of his Son" (Rom. 8:29). This image is not some strange, ethereal, other-worldly form, but the very real image of the incarnate Christ. The outworking of his image in me now means the reenacting of his incarnate life in my daily experience. If I have little concern about ministering to the obvious needs of my neighbor, then to that degree I fail to correspond to his image.

At a church center in Mombasa, Kenya, Missionary Helen Gilmore teaches woman sewing.



Nor must we forget that the discussion which led to the parable of the Good Samaritan began with the question, "What must I do to be sure of eternal life?" (Luke 10:25 Phillips). There is an indissoluble relationship between love for God and love for man. By his parable Jesus made it plain that love is something you do.

In the picture of the final judgment which Jesus painted in Matthew 25:31-46, it is extremely significant that the blessed and the cursed are divided on the basis of their reaction to human need and suffering. Jesus accepts the practical deeds of ministering to hungry, thirsty, homeless, naked, sick, and imprisoned people as proof of personal relationship to him. In this parable we find him achingly identified with human sufferers, presenting himself to us in them and claiming our help for them.

As one individual Christian, I, of course, do not have the ability to respond to the many and varying demands of human need which surround me. For this reason, I thank God for the church, the body of Christ, of which I am a part. For it is in the church that word and deed are properly related to each other in the ministry to total life needs. Lesslie Newbigin has made the finest summary expression of this truth I have found:

The preaching of the Gospel and the service of men's need are equally authentic and essential parts of the Church's responsibility. But neither is a substitute for the other. No amount of service, . . . however generous, is a substitute for the explicit testimony to Jesus Christ. No human deed can of itself take the place of the one deed by which the world is redeemed and to which we must direct men's eyes. There is no equivalent to the Name of Jesus. . . . The true relation between the word and the deed is that both must be visibly rooted in the same reality; namely, in that new community which is created and indwelt

by the Holy Spirit. It is only when they are so, that both play their part in that witness of the Spirit which convicts the world. There are diversities of gifts, but all the gifts are needed. Not all are preachers and not all are technical experts, administrators, healers or teachers; but when all these differing gifts are seen to belong together in the life of the one community, then the word illuminates the deed, and the deed authenticates the word, and the Spirit takes them both to bear His own witness to the Resurrection.***

Where are Southern Baptists headed with reference to benevolent ministries overseas? In answering, we must remember that our concern for social welfare in foreign missions carries forward the tradition of our Baptist predecessors. William Carey, the father of the modern missions movement, set the pattern. Lottie Moon, one of our own, incarnated Christian compassion for the hungry and the suffering. During famine she suffered with the Chinese people, giving all she had and literally starving. This Southern Baptist heroine represents the historic concern of our overseas missions for ministries of mercy. If there have been lapses in our response to human need, they have been the exception and not the rule.

In 1965, Foreign Mission Board Executive Secretary Baker J. Cauthen contributed to the *Review and Expositor* an article entitled "Southern Baptist Missions Abroad: A Statement of Policy." It included the following:

Ministries of mercy call for giving direct relief, particularly in areas of suffering due to war, famine, pestilence, or natural calamity.

Agricultural mission projects will be developed related to rural church work, designed to improve economic and nutritional standards. Community service will be developed through good will centers, social work, and community service projects in places of particular need. Ways will be explored to minister to family life so as to teach Christian standards and ideals. Trained workers and materials will be needed for this purpose.

The missionary enterprise does not remain unconcerned in the face of human suffering. Our Lord healed the sick, cast out demons, opened the eyes of the blind, made the lame walk, the deaf to hear, and the dumb to speak. We do well to minister in his name to suffering humanity as widely as possible.***

In 1966 the Southern Baptist Convention adopted program statements for its agencies. Included in the statement for the Foreign Mission Board is a separate section on "The Program of Benevolent Ministries in Foreign Lands." The objective of benevolent ministries is declared as follows: "To minister in compassion and mercy to unfortunate persons (the hungry, thirsty, lonely, naked, imprisoned, etc.) in foreign countries, realizing that we minister to our Lord by so doing."

This special emphasis on benevolent ministries was for the first time reflected in the Board's overseas budget in 1969. A new category bearing that description was set up. Included were four activities from previous budgets—children's home, literacy program, agricultural program, and relief—and new activities: social service and home for the aged. According to the descriptions, social service includes good will centers, community centers, day care programs, and the like; agricultural program includes veterinary; and relief includes refugee, floods, earthquakes (natural calamity).

This modified arrangement represents not a new thrust but an increased one. Cauthen said as much in his January 1970

*** *International Review of Missions*, Vol. 54, No. 216 (October 1965), p.422. Used by permission.

*** *Review and Expositor*, Vol. 62, No. 1 (Winter 1965), p. 27. Used by permission.

report to the Board: "The new decade calls us to deeper involvement in ministering to the hurt of humanity than ever before. This is no new thing in foreign missions because it has been done from the earliest days of ministry abroad. We are, however, in view of the realities of this decade and what seems to be on the horizon for those that follow, called in clarion tones to apply the gospel of Jesus in ministries of love and mercy to the pain of the human situation wherever the message is shared."

In the light of recent developments in Southern Baptist life and declarations such as the above, there seems to be little doubt concerning where we are headed in foreign missions. There will be more, not less, emphasis on benevolent ministries.

What will these increased ministries be like? It is impossible to speak with certainty, but I believe that certain general characteristics are already emerging and give us an indication of what to expect in the future.

(1) *Benevolent ministries will be more church-centered.* By this I mean that major attention will be given not to institutional programs involving considerable capital outlay, such as good will centers, but to programs directly related to and growing out of local churches. The emphasis on benevolent ministries in and through the local congregations brings the New Testament pattern into clear focus. Note that this does not mean to imply that there will be no place for the traditional good will center approach, or that it is not effective.

(2) *Benevolent ministries will be realized in cooperation with other Christian groups.* This, of course, is not something new for Baptists. In some countries, Baptist churches have served as distribution centers for food provided by interdenominational relief agencies. National Baptists and local Baptist churches will find ways to coordinate their benevolent ministries with other evangelical (and possibly even Catholic?) groups so as to avoid costly duplication and competition. In times of natural calamity, forces will be joined to meet emergency needs.

