



**HELPING
CHILDREN
WORLDWIDE**



abubakarr

MIRACLE BOY 

a miracle of mercy & healing

After a tragic accident, Abubakarr faced an impossible recovery. No one could have imagined the courage and resolve of this little boy.

On a fateful day in December 2016, Abubakarr's life changed forever. The stories vary, and with the trauma that he suffered, Abubakarr himself doesn't remember exactly what happened. What we know is that there was an accident involving a motorcycle, locally known as an "okada." Some people say it was at Abubakarr's home, others that it was on the road that runs near his house. The motorcycle burst into flames, and Abubakarr was blasted by the explosion. The driver of the motorcycle died immediately. The rest is kind of a blur.

Abubakarr's family rushed him to Bo Government Hospital, where his condition was stabilized, and whatever treatment they were able to offer certainly saved his life. A severe burn patient initially has the same priorities as any other trauma patient; manage breathing and circulation, and mitigate the damage. In the developed world, anyone with burns over more than 10% of their body would be transferred to a specialized burn center. In Bo, Sierra Leone, this is not an option. (See sidebar "The State of Health Care in Sierra Leone.")



Abubakarr is so happy to be reunited with his big and close-knit family after many months recuperating in Mercy Hospital. His brother Yahyah is at right in black t shirt.

Abubakarr had 1st, 2nd and 3rd degree burns over two-thirds of his body. His legs took the worst of it. Even with the best of care, most children would not survive an injury that severe. The plain fact is, his survival is nothing short of a miracle.

Abubakarr received basic care at Bo Government Hospital for several months, until his family was informed that he could no longer stay there because they couldn't afford to pay. In March of 2017, the family transferred Abubakarr to Mercy Hospital, whose mandate is to treat all patients, regardless of their

ability to pay. Heavily bandaged, still bleeding, in excruciating pain, and separated from his family, the child was suffering an unimaginable ordeal.

The Child Reintegration Centre (formerly the Child Rescue Centre) and Mercy Hospital began to collaborate on Abubakarr's care. Case managers from the CRC visited Abubakarr daily, prayed over him, and brought him nourishing food. At first, he was barely able to eat, so the hospital staff augmented his caloric intake with Plumpy'nut, a ready-to-use therapeutic food usually given to malnourished babies.

Abubakarr stayed at the hospital for months so that he could receive around the clock care. Under the careful ministrations of Hospital Matron Augusta Kpanabaum, his wounds gradually healed.

A physical therapist worked with him to help restore movement to his limbs, stiffened by scar tissue. Visiting missionaries with medical expertise provided the Mercy staff with training to help with his therapy. The CRC enrolled Abubakarr and his brothers Mohamed and Yahyah, so they could begin to receive services, and the brothers could go to school.

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Veteran missionary and occupational therapist Karen Roeming taught Abubakkar (with moral support from his brother Yahyah) how to do leg stretches against a wall, which will help soften the scar tissue so that his legs can grow properly.



Burn recovery is always an arduous process, made more so in Abubakarr's case by the lack of resources in Bo, but the hospital made do. His nurse James used a sheet of thermoplastic material softened in heated water to create splints to stretch the scar tissue on his legs while he slept. Not a comfortable way to sleep, but over time it accelerated his progress.

Eventually, Abubakarr was able to spend days at home, returning to the hospital at night to have his bandages changed. He could walk and begin to have the semblance of a normal childhood again. "By the grace of God and support of CRC, he is able to walk," Matron Augusta says. Finally, he was able to return home to live with his family.

More than a year after the accident, Abubakarr finally went back to school, UMC Kulanda Primary, just around the corner from the CRC. He passed his class five tests in June 2018, and was promoted to class six. Abubakarr still walks over to the hospital every day on lunch break to see his friend Matron Augusta, to visit with her and snack on the healthy treats she brings him.

