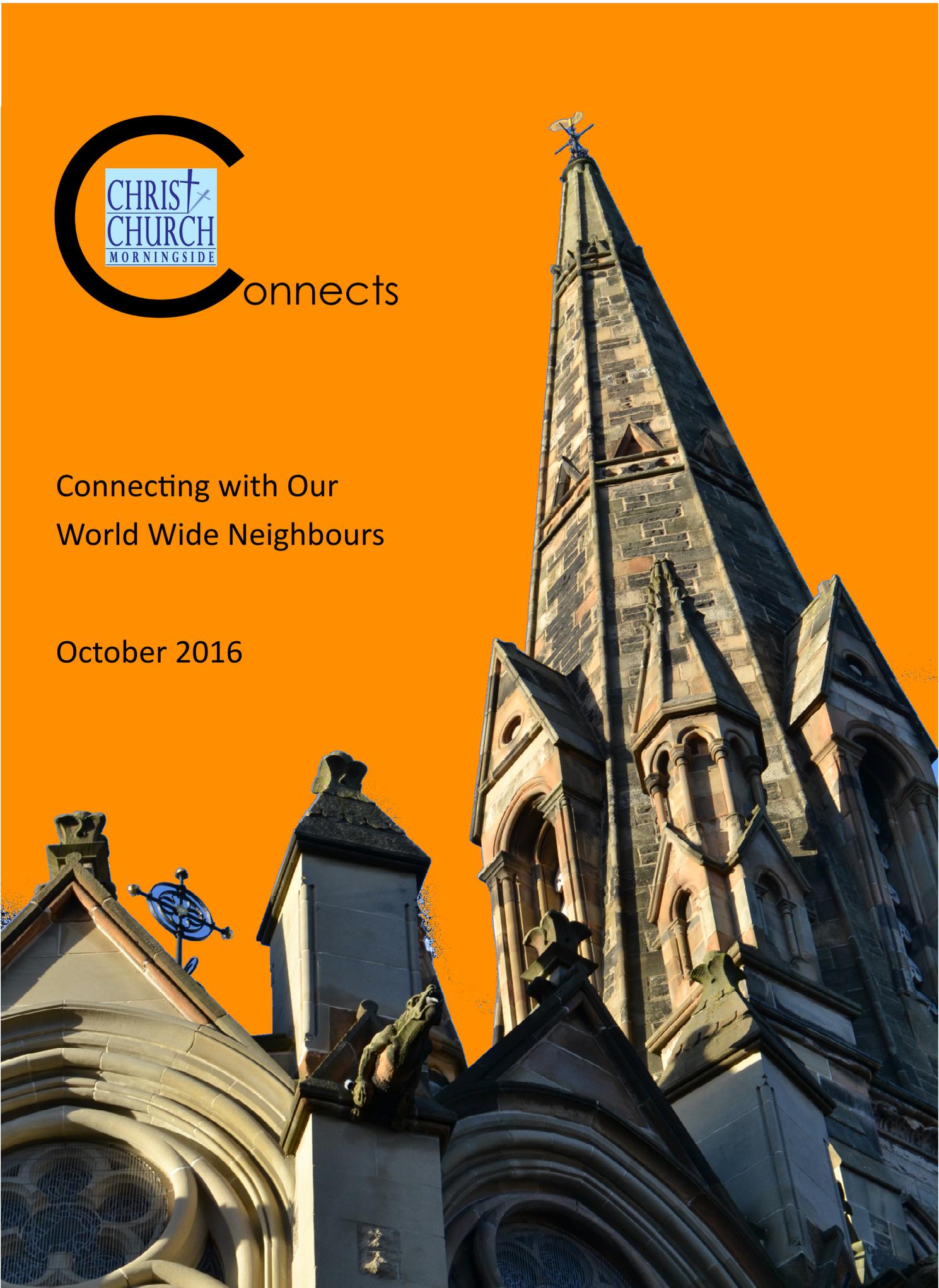




Connecting with Our
World Wide Neighbours

October 2016



Christ Church Morningside is a Registered Charity SC003009



Welcome from the Rector

Very Revd Susan Macdonald

As you read this magazine I expect you will be as amazed as I am to discover the diverse experiences of Christ Church members who have lived abroad, or whose work still connects them today to our world-wide neighbours. This of course adds richness not only to their own lives but also to ours as they share some of their experiences with us.