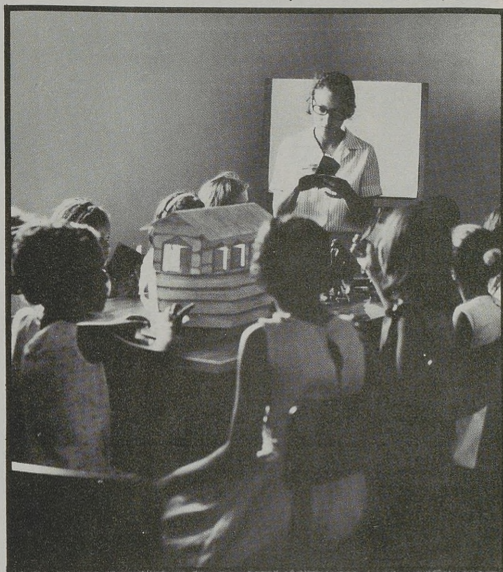
From Señora Betty de Gonzalez, a nurse and wife of a Baptist pastor, I learned of medical teams that she helped to organize in Costa Rica. These teams were made up of doctors and nurses, not all of them Baptist, some not even evangelical, who went into towns under the auspices of the

'If I have little concern about ministering to the obvious needs of my neighbor, then to that degree I fail to correspond to Christ's image.'

local Baptist church to hold clinics for the poor. While temporarily in Colombia, Señora de Gonzalez was overwhelmed by the acute social problems there and projected a meeting of evangelical professional people in Cali for the purpose of forming an organization to help churches minister to the suffering. Such a group would be made up of people who could give help in medicine, literacy, hygiene, sanitation, and the like.

(3) *Benevolent ministries will probably be realized in larger cooperation with government-sponsored and private social agencies.* The understanding of the need for such cooperation in Southern Baptist life is already apparent. G. Willis Bennett, professor at Southern Seminary, wrote, "It is important that ministers and other church workers see professional agencies, especially those in the social welfare

Worker tells Bible story to children's class at Friendship House in Recife, Brazil.



field, not as competitors or enemies, but as allies."⁸ While referring primarily to conditions prevailing in the United States, this point of view holds significant implications for overseas ministries.

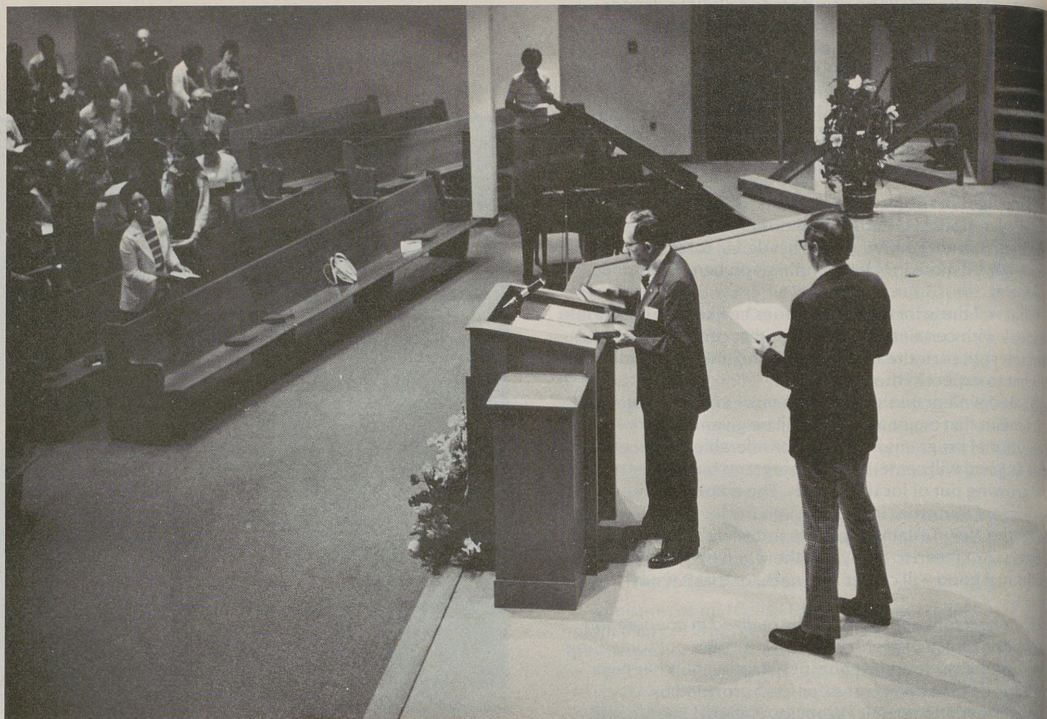
(4) *Benevolent ministries will more and more become a part of the programs of national Baptist conventions.* It is perhaps significant that although the Foreign Mission Board has not chosen to appropriate money for certain ministries, such as homes for children and the aged in Latin America, some national constituencies have projected such ministries. This indicates an interest and concern that I believe will grow and expand as resources permit.

(5) *Benevolent ministries overseas will be more varied and widespread.* This will certainly be true of Latin America. There seems little doubt that we shall see in various parts of the world increased involvement in such ministries as community development, day nurseries, housing for refugees, vocational training, dormitories for young workers, recreation centers, and programs for the physically handicapped. This does not necessarily imply large capital outlays.

(6) *The Foreign Mission Board will take more initiative in the promotion of benevolent ministries overseas.* I base this prediction on the Program Statement of the Board, which projects rather ambitious plans in the area of study and research, program design, cooperation, organization, and support. Some points in the statement are already being implemented.

Is it God's will that Southern Baptists should minister to the world's suffering? To ask the question is to answer it. There is no other way in which we can love our neighbor as ourselves, no other way to take up our cross and follow Jesus, no other way to minister to him. TC

⁸ *Review and Expositor*, Vol. 63, No. 3 (Summer 1966), p. 260. Used by permission.



SCENES AT RIDGECREST

An opportunity to get closer to foreign missions is provided the hundreds attending summertime Foreign Missions Conferences. In the casual atmosphere of the Baptist Conference Centers at Ridgecrest, N.C., or Glorieta, N.M., participants can learn facts about missions, meet and hear missionaries, and think together about personal responsibility. The scenes on these pages depict some of the events, formal and informal, at this year's foreign missions week at Ridgecrest.

PHOTOS BY
BOB HARPER



Top: Service in auditorium is focal point at Foreign Missions Conference. **Above, left, facing page:** Informal talks are often meaningful parts of the week. **Center:** Editor Floyd H. North and Executive Secretary Baker J. Cauthen find a shady bench. **Far right:** Cameras seem almost standard equipment for week.



NEW

MISSIONARY PERSONNEL

Except where an address is listed with the biographical sketch, these new missionary personnel may be addressed until December 12 at Missionary Orientation Center, Pine Mountain, Ga. 31822.