Karen Roeming, a veteran missionary and occupational therapist who has been helping with Abubakarr's recovery on three successive mission trips, is pleased by what she saw this October. "Abubakarr is taking responsibility for his care and his dressing changes, which is absolutely marvelous," Karen reported. "He has only three small wounds on the back of his right leg, no signs of infection. He has no wounds on the left leg; all healed."



Abubakarr and his best friend Emmanuel go everywhere together. Emmanuel is helping Abubakarr with his play therapy.

The first time Karen saw Abubakarr, he was so thin she could put her thumb and finger around his upper arm. He has finally put on weight and grown in height, although he cannot yet stand to his full height because his knees won't straighten, nor can he put his heels flat on the ground. Still, Karen is encouraged and inspired by Abubakarr's resilience and determination.

"When I was walking back to Mercy this morning, he was on his recess. He ran up and introduced me to his best friend, Emmanuel. They were both

proud to let me know their shirts are plaid because they are in class six, whereas the lower classmen are in solid," Karen wrote.

Karen brought Abubakarr an assortment of balls and games that could be incorporated into his therapy as play. Emmanuel goes everywhere with Abubakarr and carries his bag of therapy supplies like a personal assistant. Emmanuel also helps Abubakarr apply an intensive moisturizer supplied by Karen to soften the scar tissue on his legs, hands and arms.

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When Karen met Abubakarr in 2017, he told her that his goal was to play football (soccer) some day. With the determination and faith of a child, he has achieved his goal, and today he plays football with his friends every day after school.

Abubakarr lives with his large, multi-generational, and very loving family in a small home not far from the CRC. His uncle (to the left of Abubakarr in the photo above) is the head of the household. His mother is currently living in her village, and

his father is pursuing employment elsewhere to support his family, like so many of the working poor in Sierra Leone.

Abubakarr's grandmother (at center in black head wrap) is well cared for by her devoted family. She is so grateful for her grandson's slow but steady improvement. "We praise God for Abu's progress. He can play and laugh," she says. Something they never dreamed he would do again. 🏀

Learn how you can help children like Abubakarr and his brothers at www.helpingchildrenworldwide.org/sponsor-a-child.

THE STATE OF HEALTH CARE IN SIERRA LEONE

The 2014-2016 Ebola epidemic killed nearly 4,000 people in Sierra Leone, including more than 250 qualified medical staff, a devastating blow to an already fragile health care system.¹ In 2016, Sierra Leone had 1.4 physicians, nurses and midwives per 10,000 population.² There are no oncologists, radiologists, or practicing psychiatrists; a handful of nephrologists and cardiologists, and a single ophthalmologist.³

Free health care was introduced in 2010 for children under five, pregnant or lactating women.⁴ Government hospitals now offer treatment, beds, obstetric care, and drugs free of charge; however, almost everyone has to pay for at least some services, which are often very expensive.⁵ Corruption drives up healthcare costs, such that even "free" services are impossible to receive without bribes.⁶ The poor and rural dwellers use traditional 'country' medicines first and seek conventional medicine as a last resource. The affluent use private health care, either at home or abroad.

TRAUMA & BURNS: Traumatic injury represents 7% of the burden on health care in Sierra Leone.⁸ Even prior to the Ebola epidemic, trauma and emergency care were severely limited by a lack of resources and personnel. Sub-Saharan Africa has the highest number of pediatric burn incidents in the world, and traumatic burns are highly prevalent in Sierra Leone. However, proper burn care is challenged by the scarcity of trained personnel and properly outfitted facilities. Small children (under age four) are at greatest risk for burns, and most burns are caused by hot liquids. 21% of burn victims are treated by a traditional healer.⁹

Sierra Leone lacks the resources and personnel to provide adequate health care.

1 to 7,000

Ratio of qualified health care workers to population.

250

healthcare workers killed in the Ebola epidemic.

12-15%

of children die before their fifth birthday.