It affirms for me that we are indeed One World, for be we here in Scotland, Nigeria, Hungary or any of the other places mentioned we all face the same injustices in our society and all have the same hopes for the future of our communities.

Our baptismal promises commit us to living and working for the kingdom of God, a kingdom that spreads across time, be that BC or AD, and across the world.

“ONE BUT MANY”

- One God, many faces.
- One family, many races.
- One truth, many paths.
- One heart, many complexions.
- One light, many reflections.

One world, many imperfections.

ONE.
We are all one,
But many.”

*Suzy Kassem, Rise Up and Salute the Sun:
The Writings of Suzy Kassem*

CONGRATULATIONS to Hugh Goddard, Joint Chair of our UK and Overseas Support Committee, who this summer cycled from Land's End to John O'Groats!!



Thank you to everyone who supported my fundraising for Sustrans and Mercy Corps, helping to raise a total of £6,022! with gift aid that makes £7,206!!



Sustainable Development Goals – a powerful vision for a better world

Further to the initiative of the United Nations, involving the most extensive and inclusive UN consultation in history, 193 countries adopted new global sustainable development goals known as SDGs in September 2015. These set out a positive vision for the future that covers the three dimensions of sustainable development: economic growth, social inclusion and environmental protection.



Structured around 17 objectives (see diagram), the SDGs recognise that the elimination of poverty must be accompanied by strategies that enhance economic growth and also meet important social needs to include education, health, social protection and opportunities for employment, all the while fighting against climate change and protecting the environment.

These sustainable development objectives are based on the success of their predecessor the Millennium Development Goals (MDGs) and aim to go further to put an end to all forms of poverty. Overall the MDGs have shown that establishing global targets is an effective way forward but the sustainable development objectives cover a wider field and go beyond the MDGs by addressing the root causes of poverty and the universal need for development that delivers results for all.

The new objectives are unique in that they are a call to action to all countries and not just the low income countries who were targeted by the MDGs. Promoting prosperity for all whilst protecting the planet equally applies to both wealthy and middle income countries.

Although these global initiatives primarily target governments, the SDGs are designed also to rally a wide range of stakeholders including the private sector. Companies are encouraged to reduce their negative impacts and enhance their positive contribution to the sustainable development agenda. The SDGs officially came into force on 1 January 2016 and over the next 15 years, I hope that, globally, countries, including the UK, will mobilize to end all forms of poverty, fight inequality and tackle climate change ensuring that no one is left behind.

As far as I am aware, the British government is still trying to define how it is going to implement the SDGs. Much of the burden for engaging with these goals still seems to lie within the ministry responsible for international aid (DFID). However, there is also a substantial role for the Government to make sure that all departments support, in a coherent way, the objectives of the SDGs at home and overseas.

The Government also needs to support the entire SDG Agenda and avoid ‘cherry picking’ specific goals. When these goals were adopted I welcomed them with open arms as they offered a vision to the world that is inclusive of caring for people and our planet. This vision seems to align so naturally with the Christian faith. But setting frameworks is all very well and while you have to recognise all the work that went into putting these together, there is even more to do in getting them implemented.

I certainly think that they should be at the forefront of our thinking for years to come.

Nick Warren



Médecins sans Frontières (MSF) is an international humanitarian organisation that provides medical relief to populations affected by armed conflict, natural disasters, epidemics or exclusion from healthcare.

I am an anaesthetist and have spent the past 18 months working for MSF

as an expatriate. During this time I have worked in surgical projects in Burundi, the Central African Republic, Haiti and Nepal. Every MSF project is different, depending on the local context and healthcare needs, the facilities available and the level of training of local staff. However, the project I worked for in Burundi is a good example of MSF's work.

MSF always aims to employ local staff wherever possible and relies on a small team of expatriates to provide supervision, training and management. In Burundi we had an excellent team of local doctors and nurses with basic training, who managed patient care on the wards. However, it was more difficult to recruit specialists and the expatriates included two surgeons and an emergency doctor as well as an anaesthetist.