Missionaries Appointed

August 1975



ECUADOR: Deral E. Dockins; born: Clarkton, Mo., July 20, 1937. Graduate: Hannibal LaGrange College; William Jewell College; SWBTS (M.Div.). He has worked as a truck driver, data analyst, and engineering writer. He and Mrs. Dockins were houseparents at Buckner Baptist Children's Home, Dallas, Tex., 1970-72. He has been pastor in Arkansas, Utah, and Missouri, including Joplin Heights Church, Joplin, 1973-75. Expected type of service: general evangelism and conference encampment direction. **Harriet Wigger Dockins;** born: Springfield, Mo., April 25, 1937. Graduate: Howard Payne College. She has worked as a salesperson and as data transcriber and has taught school, in addition to work at Buckner Home. Marriage: Sept. 2, 1961. Children: Dera Lynn, Mar. 26, 1965; Gregory Scott, June 2, 1967.



MEXICO: David A. Helton; born: Kansas City, Mo., July 20, 1946. Graduate: California Baptist College; Eastern Baptist Theological Seminary (M.A. in missions); Temple University (M.A. in Spanish); attended GGBTS. He served as music director for a church in California, was youth advisor for a church in New Jersey, and from 1973 to 1975 was Spanish instructor at Wasatch Academy, Mt. Pleasant, Utah. Expected type of service: student work. **Mary Jane Rodgers Helton;** born: St. Louis, Mo., Oct. 21, 1947. Graduate: Sonoma State College; attended GGBTS. She has worked as a social caseworker for the Pennsylvania Department of Public Welfare and has been a library assistant at Wasatch Academy. Marriage: June 2, 1968. Child: Rebecca Jane, Aug. 27, 1974.

SPAIN: Larry W. Henry; born: Rocky Ford, Colo., May 19, 1941. Graduate:

Wayland Baptist College; SWBTS (M.Div. expected in Dec.). He served as assistant manager of a retail store. He was pastor of a Spanish mission in Muleshoe, Tex., 1967-72 (as associate missionary with the Home Mission Board), and pastor of the Spanish



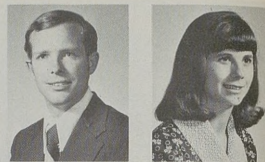
Department of First Church, Monahans, Tex., 1972-73, and of the Baptist Goodwill Center Mission, Ft. Worth, Tex., 1973-75. Expected type of service: general evangelism. **Virgie Alford Henry;** born: Tuccumcari, N.M., July 3, 1943. Attended SWBTS. She has taught kindergarten and has been employed as a secretary. Marriage: July 3, 1960. Children: Lauri Jo, Nov. 10, 1961; Kari Ann, Sept. 1, 1964; Timothy Dwayne, Aug. 10, 1971. Present address: 915 E. Peach St., Ft. Worth, Tex. 76102.



THAILAND: William L. (Bill) Hitt; born: McAllen, Tex., April 8, 1937. Graduate: University of Corpus Christi; SWBTS (M.Div.). He was a production coordinator for a steel company in Ft. Worth, Tex., 1962-73 and was associate pastor at First Church, Saginaw, Tex., 1973-75. Expected type of service: general evangelism. **Kaaren Hammock Hitt;** born: Corpus Christi, Tex., July 20, 1943. Attended SWBTS. She was employed as a kindergarten teacher for about six years in private schools in Ft. Worth. Marriage: Aug. 10, 1962. Children: Sharron Lynette, Oct. 28, 1963; Susan Lee, Sept. 16, 1965; William Lee, Jr., Oct. 9, 1972.



TOGO: W. Rex Holt, Jr.; born: Jonesboro, Ark., Jan. 26, 1944. Graduate: Arkansas State University; SWBTS (M.Div.). He has served as a music and youth director, as pastor, and as associate pastor for churches in Texas and was pastor of Fisher Street Church, Jonesboro, 1973-75. Expected type of service: student work. **Sharon (Sherry) Puckett Holt;** born: Paragould, Ark., Sept. 5, 1945. She has been employed as a teacher's aide and as a clerk typist. Marriage: June 28, 1964.



TOGO: F. Mitchell Land; born: Wichita Falls, Tex., Dec. 7, 1949. Graduate: Midwestern University; Université de Haute Bretagne Rennes, France (certified in French language and culture); SWBTS (M.Div.). He has been a bank teller and a hospital admitting clerk and was music and youth director at four churches in Texas, including Sand Flat Church, Cleburne, 1974-75. Expected type of service: general evangelism. **Vivian Shook Land;** born: Canadian, Tex., Nov. 24, 1949. Graduate: Midwestern University. She has been a substitute teacher. Marriage: Mar. 28, 1968. Children: Eyon Mitchell, Dec. 26, 1970; Austin Mitchell, Jan. 10, 1974; Andrew Martin Mitchell, Jan. 24, 1975.



COLOMBIA: Roger A. Lewis; born: Jacksonville, Tex., July 19, 1936. Graduate: University of Texas (J.D.); admitted to Texas State Bar, 1961; attended SWBTS. He served as a trust examiner of national banks, has dealt in real estate, and was an executive of savings organizations, including vice president of a savings and loan organization in Odessa, Tex., 1971-74. Expected type of service: book store management. **Carol Anne Saucier Lewis;** born: Dallas, Tex., Nov. 7, 1940. Graduate: Decatur Baptist Junior College; Baylor University. She owned a private day-care center in Houston, Tex., and has been a church youth director, a real estate agent, and a music teacher. Marriage: June 20, 1964. Children: Melissa Anne, Oct. 25, 1966; Roger Allan II, Sept. 4, 1968.



CHILE: Elliott (Manny) Manferd; born: Gadsden, Ala., Sept. 30, 1943. Graduate: University of Texas at Austin (B.B.A. M.B.A.); attended SWBTS. He was a systems analyst for a Houston, Tex., firm 1967-73 and became vice-president of operations for a Houston-based chain of appliance stores in 1974. Expected type of service: business management. Rebecca

(Continued on page 45)

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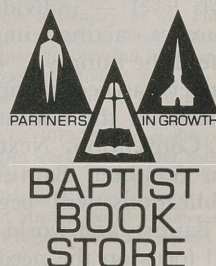
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WORLD HUNGER & BAPTIST RESPONSE

**A report from Home Missions,
World Mission Journal,
The Commission
and Royal Service**

A sixth of the world's population is permanently hungry; ten thousand people die of hunger-related maladies weekly. Energy, water, fertilizer shortages . . . climatic disasters . . . thoughtlessness and greed by the wealthy . . . spiraling population growth among the poor . . . all conspire to keep the world's hungry without food. ♣ By the year 2000, half a billion people may perish in famine. ♣ These facts startle well fed Americans. But the awareness of them also has caused a deepening concern for the awesome needs of the world's hungry peoples. And Baptists are responding. Baptist farmers send cattle to South America, farm implements to Africa. A married couple volunteers to help the Bangladesh Baptist mission. Baptist students in Texas skip a meal each week and give the cost to hunger relief. The Kentucky Baptist Convention executive committee dines on crackers and coffee. And the Foreign Mission Board receives nearly \$700,000 in special contributions in five months! ♣ Baptists' response began at the grass roots level — individuals and churches acting impulsively to feed the hungry. ♣ Now hunger has become an official concern of the Southern Baptist Convention. Next month, four Southern Baptist mission publications will begin a series on Baptists and world hunger. They will focus on the needs of the hungry

now and in the future. They will report what Baptists have done and are doing . . . and what they could do if they tried. ♣ In November, HOME MISSIONS will devote its issue to Baptist response thus far, and to world hunger itself. It will present a survey of what individuals, churches, organizations and conventions are doing to become aware and to help alleviate famine. It will look at world hunger, its complex causes and outcomes. ♣ In December and January, the Brotherhood Commission's WORLD MISSION JOURNAL will focus on specific instances of Baptist response to hunger needs.

