

"Surely blessing I will bless thee.."
Hebrews 6:14

Blessings REPORT

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Tulsa, Oklahoma

Due to great insecurity in Iraq and the potential risks to future medical teams, Blessings has waited some time to publish this newsletter in the best interests of the churches and church members in Iraq. By this time, the ministry activities of these churches are known by local people and because I do not anticipate leading more teams to Iraq in the near future, I believe the details published herein are no longer dangerous to Iraqi nationals.

On my previous trip to Iraq in September 2003, I discovered that the

Church in Kirkuk was constructing a 2 story clinic. I offered to bring a medical team when the clinic was finished and when temperatures were cooler. Indeed Pastor was greatly delighted by the prospect of hosting a medical team. However late in the fall, it seemed as though the number of terrorist's attacks against American servicemen and the Iraqi police were on the increase. Safety was a major issue in the eyes of many who might have been interested in participating in a medical team effort in Iraq. I was having difficulty finding people who might otherwise want to participate in such an outreach following BI's first announcement of this effort in our December 2003 Prayer letter. I already had a green light of approval from "The Boss," but timing was still a big issue.

Medical Team sets Precedent in Iraq

Iraq Medical Brigades

by

Harold C. Harder, Ph.D.



Dr. Kent reviews a Muslim patient's symptoms with a volunteer Iraqi physician while her husband fondles his prayer beads.

team commenced in earnest only after the first week in January. Truly the hand of God was evident in many ways and in many circumstances as highlighted below.

In essence, this team was formed in only 4 weeks. Anybody who has tried to form a medical team knows how difficult it is to recruit physicians to join a team, even when 6 months are allowed for planning and team building. There is no doubt in my mind that only the Lord could have put this team together, a very

full and complete medical team consisting of two physicians, three nurses, a pharmacist, a research clinical psychologist, the missions director of a bible school and yours truly, a pharmacologist, in such a short period of time.

Preparation Time

Because this team was organized so belatedly, and because the membership of the team came from all

over the US, there was little opportunity to build relationships among team members before departure. Yet because our schedule had a long layover in Amsterdam, otherwise lost time was used for prayer and to build team spirit and unity.

Another challenge with a belatedly formed team was not having time to package medicines into zip lock bags before departure. This was also compounded by the fact that all medicines originated from Tulsa, and I was the only person embarking from Tulsa. The packaging need was

addressed by another break in travel while in Amman, Jordan. After arriving at 1 AM, we checked into a hotel. Since overland transportation to Baghdad typically departs late in the evening, we had a full day to repack medicines in a meeting room kindly provided by our hotel at no additional cost. This also provided a good time of sharing, singing and praising. By the time we had packed our medicines back into suitcases and boxes, and loaded them into Suburbans for our 1000 kilometer "flight" by car across the Syrian Desert, we were very close to being fully prepared for this medical ministry.



Christian Alliance Church of Baghdad.

Baghdad Blessings

Another unexpected blessing came our way at our hotel in Baghdad upon our arrival. I was assigned a two room suite at no additional charge which provided a place for our team to meet as well as to have a quick breakfast. This enabled the team to be ready to travel at a given time.

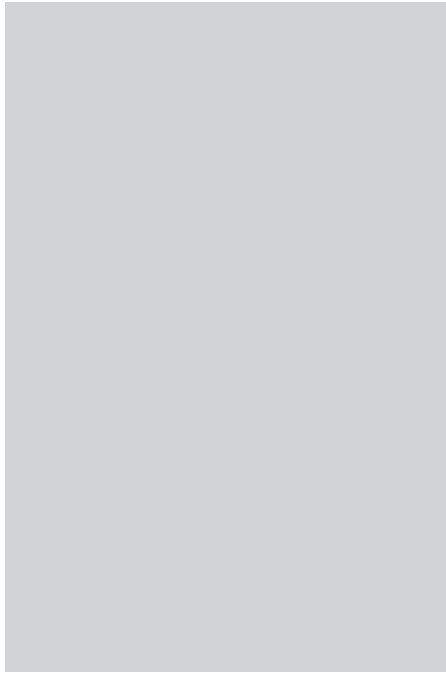
Our clinics in Baghdad were held with the assistance of church members



Dr. Nawrocki with a happy patient.

who provided translation services, logistical assistance of patient flow as well as national physicians who enjoyed working with our team. A majority of people treated had chronic illnesses for which they were provided

medicines. A large number had needs that were well beyond the capacity of a primary care clinic. Prayers were openly and liberally offered and "applied" Our team psychologist was very busy seeing patients who needed the Word, prayer, and assistance in learning what casting their cares on Jesus means. In Baghdad, few Muslims visited our clinic, but Christians were blessed. In three clinic days, our team became more familiar and at home with middle-eastern culture and our experience in Baghdad prepared us for our next location.