Medically qualified anaesthetists are rare in central Africa and anaesthesia is normally provided by anaesthetic nurse practitioners working alone. My role was to work alongside a team of five anaesthetic practitioners. I supported their management of straightforward cases and took responsibility for all critically injured patients, including their initial resuscitation and postoperative care. MSF opened a hospital in Burundi's capital, Bujumbura, in June 2015 to provide surgical care for victims of war-related trauma. This was in response to a sharp increase in the level of political violence in the capital, in the run-up to presidential elections.

We saw patients with injuries caused by gunshot, machetes and grenades. Grenade attacks were indiscriminate, targeting market places, churches and bars, and many of the injured and killed were innocent bystanders, including young children. Local hospitals were unable to cope with the workload and many victims avoided these hospitals anyway, because of the risk of arrest by the security services. The hospital was based in rented premises that had previously been used as a private, surgical clinic and had a purpose-built operating department and surgical wards. Other areas had been adapted to provide an emergency room, intensive care unit and laboratory and work was on-going to build an outpatient department and further ward accommodation.

We were very busy. Attacks usually occurred at night and grenades thrown into enclosed spaces caused multiple casualties. Bullets and shrapnel cause devastating injuries that may be highly contaminated, so that patients surviving their initial trauma often required long hospital admissions and multiple operations. I spent three months in Burundi and was pleased to observe the local staff develop their skills and confidence during that time. They remained motivated and hard-working despite a relentless workload and became remarkably competent at responding to mass casualty scenarios. Unfortunately the violence in Burundi continues, but the project is successful in saving lives.

A childhood in Sierra Leone

Heather Goodacre



This photo was taken of me when I was about 3 or 4, in Sierra Leone, where my father was Principal of a Teacher Training College in Bunumbu, via Segbwema in the Eastern Province. This must have been in about 1935. The other little girl is Epimandoah, who I used to play with. At the age of 5 I was sent back to boarding school in Surrey, England. At 11+ I went to Christ's Hospital School in Hertford. When my parents weren't around my Auntie Molly looked after me and my young brother during the holidays, in a village on the North York Moors.

I was told that I was the first white child to be taken to West Africa, and everyone was horrified at my mother, saying of me 'She'll die'. But Mum was enterprising, didn't want to be separated from my father, and persuaded Cow and Gate to make up a milk formula with quinine in it. I did in fact have malaria twice (once each time I was there for an 18-month stay). When I used to give blood as an adult I always had to state that I'd had malaria. But in spite of that and breast cancer 30 years ago I have managed to survive to the age of 85. Of course Ebola has been even worse than malaria recently in Sierra Leone, but at least things are slowly improving. Having been brought up with black children I was horrified at the attitude of many people in England when I was growing up, which was the time of notices on doors saying 'No Blacks, No Irish': this in spite of the fact that London Transport couldn't have managed without its Jamaican drivers.

I have never been back to Sierra Leone since the age of 5, but I would like to do so before I die.

A brief outline of Christianity in Iran

Frith Robb



On the Day of Pentecost it is known that Parthians, Medes and Elamites were among the crowd listening to Peter preach in Jerusalem (Acts 2:9). St Simon the Zealot and St Thomas are thought to have been the first apostles to bring the gospel to Persia. For several centuries Christians in Iran consisted only of believers belonging to ancient Eastern Orthodox rites. Armenians and Assyrians were its main adherents and each group retained its own ethnicity, culture and language within the Persian population. After the coming of Islam in the 7th Century these churches survived unscathed, protected by the new Muslim rulers. Armenian churches particularly flourished in Iran following the Ottoman persecutions of the early 20th Century. Armenians and Assyrians are Iranian Christians but with their own ethnicity and culture they have remained separate from the indigenous 'Persian Church' which emerged in the wake of Protestant evangelism in the 19th Century.

In 1812 Henry Martyn, an English missionary in India, translated the New Testament and Psalms into Persian, presenting it to the Shah with the help of his British Ambassador. Missionaries who later came to Iran also used the support of their respective governments to establish Christian hospitals and schools among the Persians. The new Persian Church was therefore early on perceived to be affiliated with foreign powers—an alliance that would ultimately become an obstacle to its expansion.