Overseas medical and agricultural missions are featured. ♣ In February, the Foreign Mission Board's THE COMMISSION will show ways gifts from Baptists are being channeled to feed the hungry and to establish programs to prevent hunger problems in the future. It will examine future world hunger needs and possible solutions and report on the FMB's hunger strategy. ♣ Spring issues of WMU's ROYAL SERVICE will conclude this unique report with a wrap-up of HOME MISSIONS and THE COMMISSION articles, plus study material on "meeting human need" around the world and Baptist women's response to world hunger. ♣ World Hunger needs are shaping history. Don't miss this chance to become informed on the crisis. ●

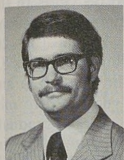
The Editors



New Missionary Personnel

(Continued from page 42)

(Becky) **Johnson Manferd**; born: Ennis, Tex., July 7, 1943. Graduate: University of Texas at Austin (B.S., M.A.). She has taught school in Texas. Marriage: Sept. 2, 1966. Children: Cory Elliott, July 21, 1972; Melissa Rebecca, May 12, 1975.



GHANA: Billy L. Montgomery; born: Merkel, Tex., May 10, 1948. Graduate: University of Corpus Christi; NOBTS (M.R.E.). He was a Home Mission Board summer missionary in Illinois in 1969. He has been music and youth director at churches in Texas and Louisiana and was minister of youth and education at First Church, Gautier, Miss., 1973-75. Expected type of service: religious education promotion. **Sandra Stone Montgomery**; born: Wynne, Ark., May 7, 1949. Graduate: University of Corpus Christi. She was a Home Mission Board summer missionary in West Virginia in 1970 and has taught school in Louisiana and Mississippi. Marriage: Aug. 24, 1970.



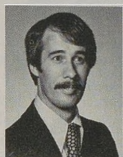
YEMEN: Billy L. Oliver; born: Nolan, Tex., June 6, 1947. Graduate: Hardin-Simmons University; attended SWBTS. He has been a carpenter and a self-employed farmer and has been pastor in Colorado and Texas, including Broadview Church, Abilene, Tex., 1973-75. Expected type of service: agricultural evangelism. **Janice McCain Oliver**; born: Muleshoe, Tex., Aug. 22, 1950. She was employed 1968-69 as physical education director at Abilene (Tex.) State School. Marriage: April 3, 1969. Children: Kris Edward and Ryan David (twins), June 1, 1972; Lora ShaNell, Mar. 13, 1975.



PHILIPPINES: David M. Park; born: Houston, Tex., Jan. 22, 1945. Graduate: Baylor University; SWBTS (M.Div.); Ph.D. expected in Dec.). He has served as pastor

and interim pastor of churches in Texas, including Southside Church, Granbury, Tex., 1972-75. Expected type of service: theological education. **Mary McClintock Park**; born: Palestine, Tex., Sept. 22, 1945. Graduate: Baylor University; attended SWBTS. She has taught school in Texas for five years. Marriage: Aug. 26, 1967. Child: Brian David, Nov. 20, 1972. Present address: 313 Kessler Drive, Granbury, Tex. 76048.

SENEGAL: Annette Perry; born: Hot Springs, Ark., Mar. 12, 1947. Graduate: Ouachita Baptist University; SWBTS (M.R.E.); Henderson State University (M.S. in counseling). She served as assistant youth director for a church in Texas. She was caseworker for Arkansas Children's Colony, Arkadelphia, 1971-72 and counselor for Arkansas Juvenile Services, Little Rock, 1972-75. Expected type of service: social work.



HONG KONG: Larry D. Phillips; born: Amarillo, Tex., Dec. 29, 1943. Graduate: North Texas State University (B.B.A.; M.B.A.); attended SWBTS. He served in the U.S. Army 1967-69, including assignment in Vietnam. He has worked as salesman for firms in Texas and Colorado and has been employed as an office worker. He was director of evangelism at Riverside Church, Denver, Colo., 1973-74. Expected type of service: business management. **Charlotte Trapman Phillips**; born: Bellevue, Ill., Oct. 2, 1945. Graduate: North Texas State University; Texas Tech University (M.S.). She worked as regional director of a consulting firm in Dallas, Tex., and has also been employed as a salesclerk, bookkeeper, and office manager. Marriage: May 29, 1970. Children: Sunney Bree, Nov. 6, 1972; Holly Christine, June 28, 1975.

TAIWAN: Linda Phillips; born: San Bernardino, Calif., Oct. 4, 1942. Graduate: Chaffey College; University of Arkansas; GGBTS (M.Div.); University of Michigan (A.M.L.S.). She has worked in a seminary library in California and in a university library in Michigan. She served as a Foreign Mission Board missionary journeyman 1965-67 in Liberia, where she was librarian at Ricks Institute and set up the school's library. She was Baptist Student Union director at Eastern Michigan University, Detroit, 1970-71 (part-time) and at Eastern Michigan and the University of

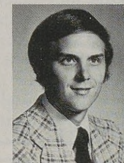
Michigan 1972-75. Expected type of service: library work.

GADELOUPE: William L. (Bill) Pope; born: Tuscaloosa, Ala., Aug. 24, 1940. Graduate: University of Alabama; SBTS (M.Div., D.Min.); Stetson University (M.A.). He served in the U.S. Navy 1967-70 as a chaplain; service assignments included



Okinawa, Japan, and Vietnam. He was pastor of Howell Branch Church, Winter Park, Fla., 1970-73 and of Riverside Church, Orlando, Fla., 1973-75. Expected type of service: theological education. **Ada Asher Pope**; born: Harlan, Ky., Feb. 27, 1943. Graduate: Kentucky Baptist School of Nursing, Louisville; achieved R.N. standing in 1964. She has worked as a nurse at hospitals in Kentucky and Florida, including Winter Park (Fla.) Memorial Hospital 1971-73. Marriage: June 20, 1964. Children: Laura Anjanette, Mar. 17, 1971; Todd Alexander, Oct. 31, 1972.