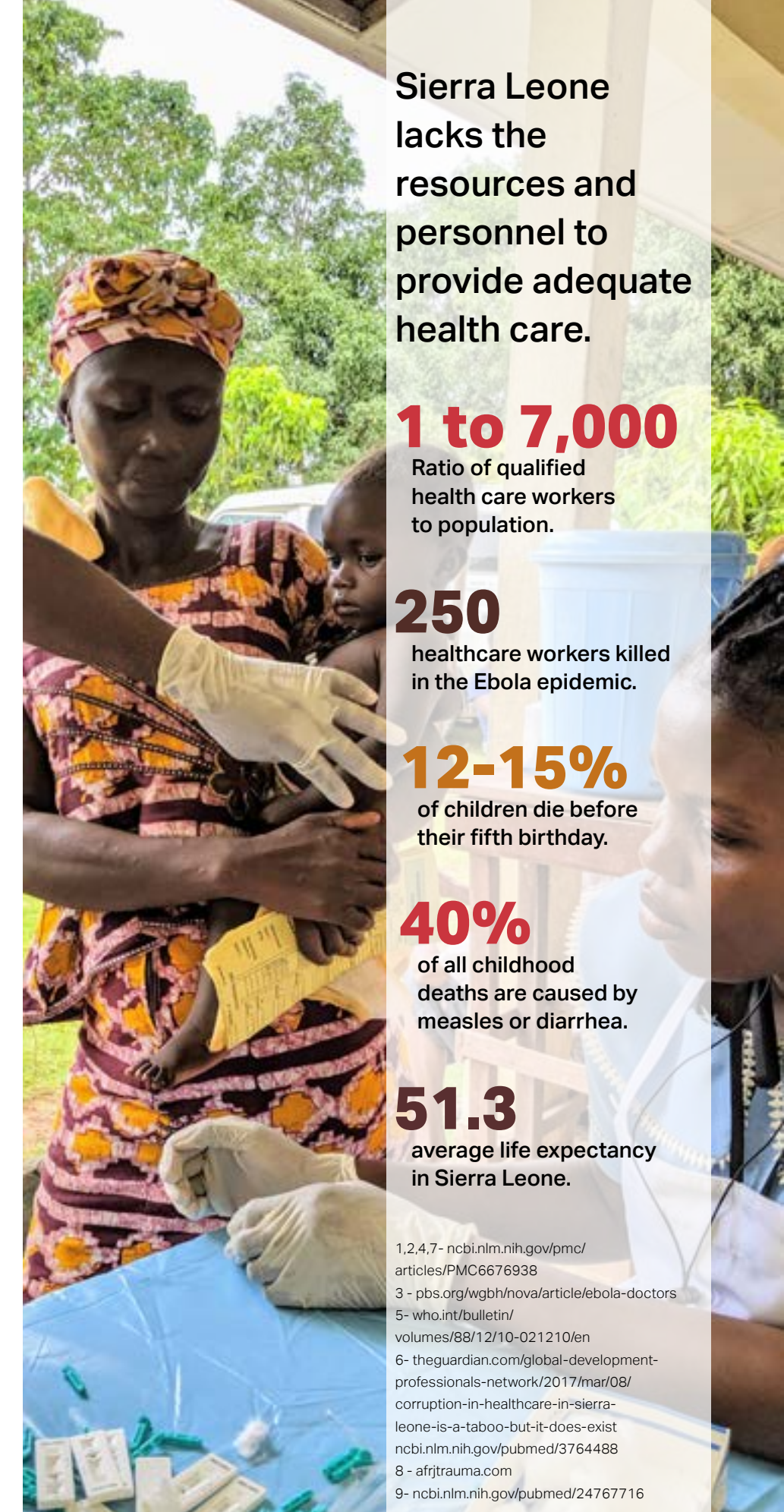
40%

of all childhood deaths are caused by measles or diarrhea.

