## Frontier Labourers for Christ 2019 Barefoot Doctors School Report

Jung Dangshing and Dr. Bruce Gross Dean of School 2019

We had an excellent 7 weeks of Barefoot Doctors School this past January and February. This was the second year of a three-year curriculum. The barefoot doctors have now completed over 360 hours of studies in preparation for providing primary village health care, preventative medicine, basic dentistry, and community development. In addition, they have received two weeks of Bible training over the past two years.

We had 20 students from 8 Myanmar states and representing 9 different tribes. They are pastors, evangelists, and church leaders. At the school, they were one – one in Christ. The common thread was oneness in Christ's redemption and promise of eternal life.

- 1. Mr. Aung Kyaw Oo
- 2. Mr. Kyawt Thar
- 3. Mr. Ni Chay
- 4. Mr. Nan Kee
- 5. Mr. Tin San
- 6. Ms. Lar Khin La
- 7. Ms. Ning Sai
- 8. Mr. Pongram Sann\*
- 9. Mr. HTina
- 10. Mr. Isaac

- 11. Ms. Dusi Heh
- 12. Mr. Shan Pan Deezi
- 13. Ms. Mai Lal Em Par
- 14. Ms. Pungshung Nangsar
- 15. Ms. Nin Mang
- 16. Ms. Tin Hnin Nwe
- 17. Mr. Ying Sau
- 18. Ms. Nen Bey
- 19. Mr. Simon
- 20. Mr. Samuela
- (\*) Pungram Sann may not return next year to complete the training due to a health issue.

The school is broken into three training sessions: Bible, Community Development and Health Education (CHE), and Medical. Following are highlights of the 2019 training.

#### **Community Development and Health Education (CHE)**

January 21st - 25th

CHE Facilitators: David Crist

Eric Wiederholt Shannon Wiederholt

Kelli Keenan

The 2019 CHE lessons were developed by the facilitators (teachers) to model facilitation skills providing examples of how the barefoot doctors can take the information they received and knowledge they gained during the Barefoot Doctors School and put it into practical delivery methods upon returning to their villages.

The CHE facilitators encouragement compliments the other teaching as the barefoot doctors are change agents in their communities and villages. For example, in one of the lessons titled, 'Recognizing and Using What We Already Have,' the students learned how to recognize the strengths and assets of their community relating to health, wellness and disease prevention, both at the community and family level. Helping individual families identify areas of strength and how to keep those strong areas so as not to put them at risk was also discussed. For example, if a family's only reliable source of protein is eggs, are they keeping their chickens healthy and away from predators, with a plan for maintaining or improving that situation. Also, helping families formulate a plan to strengthen areas such as nutrition or sanitation in the home was a key topic.

In the lessons titled, 'Home Visits' and 'Counselling,' the class discussed how to conduct a home visit with good listening skills, the steps to carry out a home visit, examples of the stages of behavior change, and that behavior change takes time. The barefoot doctors also learned basic 'Public Speaking' and lessons in 'Practicing Teaching Lessons' to help them improve their speaking skills. FLC provided the book 'Natural Farming' in Burmese to the barefoot doctors to use as a reference. The barefoot doctors learned about cultivating indigenous microorganisms (IMO) and making compost.

This year FLC was given an opportunity for a barefoot doctor to teach a couple of health lessons (Beneficial Health Practices and Community Development) at a conference at Hiangzing Church, near Kalay City, Myanmar, put on by the Siyin Baptist Association. The conference was held

March 11-15, 2019. There were church leaders from 19 churches under the Siyin Baptist Association. Mai Lal Em Par, one of our barefoot doctors, was selected to participate as the CHE facilitator. This was the first time that FLC Barefoot Doctors School had received such a request and the school is very blessed and proud to send Em Par as a representative of the Barefoot Doctors School.

# **Medical Training**



Medical Instructors: Dr. Bjorn Nilson, MD (US)

Dr. Bruce Gross, MO (US)

Dr. Susan Parker, MD (Canada) Dr. Susan McDowell, MD (US) Dr. Jove Graham, MD (US) Betty Reid-White, RN (Canada)

Lynda Audia, RN (Canada)

There were 7 instructors: 5 medical doctors and 2 nurses. Rick Astone, with his growing family responsibilities and difficulty getting off work, was unable to attend, so Dr. Bruce Gross was asked to serve as Dean for this year. Except for Bjorn, a retired physician, and Bruce, a semi-retired physician, the rest of the staff are full-time, practicing medical professionals. All are excellent teachers.