JORDAN: Beverly Richardson; born: West Plains, Mo., April 23, 1940. Graduate: West Baptist College; Union University; GGBTS (M.R.E.). She served as a summer missionary three years, first in California sponsored by Southwest Baptist College, Bolivar, Mo., and then in New Mexico and California, sponsored by the Home Mission Board. She taught school at Turlock, Calif., 1966-75. Expected type of service: secondary education.



INDONESIA: Robert P. Sellers; born: West Palm Beach, Fla., Nov. 11, 1945. Graduate: Mississippi College; SBTS (M.Div.). He served as a Baptist Student Union summer missionary in the Philippines in 1967 and was a Foreign Mission Board missionary journeyman in Indonesia 1968-70, engaged in student work. He was youth director for a church in Kentucky and was minister to youth at St. John's Church, Charlotte, N.C., 1972-75. Expected type of service: student work. **Janie Tyler Sellers**; born: Keota, Okla., Sept. 24, 1948. Graduate: Oklahoma State University. She was a Home Mission Board summer missionary in Michigan in 1966 and worked in a

(Continued on page 47)

MISSIONARY FAMILY ALBUM

NOTE: Current addresses of Foreign Mission Board missionary personnel, including emeritus missionaries, are available in the *Missionary Directory*, published every four months by the Board's Department of Missionary Education. The *Directory* is available free upon request from the department, Box 6597, Richmond, Va. 23230.

Arrivals from the Field

BATEMAN, Dallas L./Marjorie (Kenya).
BELL, Lester C. B. Wayne (Portugal).
BERRY, Willie Mae (Ghana).
BOZEMAN, O. K., Jr./Marie (Korea).
BRASINGTON, J. Bryan/Victoria (field rep., Western S. America; now area secretary).
CALLAWAY, Merrel P./Arlene (assoc., Morocco).
CALLAWAY, Tucker/Elizabeth (Liberia).
CHERRY, John W./Myra (assoc., Zambia).
CHOY, Samuel/Elsie (assoc., Korea).
CHRISTY, John R. (journal., Kenya, terminated July 31).
CLARK, C. F., Jr./Pauline (Japan).
COHEN, Martha (Mrs. Charlton L.) (assoc., Taiwan).
COOPER, J. Virgil/Ann (Korea).
COWAN, Anna L. (Jordan).
CULPEPPER, Robert H./Kathleen (Japan).
FOX, Mary (Nigeria).
GIANNETTA, A. Amelio/Lidia (S. Brazil).
GREEN, Urban L./Loretta (Ghana).
HAMMETT, M. Frances (Tanzania).
HARDISTON, Graydon B./Betty (Jordan).
HARLESS, James C./K. (Colombia).
HARNER, D. Frederick/Shirley (N. Brazil).
HARRELL, Norman L./Gunita (Portugal).
HARRIS, Emogene (Nigeria).
HARVEY, C. Ernest/Janice (Mozambique).
HAYS, George H./Helen (field rep., East Asia; now area secretary).
HICKEY, Glenn E./Dorothy (N. Brazil).
HOLLOWAY, Billy W./Jane (Kenya).
JOSHUA, Barbara (journal., Kenya, terminated July 31).
KIRBY, Donna K. (Hong Kong).
LAUGHIDGE, Edward H./Frances (assoc., Liberia).
LEDBETTER, Michael J./Ethel (Mexico).
LEE, Hal B./Lori Ann (France).
LOCKHART, Maxine (Liberia).
MCCOY, John F./Barbara (Nigeria).
MARROW, M. Maurice/Lois (Tanzania).
MATTHEWS, W. Harold/Clara (Philippines).
MITCHELL, H. Barry/Laura (N. Brazil).
NELSON, James H./Roberta (Ethiopia).
NEWTON, Joseph A./Nancy (Jordan).
NICHOLSON, Kenneth R./Joyce (Liberia).
OAKES, George/Charlene (S. Brazil).
PARKER, Wendall C./Jane (Guatemala).
PINKSTON, Gerald W./Florence (Indonesia).
ROBERTS, David H./Madonna (Zambia).
ROBERTS, William P./Patricia (Japan).
ROBINSON, Arthur C./Ruth (assoc., Taiwan).
SAMPSON, Mary H. (Taiwan).
SCHNICK, Homer L./Peggy (assoc., Hong Kong).
SPENCER, Harold E./Evelyn (Philippines).
TENNISON, Grayson C./Betty (Portugal).
THARPE, Edgar J. (Hong Kong).
WILLIS, Miriam (Yemen).
YODER, Larry C./Laurabelle (Belgium).

Departures to the Field

ADAMS, David R. (journal., Liberia).
AKINS, L. Bynum/Sybil (Taiwan).
BAKER, J. Steve (journal., Macao).
BALLANCE, Mary (journal., Kenya).
BALLARD, Karen (journal., Korea).
BARROW, Lydia (journal., Japan).
BOSWELL, Ronald N./Marlene, S. Brazil).
BRICE, George B./Judith (N. Brazil).
BROOKS, Timothy E. (journal., Zambia).
BUICE, Walter (journal., Tanzania).
BUNN, Karen L. (journal., Gaza).
CADENHEAD, Shirley (journal., Japan).
CALDWELL, Cathy (journal., Hong Kong).
CANNON, Joy (journal., Gaza).
CAUSBY, Robert H. (journal., Liberia).
CLARK, Susan (journal., Guatemala).
COBBS, Louis R., Jr./Brenda (journal., Kenya).
CRABTREE, Mildred, Nigeria).
CRAWFORD, James L./Suzanne, Venezuela).
DANFELLEY, Rebekah (journal., Kenya).
DUKE, Penny (journal., Taiwan).
DYSON, Albert H./Ruth, Nigeria).