51.3

average life expectancy in Sierra Leone.

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CRC alumnus Amadu Sandy has a vision for teaching Sierra Leonean children to read.

Learn how you can support the education of children and youth in Sierra Leone at www.helpingchildrenworldwide.org/sponsor-a-child.

Sharing the vision

A CRC ALUMNUS HOPES TO ENCOURAGE A NEW GENERATION OF READERS IN SIERRA LEONE

Amadu Sandy is proof of the adage that if you want to change the world, start with one child. As a young child from an extremely vulnerable family, Amadu was enrolled in the Child Reintegration Centre's Child Support Program so he could attend school. An excellent student, Amadu earned a Promise Scholarship to attend Fourah Bay University in Freetown, graduating with a degree in mass communications.

Post-university, Amadu served an internship with Media Action, an initiative of the BBC whose mission is to improve access to vital services and youth engagement through radio debate and social media. He has served as an officer on the board of the CRC Alumni Association, a service and fraternal organization for graduates of any CRC program.

"You've invested in me; now I pay back."

AMADU SANDY, CRC ALUMNUS

During the Ebola crisis, long time missionaries Allen and Patty Morell tapped Amadu to coordinate the newly launched Children's Aid Radio External School (CARES), a local broadcast providing educational programming and entertainment for children who were house-bound due to restrictions on public movement during the epidemic.

Post-Ebola, Amadu founded the Leaders Reading Centre to encourage young readers, a cause he believes in passionately. "Good reading skills will lead to improved test scores," Amadu says. "Parents do not read, so children get little encouragement at home with no modeling. Because of the lack of public transportation it's difficult to travel to libraries, compounded by lack of energy due to poor nutrition. That all plays a large role in their poor reading skills,"

Amadu is aligning with other organizations to make reading a priority in Sierra Leone. He has recently opened an internet café in the busy Bo commercial area, where he encourages students to study

and do research for school projects. He gives the students reading assignments, followed by quizzes and the opportunity to win prizes.

On the outskirts of Bo, Amadu has built a home for his extended family, including his wife and infant son, his parents and his brothers. "As the first son, I feel the obligation to take care of my family," he says proudly.

Amadu enlisted the support of his neighbors to clear a section of land for a football (soccer) field. He bought a ball and every day after school the sound of children playing rings through the community.

Amadu's latest venture is the pursuit of a law degree at Njala University in Bo. He hopes to become the CRC alumni's first lawyer when he graduates in four years.

Amadu is a great example of what one person, given the right tools, can do to lift up Sierra Leone. "Our best investment is in our children," Amadu says, and he is living proof.



Amadu (right) with his uncle and mother

By Stacy George, missionary and university student

"She's stepped foot in both the Arctic circle and the equator in less than six months."

This phrase for a season of 2019 was my father's favorite way to update others on the happenings in my life. In March, my parents and I traveled across the majority of Iceland's outer rim, while in May, I spent several weeks as a missionary in Serra Leone, Africa.

Over the last several years, I've traversed various parts of the globe, each trip differing from the last due to the people, sights, climates, and events that distinguish a place.

On occasion, I'm asked, why do you travel so much? Truthfully, the motivation is for myself. My eyes love to take in the aqua water in Iceland's Blue Lagoon. I desire to taste Slovenia's gelato with my college friends. My lungs crave the fresh mountain air of Colorado. My ears perk as they overhear bits of French in Canada. I know with every experience, who I am is evolving.

I've spent hours combing through traveler's blogs and planning routes on Google maps. For each school trip, family excursion, and friend getaway, I know the new surroundings will heighten my senses and spark my mind to think of the world in new ways.

I, like many humans, have a wanderlust complex with a persisting thought accompanying each conquest - the question: where will I go next?

Typical trips offer only a brief respite for the desire to travel more. My thirst for adventure can only be satisfied for so long.