This year's curriculum included: Emergencies, Stroke, Blood Pressure, Diabetes, Malaria, Tuberculosis, Anemia, Malnutrition, Sexually Transmitted Diseases, Dermatology, Ophthalmology, the Urinary Tract, Abdominal Pain, Delivering Babies, Resuscitation of the Newborn, Infant Child Care, Dentistry, and other topics. These topics were chosen with two criteria in mind. We wanted the students to be able to identify "emergencies" and help get the patient care in a timely fashion. We also know what the common illnesses are in Myanmar and what diseases that they would likely see. Everyone worked hard – the instructors, the interpreters, and the students.

During year two, we wanted the students to present Patient Cases, patients that they actually saw over the last year. This is a valuable learning tool. It helps them learn about the disease process and appropriate treatment for actual patients that they have seen. It also develops critical thinking skills. As we discuss the case, we create a differential diagnosis (all diagnosis to consider based upon the signs, symptoms, and physical examination) and then help the students come to the correct diagnosis by examining each possible diagnosis.

The students were also assigned a medication to study and research. We then asked each student to present to the class the details of the drug – the indications for use, side effects, and dosage for that medication. It is essential that the students know the drugs that they will be prescribing for patients.

We were able to resupply the students with the medication that they will need to see patients. Many of their patients are from very remote areas with no pharmacy in the village and many of the patients would not be able to pay for medications on their own. The patients that the barefoot doctors minister to are simple farmers that live from day to day. They are truly "the least of these."

The barefoot doctors were provided otoscopes donated by Jon and Jane Ulm. The otoscopes are used to look into the ears to investigate ear symptoms. FLC was able to send enough medications with the barefoot doctors to dispense at least 8 months. Each year, we combine the knowledge gained from previous classes and our current students' patterns of use to create life-saving and improving medications and vitamins. Each student is provided enough Amoxicillin to cure 160 patients with common

infections, Ranitidine and Metronidazole to treat 25 cases of GI ulcer, deworming medication for 200 treatments, and other essential medications. Each barefoot doctor was also provided a small amount of cash (equivalent to \$50US) for them to buy other needed supplies in their areas.

## **Operating the School**

Abraham and Timothy were assigned as full-time translators for all classes (Bible, CHE, and Medical) and Sarep Pung was tasked to translate teaching materials, other paper work and oversee overall school activities. FLC and Kalnin Foundation staff did an excellent job housing the barefoot doctors and instructors. We brought Pungsar down from Burma as chief cook just for the Barefoot Doctors School. He and his crew had prepared 111 delicious and nutritious meals for the school. Salika and Dandaynia helped two days a week (Tuesdays and Thursdays).

The students were tasked to cook on Saturdays and Sundays. Their other assignments were cleaning the Rennert Residence Hall and Ferraro Hall, picking up leaves, cutting grass, cleaning restrooms, and other areas as needed on Saturdays. The students took turns and washed the dishes after every meal.

### **Financial Support**



In 2018, the barefoot doctors saw and treated 2771 patients over the last 10 months. In the West, a doctor visit could cost \$100-\$200 for a minor problem requiring a consultation. A dentist office visit can cost \$50-\$350, depending on what is included. A standard teeth cleaning can cost \$70-\$200; and an exam by a dentist can be \$50-\$150 or more. FLC spends approximately \$35,000 per year training and providing life-saving medications to the barefoot doctors so that they can visit and treat 2771 patients. That is less than \$15 per visit – a great bargain.

We express our heartfelt thanks to the supporters of the Barefoot Doctor program. Without your prayer and financial support, this program could not exist. Combining the delivery of health care with the sharing of the gospel is such an effective way to reach the lost. This is very much an evangelistic program and we are confident that the rewards will be huge and that many will come to the Lord through this program. May God bless you for your financial faithfulness to God.

Join us in making the students of the Barefoot Doctor program a matter of prayer on a regular basis for the remainder of the year. They are ministering in a country that is spiritually dark and where Satan has a stronghold. Each of our students is a beacon of light shining into the darkness. They desperately need our prayers.

Our 2020 Barefoot Doctors School is planned for January 13 to February 28, 2020. This will be the end of the three-year program with graduation held on the final day. Please consider supporting the school again next year.

Again, thank you for the essential part you play in reaching the lost in Myanmar.