British and American missionaries established a number of Christian institutions in Iran through which the Christian message was propagated. A significant Anglican presence arose from the efforts of missionaries sent by CMS, and through their patient evangelism a truly Iranian church began to emerge. Unlike its Armenian and Assyro-Chaldean counterparts this church is primarily Persian and Protestant, with a core of converts from Muslim, Jewish, and Zoroastrian backgrounds.

By the middle of the 20th Century the Episcopal Church In Iran was reasonably well established. Today it is one of four large member dioceses within the Anglican Province of Jerusalem and the Middle East. The others are: the Diocese of Egypt and North Africa, the Diocese of Cyprus and the Gulf, and the Diocese of Jerusalem (which includes Lebanon, Syria, Jordan, Palestinian territories, and Israel). The first Persian bishop was Hassan Dehqani-Tafti, a convert from Islam. In common with other churches in the Anglican Communion the basis of this church's liturgy is the *Book of Common Prayer* translated into the vernacular, Persian (*Farsi*).

The Islamic Revolution of 1979 dealt a severe blow to this small but thriving church, murdering its senior priest in Shiraz and the Bishop's son in Isfahan, imprisoning Christians, expropriating Christian institutions, and expelling missionaries. Today, the 'Faithful Remnant' consists of four small congregations in Tehran, Isfahan, Julfa, and Shiraz who continue to gather faithfully for worship and fellowship. FDI (Friends of the Diocese of Iran) is an organisation that unites a diaspora of Iranian Christians abroad.

A new generation of Iranian Christians is now emerging, many of whom are not Episcopalians. Evangelical organisations such as ELAM Ministries (named for the Persian Elamites of ancient Sumeria, and not to be confused with the similar-sounding 'Elim'), as well as a popular satellite Christian broadcasting channel, SAT-7 PARS, are ushering in a new era of converts from Islam. This proselytizing has led to a proliferation of 'underground' house churches in Iran, with many fundamentalist Iranian pastors eager to spread their new faith. One reason for such a growing attraction may be that the Persian identity is not completely rooted in Islam, and there is now some disenchantment with its repressive regime, especially among the country's youth. In Britain there have been many recent baptisms of Iranians within the Anglican Church.

Meanwhile, the Faithful Remnant, as well as members of the Iranian Episcopal Church in Exile, like myself, continue to meet quietly and to worship, as they have always done, with the hopeful expectation that from the mustard seed a mighty tree may yet some day flourish.



A Drug Centre in Hungary

Rev. Imre Katay Fodor

For me, the story began in 1983. I met an 18 year old boy who was a drug user. This was the first time in my life that I had met someone who used drugs and when he sadly died it was a terrible shock for me. I thought to myself that I must help young people like him.

The next year I moved to a bigger town, Szeged, near the Yugoslavian border. The bigger place meant a bigger problem with alcohol and drug misuse. An elderly lady I knew translated a German book, which focused on how we could help those who misuse alcohol and drugs. It was a 12 step programme and a completely new approach in Hungary at that time. In Communist era the official view kept changing, sometimes the authorities spoke about these problems, but sometimes they said: in a socialist country everybody is happy and we don't have a drug problem. But the reality was almost 10% of the Hungarian population were alcohol dependent and around 50, 000 young people were using drugs.

We started with the first, small steps: we organised a club for misusers of alcohol and another club for their relatives. It was not easy, not just because the heavy drinkers were not exactly religious, but on the other side lots of priests said, this is a useless, we need to put our focus on our believers and help them. I said: in Hungary everybody is involved in this problem, the alcohol users have a wife or a husband, mother, father, friends, colleagues. If the church gives them a helping hand, they will find an open door, and maybe they will find God too. This love isn't a particular part of our faith, love is the heart of our Christianity. By the end of the 1980s we were holding a retreat four times a year for users and another one for the family members.

At the end of 1989 everything changed. Well, almost everything. The churches had more money and more power, and this divided them. Before, they worked together, there was a good ecumenical movement and they supported each other. But in 1990 every church began the fight for property, and state support.

We searched for a new place for the retreat centre and the rehabilitation house, but the bishops always said, maybe later. Fortunately, the German Caritas had an open heart and helped us. They offered training, gave money for a Caritas centre and later gave money for the first 'help-point' building in Hungary.