But as I conspire which country's stamp will fill my US passport next, I must remember my citizenship is not defined by the golden eagle on my navy book, but in a Savior's sacrifice that carves a place for me in a heavenly home.

My mission trip to Sierra Leone began as all of my other trips do--out of motivation for myself. This time, however, "eat, pray, love" would take on a whole different meaning.

My bed was not in a glamorous Airbnb, but rather covered by a mosquito net. I was not allowed to self-select the foodie hot spots, but graciously accept home cooked meals. I traded in Yelp-reviewed architecture tours to help build a hospital retaining wall.

A mission trip means surrendering to other's agendas (the organizers, teammates, locals, etc.). With each compromise to best serve others, the trip becomes less and less about me. I was sent in the name of Jesus, not the name of Stacy.

On the first work day at the hospital construction site, I spent a few hours talking with a Sierra Leonean college student. I was not surprised to hear that he was eager to travel. He had already moved between countries in Africa, and hoped to venture beyond the continent someday. I nodded excitedly over our shared interest. Then I asked, "What motivates you?"

The student and his friends did not hesitate to explain their deep desire to help others. He had moved from his home country to get an education, with the goal of becoming a lawyer. As a lawyer, he can earn an income to support his younger brother still living in their home country. The cases he hopes to work on will aid in stabilizing their government, so his fellow citizens can improve their quality of life.

I travel to have talking points and wall art: a vacation. He travels to serve others: a mission. The contrast is stark.

Jesus, talking to the woman at the well, compares the sustainability of self-satisfaction to a life of Christian servanthood. He promises, "Anyone who drinks this [earthly] water will soon become thirsty again. But those who drink the water I give will never be thirsty again. It becomes a fresh, bubbling spring within them, giving them eternal life" (New Living Translation).

I still plan to travel, but with a renewed motivation beyond temporary self-satisfaction.

Mission trips are a way of living inside rather than passing through a culture. An intentionality persists on mission trips that's derived from a focus on people rather than places.

Visiting the well for Jesus was not motivated by his personal thirst or an Instagram-able spot, but rather to connect with someone under a life-giving message.

Humans are prone to wander. But, Lord, bind our wandering hearts to thee.

Rather than to stifle our wandering spirits, we are to purposefully direct them. Instead of aimlessly boarding methods of transportation, allow the Lord to direct your mission. Whether it's your neighbor's house or a remote nation, I encourage you to eat with, pray for, and love the people you encounter in your journeys. And by all means, drink Christ's water with them.



Stacy and fellow missionary Pastor Jared Priset take a moment to rest from their work at Mercy Hospital.

2019-2020 HCW Mission Teams

TENTATIVE TRAVEL DATES	DEADLINE TO APPLY
July 18 - August 1, 2020	January 31, 2020
October 17- October 31, 2020	April 30, 2020
December 26, 2020 - January 3, 2021	June 20, 2020

If you are interested in serving on a team, please email mission@helpingchildrenworldwide.org. Learn more about **Helping Children Worldwide** mission teams at www.helpingchildrenworldwide.org/mission-trips

Is there still a place for short term mission?

By Laura Horvath, Ed. D.
Director of Program Development
and Community Engagement
Helping Children Worldwide

ACKNOWLEDGING THE PITFALLS
& RETHINKING THE POTENTIAL
OF SHORT TERM MISSION TEAMS.

More than two million Christians from North America travel on short-term international mission trips (STMs) each year, according to Brian Howell's *Short-Term Mission: An Ethnography of Christian Travel Narrative and Experience*. Traveling on an STM can provide an opportunity to connect with others living vastly different lives than our own, encourage us to be more open and humble, and provide us an opportunity to put others before self.

STMs have long been a feature of churches as a way of engaging congregations in answering a call to serve. "While many people think short-term mission is a relatively new phenomenon, it is actually quite old - as old as the church itself," says Tory Ruark, Chief Operating Officer for Standards of Excellence (SOE), a membership, accrediting, and resourcing body for those engaged in STM (Helping Children Worldwide is a member). "However, this doesn't mean that every mission trip is automatically good." Serving on mission is much more complicated than traveling to a distant location to help others 'less fortunate than ourselves.'