Return to the Kirk in Kirkuk

In Kirkuk, Pastor

shared that the knowledge of our team's impending arrival had helped to stir up the members of the church to finish the new two story clinic building which my son David and I saw in September 2003 in an unfinished state. This clinic facility was clearly a vision of members of the church that had been facilitated by major donations abroad. But often the most difficult part of accomplishing a vision is to complete the finishing touches such as installation of AC/heating, interior furnishings, lights, sinks, etc. It is sort of like when a mountain climber sees the peak after breaking above the head wall of a mountain. That is when one feels excitement at the sight of the goal, but even more so the agony of the remaining work output necessary to attain the goal. [The higher the



Team member, having recently spent 19 months in Saudi Arabia, knows sufficient Arabic to perform triage and check in patients.

elevation, the greater the oxygen deprivation and the more that progressively increasing effort is required for each necessary step to complete that task.] What I had not realized was that while this clinic was clearly a vision shared by the church members as a whole, this vision, to become a reality, required a spiritual work among the members as well.

to complete the clinic building and open it up for neighboring Muslims to come in and be ministered unto required acts of faith, continuous acts courage, and obedience to cast all their cares upon the Lord in this regard. I honor the members of this church for daring to take God at His word in this vision. Following God always requires the exercise of courage. It has been that way from the beginning of our faith, and I believe it always will. Our God always blesses us for obedience. And I believe that members of the

Church in Kirkuk will be mightily blessed for their obedience!

The first blessing for church members in the clinic at Kirkuk was seeing Muslims come into their grounds and leave with smiles on their faces. After the first day, a palpable joy set in among the members of the church both as a sense of attaining their goal in the opening of their new clinic, but more importantly in breaking down the fears and the many hurts of the past. Pastor father shared with me that not only were the Muslims coming to the clinic, but that they were leaving with smiles on their faces!

Visitors to the clinics were mostly people who had chronic diseases, especially hypertension secondary to their diets. One wheelchair bound young man, however, after receiving prayer was encouraged to exercise faith for his healing. With the encouragement of team member, this young man got

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Looking over the new clinic building

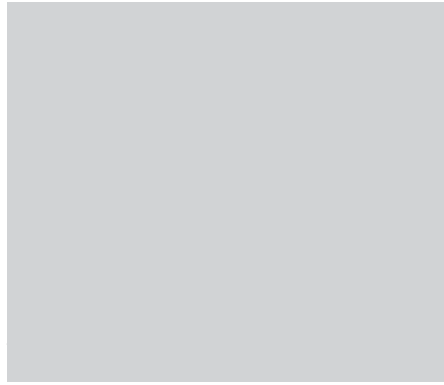
out of his wheelchair and began walking around, something he had never done before. We are believing this young man will receive adequate encouragement in exercising his weak leg muscles as well as in exercising his new faith to make his miracle permanent.

While still in Baghdad during the clinics, I had other business to handle in the "green zone" of what was formerly called, the Coalition

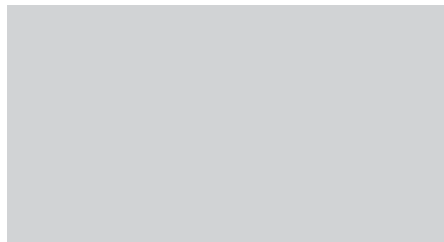


Team pharmacist, [redacted] spreads medicines out on the shelves of the pharmacy and ministers to patients bringing prescriptions.