EADES, Terry L. (journal., Japan).
EISENBROOK, Deborah (journal., Liberia).
ENGBRECHT, Jack M. (journal., Ghana).
ERWIN, Robert S./Veronica, S. Brazil).
FERBRINGTON, Darryl/Mary Catherine (journal., Japan).
FITS, Marvin E./Jean, Peru).
FUTCH, Deborah (journal., Argentina).
GARDNER, Donald D. (journal., Hong Kong).
GAVENTA, William C./Alice, Nigeria).
GRAVES, William W./Christine (field rep., Caribbean).
GUERRE, Rocio).
GRAY, Harold E. (journal., Ethiopia).
GREGORY, Catherine (journal., Hong Kong).
HALL, Thoma (journal., Taiwan).
HAMPTON, Robert A./Wilma, N. Brazil).
HANKINS, J. Ronald (journal., Japan).
HARPER, Stanley L. (journal., Rhodesia).
HARRIS, Marlin J. (journal., Bangladesh).
HAYLOCK, Arthur R./Martha, Dominican Rep.).
HEBBIN, Manget/Elaime (assoc., Grenada).
HORTIN, Mary Jane (journal., Japan).
HOUSE, Janice (journal., Japan).
HUDSON, Cheryl (journal., Taiwan).
JORDAN, Frances (journal., Hong Kong).
LONGAN, Marcia (journal., Rhodesia).
LOVEGREN, L. August/Alta Lee, Jordan).
LUMPKIN, Cynthia (journal., Ethiopia).
MADON, Jacquelyn (journal., Guatemala).
MARTIN, Earl R./Jane (Madagascar), France).
MASTERS, Helen, Nigeria).
MEIN, David/Lou Demie, N. Brazil).
MOORE, Billy Bob/Aletha, Trinidad).
MORRIS, Valerie (journal., Uruguay).
MOYER, John R./Carol (journal., Surinam).
O'CONNOR, Louis Jr./Barbara, Bangladesh).
OLIVER, Edward L./Susan, Japan).
O'NEAL, Boyd A./Irina, N. Brazil).
PARIS, Sue (journal., Argentina).
PAYNE, Van C./Gwendolyn (journal., Kenya).
PEARSON, Faye, Taiwan).
PEREZ, Rebecca (journal., Tanzania).
PERRY, Dolores (journal., Panama).
PETERSON, Penny (journal., Argentina).
PHILPOT, William B. (journal., Kenya).
POE, John A./Jean, Mozambique).
POE, Martha (journal., Peru).
PORTER, Janice (journal., Angola), S. Africa).
POWELL, John R. (journal., Liberia).
PURCELL, Wandena (journal., Rhodesia).
PUTNAM, Alan (journal., Belgium).
QUARLES, Samilee (journal., Kenya).
REED, Karen (journal., Dominican Rep.).
RICE, Lawrence E./Karen, Venezuela).
ROBERTS, Hoyt M./Luisa, Honduras).
ROBINSON, C. Barry (journal., Liberia).
ROGERS, Joan (journal., Korea).
ROSSELL, Rebecca (journal., Peru).
SANDERS, Teresa (journal., Kenya).
SCHOOLING, R. Carl (journal., Cayman Islands).
SHARPLEY, Dan N./Doris, S. Brazil).
SHIRLEY, Kenneth M. (journal., Liberia).
SMITH, Carson H. (journal., Senegal).

In Memoriam

EUNICE MARION FENDERSON

Born East Bethel, Minn., Oct. 18, 1893
Died Minneapolis, Minn., July 20, 1975

Miss Eunice Fenderson, emeritus missionary who served 38 years in the Middle East, mostly in Jerusalem, died at Minneapolis, Minn., July 20, following a lengthy illness. She was 81.

She taught school in Minnesota and Montana for several years before missionary service. She was a graduate of Moody Bible Institute, Chicago, Ill.

She volunteered for service in China, but when those plans failed, she went to Lebanon in 1924 to teach and engage in village evangelistic work. Four years later she moved to Jerusalem. Only World War II interrupted her service there. She was appointed as a Southern Baptist missionary in 1936. She retired in 1962.

Survivors include a sister and a sister-in-law and several nieces and nephews.



SMITH, Donald R./Doris, Venezuela).
SMITH, Richard L. (journal., Angola), S. Africa).
STEVENS, David E. (journal., Kenya).
SWENEBURG, James R., Jr./Joyce, Korea).
TERRY, J. Murphy/Linda, Thailand).
TIDENBERG, James G./Parilee, Kenya).
TROOP, J. Eugene/Leona, N. Brazil).
TUCKER, Robert L. (journal., Kenya).
VARNER, G. Kenneth/Patricia, Taiwan).
WELMAKER, Ben H./Janis, Colombia).
WRIGHT, Morris J., Jr./Joyce, Japan).

Deaths

EVERETT, Leonard B., father of Jane (Mrs. James E.) Musgrave, Jr. (S. Brazil), July 25.
FENDERSON, Eunice (emer., Israel), July 20.
HOWARD, S. P., Sr., father of Stanley P. Howard, Jr. (Japan), July 28, Waco, Tex.
JOLLY, J. L., father of Audrey (Mrs. R. Edward) Gordon (Philippines), July 30.
RATCLIFF, A. L., father of Peggy Ann (Mrs. Jimmie D.) Hooten (Kenya), July 25.
SOUTHER, Mrs. W. H., mother of Joy (Mrs. Robert L.) Cullen (Thailand), July 28.
WALKER, Mrs. W. L., mother of Catherine B. Walker (Indonesia), July 23.

Marriages

DOYLE, Margaret Frances, daughter of Lonnie A., Jr./Janelle Doyle (Eq. Brazil), to Michael L. McNabb, July 19, Anson, Tex.
MARTIN, Susan Lorraine, daughter of Earl R./Jane Martin (Madagascar), to LeRoy Rodney Albright, son of LeRoy/Jean Albright (Zambia), July 26, Washington, D.C.
RAY, Gilbert Percy, son of Charles A./Elizabeth Ray (Thailand), to Rebecca Danice Strain, May 10, Greenwood, Miss.

Resolution Honors Couple

A resolution honoring the Charles L. Millers, Southern Baptist missionaries, for their 13 years of service in the region was passed by the South Cotabato Association of Southern Baptist Churches in the Philippines at its semiannual meeting. The resolution praised the couple for "exemplary services and devotion to duty, unmindful and undaunted of apparent hardship and dangers."

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New Missionary Personnel

(Continued from page 45)

summer mission project in the Northwest in 1968. She was a missionary journeyman in Cali, Colombia, 1969-71. She was assistant to the journeyman program director in Richmond, Va., in 1972. She served as youth minister at an Oklahoma church, taught English to foreign students in Charlotte, and was a Baptist campus minister in Charlotte 1974-75. Marriage: Aug. 5, 1972.



ETHIOPIA: Randy L. Sprinkle; born: Jefferson City, Mo., Aug. 20, 1949. Graduate: Southwest Missouri State College; attended SWBTS. In a civil service position with the U.S. Army, he served as safety assistant at Ft. Leonard Wood, Mo., 1971-72 and assistant safety director at Ft. Hood, Tex., 1972-75. Expected type of service: adult vocational training. Nancy Phillips Sprinkle; born: St. Louis, Mo., Aug. 20, 1950. She has been a secretary, telephone operator, and directory clerk. Marriage: July 12, 1969. Present address: 1805 W. Seminary Dr., Ft. Worth, Tex. 76115.