Some people believe the developing world would benefit more if those who spend thousands of dollars to go on an STM would write a check instead. "When we consider the role of STM in an ever-shrinking world, we are confronted by the stark contrast of economic disparity," Tory says. However, "whenever money is brought into a situation, things seem to get complicated." Disparity in economic wealth can lead to a kind of paternalism, where interventions are implemented based on what missionaries wish to do, rather than on needs identified by the community, or which allow missionaries to engage on their terms rather than build on the assets and solutions of the community itself.

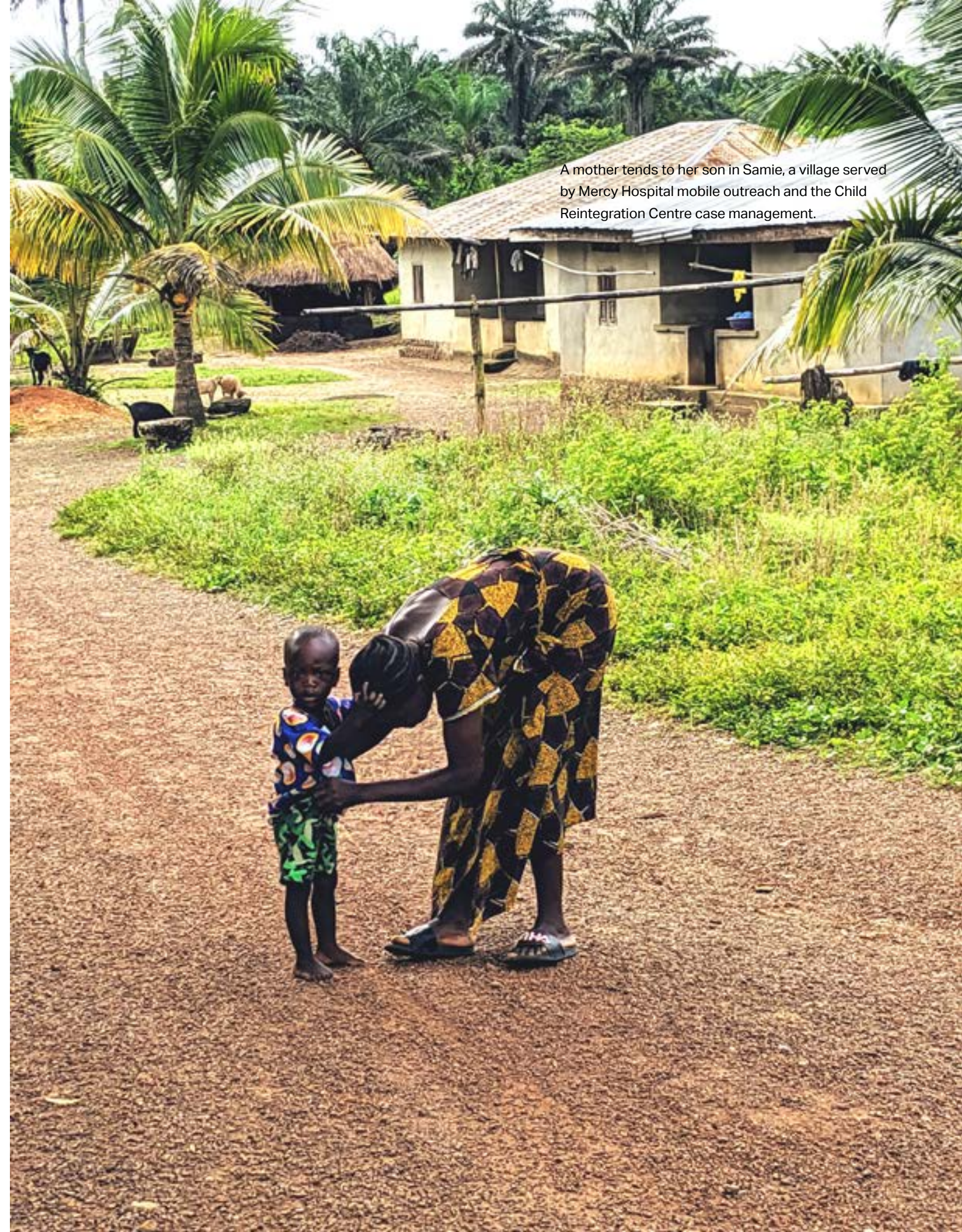
The problem may lie in a disconnect between the purpose of international development and the purpose of short term mission. "The Western Church," writes Megan Pratt of Faith to Action, "implements potentially harmful short term missions as a primary part of their international missions programming, often in ways that are misaligned with best practices in global development."

