



Here I am! walking the grassy rim of a volcano with Pastor Gideon and his family. People of the high hills plant gardens in the fertile soil of old craters

Dear Friends & Family,

The Resurrection continues to resonate in this Christian community. In fellowship, we reflect on the astonished women who ran from the empty tomb straight into history as our first evangelists: 'He is risen!' We place ourselves in the narrative: *I am the thief who petitioned Jesus; you say you walked the Road to Emmaus; that man is Thomas behind the locked door.* Who are you? Easter is our universal, yet personal story.



At Easter, I was the guest of an Irish doctor at Kisiizi Mission Hospital (CMS). She took me through wards where I expected the grim desolation of the government hospital in Kabale, where I live. There *were* old metal beds, discarded long ago in the U.K. -- but they had been repaired and painted. On walls, there were artistic renditions of savannah animals, looking down on happy youngsters, all of them with limbs in plaster; some sitting outside in the sunshine; grateful parents hovering nearby. Doctors had just finished an orthopaedic 'Camp', repairing scores of birth defects all in one week.

In the hospital chapel, relatives, more children, more staff and international volunteers listened and sang through a three-hour Easter service -- dressed for celebration. One's 'Best' in Uganda is always second-hand, yet often very good. Shops and stalls overflow with pre-worn clothes and shoes. Do we assume that clothes donated in Britain are donated here? But transport is expensive, and stallholders need income. The system works: a child can wear a Flower Girl's dress for Easter and her mother, fashion for a day -- before she puts on her faded cloth wrap, picks up her child and her hoe and climbs steep hills to weed her crop.

At the College, the pilot stage of my project, English for International Students, is complete; my report has gone to the Principal; the new term begins next week. A worker in mission returning to the U.S. has handed me his inspiration for an archive; I'm mulling it over. In the meantime, a female librarian and I plan to find and interview the oldest people in the district -- those who began their faith journey here, on this hill, in the East African Revival.

Blessings,

Janet

Please pray --

- For students without fees, who must declare a 'dead semester'.
- For hospitals - mission and district. All need staff and resources.

Reflections --

I remember considering the disparity between the two hospitals I visited: Kigezi District Hospital near me and Kisiizi Mission Hospital where I visited a friend for Easter.

At the sunny, little mission hospital, there had been children with limbs in plaster, grateful parents, smiling staff and energetic young people out of Europe finding ways to do good in the wide world. In the big government hospital where I went with my students on an outreach, I had found ten wards of thirty beds, one nurse and no doctor.

Granted, it was a Sunday. There were profound differences, nevertheless, and reasons behind them. The big 'referral' hospital was typical of the African model, addressing fathomless need virtually without means.

There was no bedlinen unless brought by relatives of the patient. Those relatives, the non-admitted *residents* of the hospital, lived in the open space outside, where they cooked and washed for the patient and themselves until their relative was released as 'improving' or ... deceased. They had to feed, wash, change their relative's clothing -- and take them to the latrine. Bedpans, if there were any, would become commodities to be traded or sold.

I remembered asking the one staff person (a nurse) if a teenage boy (who was in agony with abscesses -- cared for by his brother) had been tested for HIV. '*Yes: but tomorrow*', she said, adding that staff would 'catch up' with the need at certain points. There was more testing in antenatal wards; but they could not test everyone. They would simply '*run out of ARVs*'.

I saw the sense of the African model as I wandered down to the mental health wing -- Scandinavian-designed and built. The courtyard had a circle of beautifully-carved stone seating around an ornamental tree for patients and their visitors -- a work of art. But the patients and their relatives were a little way away, standing against an old fence that they may have felt was more familiar.

The poor ... we will always have with us.

But there is also The Alabaster Jar.