MEXICO: W. David Truitt; born: Hempstead, N.Y., Oct. 17, 1945. Graduate: Sam Houston State University; SWBTS (M.C.M.). He and Mrs. Truitt served as Home Mission Board summer missionaries in 1969 in Virginia. He has been assistant band director and band director at schools in Texas. He served as music and youth director at a Texas church and was minister of music at Nevada (Tex.) Church 1974-75. Expected type of service: music education. Paula Pevy Truitt; born: Shreveport, La., Nov. 13, 1948. She was a Home Mission Board summer missionary in Arizona in 1968, in addition to working with her husband in 1969. She has been a church organist, has taught piano privately, and was music teacher and aide at a school in Texas. Marriage: Dec. 21, 1968. Children: Thomas Wayne, Sept. 26, 1970; Melissa Chereé, Dec. 2, 1972.

Missionary Associates Employed August 1975

BAHAMAS: Leslie W. Davis; born: Oklahoma City, Okla., Nov. 26, 1933. Graduate: Hardin-Simmons University; SWBTS (M.R.E.). He served in the U.S. Air Force 1951-55. Since 1961 he has served as



educational director for churches in Louisiana, Alabama, Mississippi, and Texas, including at First Church, Brownwood, Tex., 1973-75. Expected type of service: religious education promotion. Eleanor White Davis; born: Waco, Tex., Sept. 30, 1933. Graduate: Texas Western College. She has taught school. Marriage: June 5, 1953. Children: Robert Leslie, April 2, 1962; David Wayne, Aug. 27, 1964; Paul Arthur, Feb. 25, 1971.



LEEWARD ISLANDS: E. Gary Harthcock; born: Clarksdale, Miss., July 7, 1919. Graduate: Ohio State University. He served in the U.S. Navy 1942-46 as a pilot, including assignments in Brazil and Puerto Rico. He established his own wholesale flower-growing business and later sold it to enter lay evangelism. He joined the staff of the Baptist State Convention of North Carolina in 1961, his duties including training in personal evangelism. From 1964 to 1974 he was director of Fruitland Baptist Bible Institute, Hendersonville, N.C. Expected type of service: agricultural evangelism. Evelyn White Harthcock; born: Colerain, N.C., Oct. 18, 1920. Graduate: Meridith College. She has taught school in Ohio, Virginia, and North Carolina, including at Hendersonville 1964-74. She has also taught classes to women in the area of personal evangelism. Marriage: Oct. 13, 1945.

LIBERIA: Bobby C. Speegle; born: Morgan Co., Ala., Aug. 7, 1934. Graduate: Samford University; SBTS (M.Div.). He served as a hospital corpsman in the U.S.

Navy 1954-57. He has been a construction worker and a welder. He has taught school and has been pastor of churches in Indiana, Alabama, Texas, and Kentucky, including at Union Grove Church, Bedford, Ky., 1972-75. Expected type of service: general evangelism. Sue Prince Speegle; born: Cull-



man, Ala., Oct. 7, 1934. Graduate: Samford University. She has worked in a seminary library and as a medical research assistant and has taught school in Alabama, Kentucky, and Indiana. Marriage: June 14, 1959. Children: Christopher Boyd, Mar. 26, 1962; Karen Teresa, Nov. 26, 1963; Michael Clay, Dec. 12, 1973.

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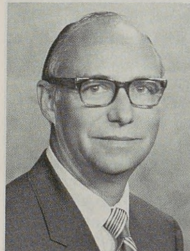
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East Asia Secretary

During its August meeting, held at Glorieta Baptist Conference Center, the Foreign Mission Board elected George H. Hays area secretary for East Asia, effective September 1. He succeeds James D. Belote, former secretary who died in Richmond, Va., March 4 of a heart attack.

Hays' area is one of eight into which the Board divides its overseas administration. He will serve as liaison between the Board and the missionaries in Hong Kong, Macao, Taiwan, Okinawa, Japan, Korea, and mainland China (if and when its doors are reopened to Christian missionaries).

He and his wife, the former Helen Mathis of Louisville, Ky., have been missionaries since 1948. In recent years he has been field representative for East Asia, providing a personal link between the Board and its missionaries in fields already mentioned.



George H. Hays

After missionary appointment, the Hayses studied the Japanese language for two years in Tokyo. They then went to their assignment at Seinan Gakuin, a Baptist school at Fukuoka. There he taught in the theological department.

The Japan Baptist Mission (organization of Southern Baptist missionaries) elected Hays treasurer in 1958. This required their moving to Tokyo. He continued to lecture, however, from time to time at Seinan Gakuin until 1966, when they returned to Fukuoka.

A native of Clark County, Mo., Hays received the associate of arts degree from Southwest Baptist College, Bolivar, Mo., and the bachelor of arts degree from William Jewell College, Liberty, Mo. From Southern Baptist Theological Seminary, Louisville, he received master and doctor of theology degrees.

The Hayses have established residence in Richmond, location of the Foreign Mission Board's headquarters, in which he has an office. They have three grown children: Virginia Ruth (Mrs. Thomas DeBartolo), Barbara Kathryn, and George Howard, Jr.

On behalf of the home office staff we extend an enthusiastic welcome to George and Helen Hays.

Staff Changes

DURING the recent summer months three administrative staff changes were made by the Foreign Mission Board. R. Keith Parks, area secretary for Southeast Asia, was elected director of the Mission Support Division. He succeeds Jesse C. Fletcher, who vacated the position in May to become pastor of First Baptist Church, Knoxville, Tenn.

W. L. (Wimpy) Smith, having served as an associate

secretary for missionary personnel since 1969, was named to fill a newly created post as associate consultant on laymen overseas and associate disaster response coordinator. He will assist W. Eugene Grubbs, consultant on laymen overseas and disaster response coordinator.



R. Keith Parks

W. L. Smith

Don A. Reavis

The Board elected Don A. Reavis as an associate secretary for missionary personnel, thus filling the position vacated by Smith, who had been named to the associate consultant position for laymen overseas and disaster response. Since 1970, Reavis has served as regional personnel representative, first in Kansas City, Mo., and then in Ft. Worth, Tex.

Now located in Richmond, he will work with candidates for overseas missionary service who reside or are in educational pursuits in the western United States. Included are those attending Southwestern Baptist Theological Seminary, Ft. Worth, and Golden Gate Baptist Theological Seminary, Mill Valley, Calif.

On Target—As You Pray

THERE are many villages around Francistown that never hear an evangelical message. We must continually seek God's leadership to know where we should go, since it is physically impossible to go into all these places where we see needs.

—Missionary Edward L. Smith
Francistown, Botswana

After a day of listening to the problems and watching the pleading, gaunt faces, distended bellies, and nakedness of poverty, it is almost more than we can do to stop, go home, then eat a quiet meal. So many have no rice, no salt, no water, no firewood, no soap—only a little flour and a resilient hope for survival. It has become our constant prayer, "Lord, don't let my mind and compassion become hardened to the suffering." We depend on your prayers.