From the German group, we learnt about group therapy, a kind of social therapeutical role-play. I was the Hungarian Caritas Drug and Alcohol Mission desk officer in the Catholic Bishop Conference for many years. In the Caritas we worked out a new plan for the mission, what would make a good 'help point' service, a training programme for volunteers and co-workers. We even gave a name to our mission: RÉV. This literary means ferry and port but each letter also has a meaning.

R – Remeny = hope É - esteem = knowledge about new life V – választás = choices

Now there are 9 REV help point services in Hungary, and they have a very good reputation. The REVs use the original guidelines and they help the Hungarian population outside of Hungary, in Romania, Serbia and Slovakia too. In 1995 we formed an association for Social Therapeutical Role-play and I still assist with this training. We work together with the German Adelheid Stein Institute for Social Therapeutical (ASIS) Role-Play. I am qualified as a trainer and supervisor, and I keep in touch with the Hungarian associations, even giving training sessions in Hungary from time to time.



Geneva: a hub of international organisations

Ros Newton

My journey with regard to living abroad all started because at school I was useless at algebra and geometry! To my delight I realised that I could drop these when I became fourteen years of age in order to take commercial subjects as well as GCE O and A levels. To my amazement I found that shorthand was very easy for me to learn and in due course I received a UK award from the London Chamber of Commerce. I then decided to take up medical shorthand, with a view to becoming a medical secretary.

It was when I went on a school holiday to Geneva aged 16 that I was struck by the number of international organisations in that city. That visit made a huge impression on me, and I vowed that when I was old enough I wanted to work for an international organisation there.

On leaving school at the age of 18 I worked as a medical secretary in a children's hospital in Newcastle upon Tyne which I loved, but my dream was still to work abroad for an international organisation. I achieved this ambition at the age of 21 when I was selected to become a medical secretary for the Department of World Mission in the Lutheran World Federation (LWF) which was based at the World Council of Churches in Geneva, Switzerland. In 1968 I applied to work in the Department of World Mission focused on Lutheran missions overseas, primarily because it had scope to use my medical and general secretarial skills.

After an interview in London I was thrilled when a letter arrived informing me that I had been selected. It was against the policy of LWF to inform future employees about which nationality they would be working for - and the letterhead had many interesting, and unfamiliar sounding names on the top. So I set off, feeling rather nervous, having been told by my father "please do not mention the war, darling, as you weren't born until after it was all over and you may be working for a German or a Japanese manager". It turned out that my position would be working for a Japanese man, Yoshiro. The other nationalities in the Department came from Ethiopia, Norway, America, and South Korea. I had to fetch and carry rather

a lot for my boss, Yoshiro, who came from Hiroshima. One day, feeling rather brave I said I just could not carry any more books and could he please help me. Yoshiro laughed and stood up saying that he had remained sitting behind his desk as he had not expected such a tall secretary and he was short in stature! This was the start of our friendship and I was duly invited for dinner to Yoshiro's house. He had married an American lady called Gloria and after the tragedies of the war, it was impressive to see such a partnership of forgiveness and love!



Yoshiro had been brought up in the Shinto religion and had become a Christian and Lutheran pastor - his work, and mine, centred around medical missions in Asia. Yoshiro was often away on trips to Asia so I organised his diary, and correspondence with the various missions. I also attended conferences in other countries with very long hours. I travelled from Geneva to a conference in Hillerod, Denmark, where delegates had come from all over the world and was next to Bishop Desmond Tutu when I took communion in the Cathedral at the beginning of the conference. The conference lasted for ten days and I worked from 7 a.m. until 7 pm. I had to

be smuggled out for a visit to the Tivoli Gardens in Copenhagen as the secretaries were not supposed to leave the campus!

When I was promoted and became secretary to the Director, Sigurd, his work centred mainly on missions in Africa and he promoted Radio Voice of the Gospel in Ethiopia. Each morning before work began at 8 a.m., everyone gathered in Sigurd's office for prayers. He too proved to be a kind and considerate boss.

I learned much from my experience in working with so many nationalities in Geneva. On a day to day basis I realised the importance of harmony and patience in dealing with the different personalities and nationalities I worked with, coupled by a universal love of God amongst us all. Views and customs were very different to my own and I adapted accordingly - in particular I realised that the United Kingdom was not the centre of the universe as I had previously thought.