To serve well in mission, we must begin and end with *humility*.

Many books, articles and blog posts have been written about the harm that STMs can unintentionally cause. Books like *Toxic Charity* and *When Helping Hurts* alert us to concerns related to serving in STM, and the potential for causing damage or offense. There are thousands of stories about unskilled missionaries displacing local expertise and talent, and vulnerable children traumatized by the departure of short term missionaries with whom they've bonded.

This may be a case of well-meaning intentions colliding with complex realities. The disconnect can be addressed by ensuring that STMs take place within the larger context of long-term, ongoing partnerships focused on sustainable development. "The potential is huge for interventions that are mutually beneficial," says Kim Lamberty, Director of Catholic Engagement for Changing the Way We Care. "Short term missions can provide a great deal of benefit

continued



A mother tends to her son in Samie, a village served by Mercy Hospital mobile outreach and the Child Reintegration Centre case management.

Samie village is busy community of approximately 2,500 people. The village is thriving, but lacks sanitation, clean water, health care facilities, and schools beyond primary level.



within the framework of that development.”

Missioners need to understand that a short term mission will not allow them the time or capacity to deeply comprehend the needs and assets of a community, nor appreciate the complexity of the solutions required to make sustainable impacts. International development requires long-term, ongoing commitment, and deep relationships between partners across cultures. “Transformative change is relationship-based,” Lamberty says. Partnering in international development is nuanced and delicate, and should always be focused on empowering others, not just helping them.

To serve well in mission, we must begin and end with humility. If we’re not going in with the full understanding that we are strangers in a strange land - recognizing that we don’t know what the real needs are, that we cannot fully appreciate the complexity of the solutions required to

make sustainable impacts, and that we’re not likely to figure that out in two weeks - then we are missing the point. Effective international development demands a recognition that it is not our role to “save” people whose lives may look dramatically different than our own. “All participants [those that go and those who host] must learn and serve together,” Ruark says.

Developing the kind of relationship that fosters true, ethical and sustainable development can take years to build. It’s not feasible to do that on a two week mission trip, but it is very possible to fold an STM and its objectives into the larger development picture when a long-term partnership exists.

“STM opens up possibilities for more transformative change, spiritual and economic,” Lamberty says in conclusion. “Everyone is transformed by love. We are called to respond. We shouldn’t ignore that call.”

“Everyone is transformed by love. We are called to respond. We shouldn’t ignore that call.”
Kim Lamberty, Director of Catholic Engagement and Research, *Changing The Way We Care*

ALTERNATIVE GIVING

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CRC FAMILY STRENGTHENING PROGRAM

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Questions? Call us at 703-793-9521 or email support@helpingchildrenworldwide.org and we will be happy to assist you. Thank you for sharing the joy and hope of the season with vulnerable children and families in Sierra Leone.



Give a gift of hope this season: www.helpingchildrenworldwide.org/give



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