—Missionary Thomas D. Kirkpatrick
Faridpur, Bangladesh

Millions of Japanese not only make regular pilgrimages to Buddhist temples and Shinto shrines, but also pay homage to the god of materialism. Pray that God will open their eyes to the futility of laying up treasures on this earth.

—Missionary Associate Norma Lea (Mrs. Darrell A.) Mock, Tokyo, Japan

Eugene L. Hill

At the October meeting of the Foreign Mission Board, special honor will be paid to Eugene L. Hill, who will be retiring at the end of December from his post of responsibility as secretary for missionary education at the Foreign Mission Board.

Forty years of missionary service have been given by Dr. and Mrs. Hill since they responded to the call of God to go to China. There, amid the dangers of war and the difficulties of serving in the midst of chaotic conditions, they wrote a high record of missionary service and dedication.

Even when personal sorrow came to them in such pointed form as burying their dear little ones who died on the mission field, they kept their faces set straightforward toward the high purpose of Christ's calling.

Dr. Hill was a tower of strength in the midst of people who needed reinforcement. He knew what to do and had a remarkable capacity for getting it done.

His qualities were so many-sided that he was effective in every way he turned. He was a marvelous preacher, a teacher of high ability, a man who was at his very finest in working with his brethren in committees of the Chinese Baptist Convention, and in serving in any kind of responsibility for developing institutions of work and ministries of outreach.

He was entirely thoughtless of himself and gave himself fully to whatever demands were immediate.

He and his wife were so very gracious in their hospitality that their home became a center of goodwill and fellowship for all who knew the South China Mission. They were greatly beloved, both by missionaries and their Chinese friends.

It was my joy to travel with Dr. Hill on numerous occasions in line of missionary duty. I count it as one of the high privileges of my life to have worked with him on many occasions on the mission field.

Following the Communist upheaval in China, Dr. and Mrs. Hill went to Malaysia, where they served for a number of years, bringing into organization and effective life the new work in Singapore and throughout the Malay Peninsula.

In 1955 the Foreign Mission Board turned to him with the request that he consider serving as secretary for missionary education and promotion. He felt the Lord's leadership in this direction and for 20 years has devoted himself with great fidelity and dedication to this very responsible task.

Eugene Hill is a man of genuine Christian quality. When you see him in action, you discover his basic motivation is to glorify the Lord Jesus Christ; no task is too demanding or too simple to bring from him his best in prayerful service for the praise of his Lord's name.

At the close of December official responsibilities will close, but until the end of the journey, Eugene and Louise Hill will have a powerful missionary ministry for the glory of our Lord.

By Baker J. Cauthen

Missions Update . . .

Appropriated for world relief by the Foreign Mission Board in August was a total of \$195,000. Of these funds, \$150,000 is for relief and rehabilitation projects in BANGLADESH, \$30,000 for flood relief in RECIFE, BRAZIL, \$10,000 to provide water supplies in Tonga areas of RHODESIA (see p. 28), and \$5,000 to assist refugees from AFRICA who are now in PORTUGAL. Also, \$2,006 was voted for work with Vietnamese refugees.

The Board in August elected three staff members: R. KEITH PARKS to become Mission Support Division director, GEORGE H. HAYS as area secretary for EAST ASIA, and DON A. REAVIS as associate secretary for missionary personnel (see p. 48). . . . The Board authorized MR. and MRS. LEWIS I. MYERS, JR., missionaries, to continue working with resettlement of Vietnamese refugees and to serve as liaison between the Home Mission Board and the Foreign Mission Board concerning refugee assistance. . . . The Board also redesignated \$69,172, previously allotted to Vietnam, to be used in INDONESIA.

Responding to a plea from Baptists in ARGENTINA, the Foreign Mission Board of the BRAZILIAN Baptist Convention is sending three missionaries to Argentina. Brazilian Baptists now have foreign missionaries in eight fields with plans also to send workers to VENEZUELA, PERU, MACAO, and INDONESIA. . . . In an "evangelistic blitz" conducted by 32 Baptist young people along more than 550 miles of the new RIO-SANTOS highway in BRAZIL, more than 500 persons accepted Christ. The youths held revivals, took census, and made visits. . . . At the first all-TOGO Baptist church leadership conference four goals to be reached by 1985 were stressed: 3,000 new, active church members; 100 new churches and mission points; 264 trained leaders; increased giving.

Recent changes in government have come rapidly in several countries where Southern Baptist missionaries serve. In BANGLADESH the armed forces seized the government in a coup in which MUJIBUR RAHMAN, who led the nation to independence four years ago, was killed. Radio Bangladesh said the country's name had been changed to the Islamic Republic of Bangladesh. . . . In PERU a bloodless coup by army commanders ousted President JUAN VELASCO ALVARADO. The new leader, FRANCISCO MORALES BERMUDEZ, pledged that ideological and political guidelines of the military-oriented regime would not change. . . . Military revolt removed Major Gen. YAKUBU GOWAN as head of state in NIGERIA in early August. New head of state is Brigadier MURITALA RUFAI MOHAMMED, a Muslim. . . . A parade in VIENTIANE, LAOS, Aug. 23 marked the final takeover of Laos by the Communist-oriented Pathet Lao. . . . HAILE SELASSIE, 83, deposed in 1974 after serving as emperor of ETHIOPIA since 1930, died in late August.

Southern Baptist missionaries in THAILAND feel a "new sense of urgency," reports WILLIAM N. McELRATH, missionary to INDONESIA, after a month in Thailand. The Mission's strategy now centers on the planting of New Testament churches. The simplified Mission organization places greater responsibility in the hands of the Mission administrator, RONALD C. HILL, and the executive committee. . . . Killed when he fell out of the car in which he was riding was ROBERT J. WILLIAMS, five, son of MR. and MRS. ROBERT A. WILLIAMS, missionaries to HONDURAS. The family is on furlough, and the accident occurred Aug. 22 in FAIRFAX, VA.

The Foreign Mission Board has approved a five-year Community Health Program to begin this fall near BANGALORE, INDIA. The program will provide health care for at least 2,000 persons in four villages the first year; it will expand to serve 5,000 villagers within four years. . . . Among the 53 hostages held in the U.S. Consulate in KUALA LUMPUR, MALAYSIA, by Japanese Red Army guerillas early in August were a national Baptist pastor, LOH YAN KWONG, and his family. All hostages eventually were released. . . . The BRAZILIAN Baptist Bible Press in RIO DE JANEIRO has printed more than three million Bibles since 1944. Hopes are to print 500,000 copies yearly by the centennial year of Baptist work in Brazil--1982.