Provisional Authority (CPA), the Palace located therein. Blessings International has other projects that were started on the previous trip which required consulting with authorities in the Ministry of Health office in order to complete. Previously entry to the Palace was not difficult. This time, access was very difficult requiring someone with appropriate authority to meet me at the entrance of the palace. [redacted] passes were allowed for this huge building that contains many offices of many ministries, various offices of the US government and many contractors' offices. I had an appointment and, with help, arrived on time. But the person I needed to meet was out of the country. Another official came out to share essential information and also shared that there was a medical conference occurring in the international conference center nearby in the green zone and suggested that a visit might be worth while.

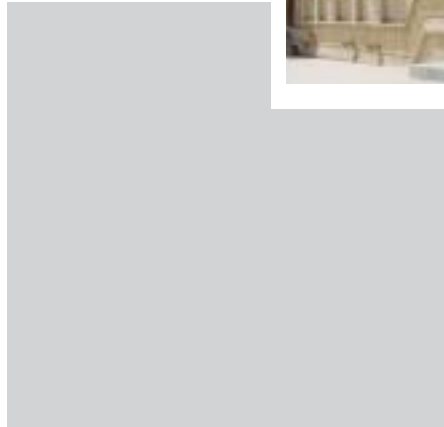


Iraq Medical Team.



The following Saturday when we planned to return to Baghdad from Kirkuk via Samarra so that the team could see and climb the ancient minaret spiral in Samarra, we discovered that that day was the Muslim New Year holiday. This was an unexpected surprise [redacted]

Yet God provided the transportation we needed even though the expected Suburbans were not available.



On our long drive back to Amman across the Syrian Desert, we drove through a sand storm which was so severe at times that we had to stop in the middle of the road because we couldn't even see the hood. But God answered our prayers to calm the storm. By the time we reached the lava fields of Jordan, the storm was over.

On the flight from Amman to Amsterdam, the physicians on our team and one nurse assisted in a medical emergency. A woman had a heart attack which required an emergency, unplanned stop in Istanbul. Fortunately even though many of us missed our connection in Amsterdam, Northwest had another flight to Detroit 2.5 hours later. Northwest graciously upgraded the doctors and nurse to First Class/Business Class seats and awarded them 5000 extra frequent flyer



A couple of smiles of Iraqi children the team will never forget.



A [redacted] in Kirkuk opened in 2002.

miles for their timely service. I was so very happy for them and for the woman whose life was spared.

So I praise God for such a good team and for all the protection and favor which He showered upon this team. I know once again that many people had been praying for us. Thank you. God had once again been true to His Word.

High Intrigue and Challenges In the Provision of an Anti-Tumor Drug

Last February Blessings International initiated the effort to provide a large quantity of one medicine for use in Iraq, medicine that is essential in maintaining remission in children who, after multi-drug regimens, have attained complete remission from acute lymphocytic leukemia. This request came from the chief oncologist of the Al Mansour Pediatric Teaching Hospital in Baghdad. BI had purchased and delivered 9,000 tablets of this drug, 6-mercaptopurine, in September 2003. However within this time period, the manufacturer had raised the price from 15 to 50 cents a tablet which made the cost of 100,000 tablets much more expensive. Moreover we would have to wait for a production run.

With that sting of price gouging for a drug that has been on the market almost 50 years, we chose to pursue contracting the formulation of this drug in India. Considerable effort was made to find a purified raw drug source of this drug, and then only one bid was made from a firm in China. BI agreed to a price of 14 cents per tablet and the project was initiated with advance payment for the production run, a standard procedure for international purchases. This summer we discovered that the Indian company formulating the drug had a hidden agenda of producing an additional 31,000 tablets to sell in India from raw material that BI had purchased. However in

their greedy rush to profits, this manufacturer forgot that BI's purity specification called for USP purity (U.S. Pharmacopoeia). Consequently they could not market the finished drug in India where local laws require drugs to be of IP or BP purity (Indian or British Pharmacopoeia).

After the "fessing up" this past summer and arrogantly demanding that BI purchase the additional 31,000 tablets at the same price, manufacturer finally agreed to a price of 5 cents/tablet for the additional tablets. I know that these extra tablets were needed anyway since BI was informed subsequently to its initial purchase plan that an additional 200,000 tablets were actually needed annually.