After a bereavement in 1970, I left Geneva to take up a post at the British Medical Journal in London, and, in case you're wondering, the Second World War was never mentioned again during my time in Switzerland!

As a registered charity Christ Church Morningside now has to operate within a new regulatory framework. *Kay Smith reports.*



The Targeted Regulation Framework of the Office of the Scottish Charity Regulator (OSCR), implemented from April 2016, is aimed at providing a proportionate response to the issue of charity regulation. It is a development of the work of OSCR originally set up under the Charities and Trustee Investment (Scotland) Act 2005 which established the charity regulator as a body independent of government ministers and answerable instead to the Scottish Parliament.

The 2005 Act was intended to restore public confidence in the charitable sector which had been rocked by a number of funding scandals in the eighties and nineties. Fears that charities would instead be burdened by over regulation were perhaps subsequently fuelled by the sweep OSCR carried out on independent fee paying schools which faced the loss of their charitable status - and the tax breaks that go with that - unless they worked more strenuously on meeting the essential criteria of providing public benefit.

For most charities the new regulations offer a light touch. The pre-existing requirement for an annual return of finances has been tiered according to the level of gross total annual income. If this is below £25k only Section A of the return form needs to be completed; above that, an additional section B must be completed. Only charities with annual incomes above £250k have to provide a more detailed breakdown of both income and expenditure in Section C. At a gross recurring and capital annual income of £233,899, according to its latest annual accounts, Christ Church in Morningside is the middle tier. Charity treasurers will however have to watch out for minor tweaks in the wording of questions and be prepared for the push towards online reporting.

Charity Details

Christ Church Morningside, SC003009

Registered charity from 28 November 1949

The new regulatory framework - to be reviewed every three months- should not present currently registered charities with a problem, according to Christ Church congregation member Simon Macintosh, Senior Partner of the legal firm Turcan Connell and Chairman of its Charity Unit. "I was initially concerned about the charity regulator taking an overly literal and legalistic approach particularly over trustee indemnity insurance but apart from the annual returns the framework does not present any significant changes over the 2005 Act."

The number of charities registered in Scotland is currently 24,143 - a slight rise from 23,957 the previous year. It is business as usual for Simon and his team advising charitable sector clients on issues such as mergers, wind ups and name changes.

One thing for sure, there are financial benefits for an organisation to be registered as a charity because of the HMRC tax breaks. Legacies to charities are exempt from the forty percent inheritance tax and donated assets are exempt from capital gains tax. In addition money donations can qualify for Gift Aid so a charity can top up the donation at the level of basic income tax paid by the donor.

But to be recognised as a charity a body has to meet at least one of sixteen charitable purposes laid out by OSCR and must provide public benefit in achieving that purpose. That is the key test of a charity. For further information see www.osc.org.uk

Life in Nigeria :1973-1995

Helen Wosu



If you asked any of my family as I was growing up if they could have imagined I would spend 20 years of my life living in Africa, not as an expatriate but as a local, they would all probably have given a resounding, Yes!

From a very young child I was always interested in people and other cultures. In my late teens I started travelling and visited many continents, including a 12 month stint as a VSO in Thailand in the early 1960s.

What was it like as a non indigene married to a Nigerian and living in Africa? Both the environment and the culture had a huge impact on me, requiring adjustments to just about everything I was familiar with. I was surprised myself at how much I missed the diet I was accustomed to and how strongly I needed to hold onto my identity. This really helps me to understand the people of other cultures and races who come to live in Britain. What you wear and what you eat should be a decision made by the individual, not imposed on one. Change comes gradually to most of us; it can't be imposed rapidly without a cost to emotional wellbeing.

I was given the space to adjust to most of the cultural differences, except one. It was mandatory that my home was open to any of my husband's family members at any time and without prior negotiation. This meant that for the 20 years I was there we were rarely living as a nuclear family as there was nearly always someone living with us. It was not uncommon for nephews and nieces to be left with us to be educated and cared for. Although difficult at first, it proved to be one of the greatest blessings of my time there. I have huge affection for the children I helped raise and having two of them (now adults with their own families) come to my daughter's wedding two years ago all the way from Nigeria to a Glen in Scotland was very emotional for me.