Since late summer, additional sampling and assays were performed by an independent internationally known drug testing company to confirm the analysis of the manufacturer's assays. The manufacturing contract specified that final payment would be made only after such independent assays passed specified amounts. Since the completion of the assays, considerable time and effort is required by Indian law to export anything, and especially pharmaceuticals. The exporter must learn to "dance in sync" with government regulators who like many manufacturers are also notoriously dishonest. And finally the freight forwarder in the

exporting nation must learn to dance in sync with the freight forwarder in the recipient nation. It is challenging enough to ship from a developing nation to the USA. But shipments between two developing nations are much more difficult and fraught with great and unseen challenges on the recipient end. We have chosen to ship the medicine to Jordan for trans-shipment to Iraq because there is no direct commercial service to Iraq from India at this time. The challenge in Jordan, where BI has had good success in hand carried transit shipments, is that there are many regulations that must be dealt with to accomplish our end. These regulations must be known and understood in advance such that everything is in order prior to shipment. The slightest detail on the shipping documents that does not exactly fit the norm for in-transit shipments could easily jeopardize the whole project. So having shipping and receiving freight forwarders learn to dance in unison in advance is absolutely essential. This has taken the better part of two months to accomplish.

The shipment of 131,000 tablets of 6-mercaptopurine recently arrived in Amman. **We ask that you join us in praying that this shipment will (1) quickly clear Jordanian customs for trans-shipment to Iraq and (2) the appropriate means (courier) will be found to accompany the shipment to Iraq!**

Please visit www.blessing.org and consider on-line giving towards any of Blessings' many projects such as Iraq or Africa.



Smile of an Iraqi child the team will never forget.

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The symbol of trust

URGENT REQUEST FOR HOSPITAL EQUIPMENT FOR K-1 HOSPITAL IN KIRKUK, IRAQ

by
Harold C. Harder, Ph.D.



While in Kirkuk, Iraq, several members of the local medical community invited me to visit at least one hospital in the area to ascertain the enormous need for medical equipment. The hospital chosen was K-1 Hospital, a 200 bed hospital which formerly served only the oil field workers of what is called the NOC, the North Oil Company, and their families, although now it has been assigned to serve a much broader population base.

At the "end of the hostilities" in May '03 before any security was available, this hospital was totally looted of essential medical and laboratory equipment. As documented by photograph, the hospital has a severe need for equipment. At present they can accept only medical patients. Surgery with general anesthesia cannot be performed because there is no ventilator for either of two anesthesia machines. Surgery is further hindered due to the lack of a functioning autoclave. The intensive care unit does not have a single monitoring electrocardiograph or

K-1 Hospital, Kirkuk, Iraq.

electroencephalograph machine. Indeed there are none in the hospital!

Other than some new small centrifuges and a microscope, the good-sized two room laboratory is also

severely lacking equipment; even the water distiller was taken and is still missing. Finally the kitchen is functioning on one broken down stove, the other equipment being original equipment installed by the British when the hospital was built in the mid-1950s. The building itself is in reasonably good shape having quality terrazzo floors and high ceilings for improved circulation. The K-1 Kirkuk Hospital has six departments: Surgery, Internal Medicine, OB/GYN, Pediatrics, ENT, and Ophthalmology. It also has diagnostic X-ray that is functional but the hospital is



Chief administrators of K-1 Hospital.

out of X-ray film (blue sensitive) and in need of new cassettes. [redacted] the Hospital Director shared that every department has severe shortages of equipment.



The empty laboratory of K-1 Hospital.

Please contact Blessings International for a copy of the list of requested equipment. If you or a hospital is interested in donating equipment, BI will ship to Kirkuk. Of course the hospital actually needs new

about people who cannot use their trained gifts for lack of equipment. Used equipment will bring a sense of hope, and purpose back to the entire medical staff of the hospital as well as all the auxiliary help which will in turn give hope for health and better lives to the patients and families treated by the hospital. While this effort is outside the general area of missions that Blessings International traditionally supports, the pleading look of five Christian physicians I met in Kirkuk deserve both attention and commitment at least in the immediate term. Blessings International appreciates whatever support you can give in this effort.



Female ward of K-1 Hospital.



Operating Room number one (of 2) at K-1 Hospital.

equipment because used equipment will have a more limited lifetime. But used equipment will enable K-1 Kirkuk Hospital to begin functioning once again. Not only will this serve the public's general needs, it will enable health professionals to use their trained medical skills to the fullest. There is a sense of hopelessness



Intensive Care Unit of K-1 Hospital.