The hard bits? Communication was very poor, even in Lagos where I lived for the majority of the time, then the capital of Nigeria. We had no telephone or mobiles and letters took around 3 weeks to come and even then two out of three would be lost in the post. We complain about the ubiquity of mobile phones here but they have had such a positive impact in Africa, opening it up to the world.



When the rains arrived we could be cut off for days as the roads were so poor. There was no piped water so we had to fill tanks built on the roof by flagging down water tanks which roamed the streets selling water at a considerable price. Electricity was a luxury, meted out erratically by the national electricity supply company, NEPA, known as Never Enough Power Anytime. This affected the safe storage of food or medicines; the ability to use any modern electrical household equipment including air conditioners, or just to relax at home in the evening.

Health was a constant problem, especially for the children. I have no idea how many times we all had malaria, even though we used nets. It is a terrible disease and I witnessed too many children succumbing to it.

Corruption is still a huge issue in Nigeria, and I think I found that hardest of all. It felt like every transaction involved the negotiation of an under-the-table payment, from getting your child a school place to paying the electricity bill. But I do recall my father saying to me that corruption was just as bad here, it was just that we have learned to hide it.

I have no regrets for spending so much of my life there. I have abiding memories of the goodness of neighbours and friends; the easy social relationships where one never calls ahead but just arrives and is fed and sheltered if needed; the stoical humour to get you through the trials; the incredible countryside and the sincerity of the welcome.



After Joan Adam's retirement, Janice Logan took over her role and is supporting palliative care services in Uganda. Here she describes her experience.

Since its origin in the 1970s palliative care has become an integrated part of healthcare in the UK and many parts of the world. There are however, as I found in my recent visits to Uganda, areas in the world where palliative care remains less developed.

Despite significant progress in palliative care development, the vast geographical area limits its availability to many of the population. In Uganda doctor patient ratio is low with approximately 1 physician per 10,000 people, in comparison to 13 nurses per 10,000 people; key therefore to the planning and delivery of palliative care are nurses. The Uganda Palliative Care Nurse Leadership Programme was set up to build on existing services, through the development of leadership skills of palliative care nurses. 20 nurse leaders from different parts of Uganda have been recruited to the programme; the modelling of nurse leadership is through relationship building with mentors from the UK. Acting as programme mentor to 3 participants provided my first experience of international work and introduced me to palliative care in Uganda.

One participant is the Senior Nursing Officer at the Dr. Ambrosoli Memorial Hospital, in Kalongo, a 271 bed community hospital serving a community of about 250,000 in the northern, rural district of Agago. The district lacks good road networks; telephone and internet communication is available but can be unreliable. The main economic activity of the area is agriculture, but with no known industries a large proportion of the population are in absolute poverty. With no designated palliative care beds, patients with palliative and or end of life needs may be in any of the wards. At the hospital, as is common practice in Uganda, families provide personal care for the inpatients with the cooking of meals being done at a communal fire. The grounds of the hospital provide a place of rest for families alongside their washing and cooking utensils; at night a family member sleeps under the patient's bed to be able to care for them should they require it.

Prior to and since my initial visit in January there have been no other visitors to the hospital in relation to palliative care. The participant on the nurse leadership programme set out to raise awareness of palliative care and to develop palliative care within the hospital. My visit in July was aimed at raising awareness of palliative care through the modelling of leadership skills and the provision of education. Planned and opportunistic education sessions took place as well as the review of practice in the clinical setting. Evident was the multidimensional need of patients who require palliative and end of life care and their families. Notable however was the influence culture and context has on the experience of these dimensions of need. For example in Uganda spiritual need is usually met through family, their community/village and their faith; in Scotland spiritual need can be less well considered and supported.

In palliative care relationship building is key, these same principles apply when introducing new concepts in a country and culture that is very different to the one I know here. Taking the definition of mentorship a little further 'a reciprocal relationship that has benefits for both sides' this opportunity has provided more valuable personal learning than I could ever have imagined at the outset.



The Modowa Tree -The Anglican Church in Papua New Guinea

Howard Moody



When a Protectorate over Papua was proclaimed by the British Government in 1884 missionaries were called in by the government as a link between it and the native population. The Roman Catholics were first to take up the invitation and in 1885 they formed a settlement on Yule Island a little west of Port Moresby. The work was entrusted to the Sacred Heart Mission under the leadership of Bishop Verjus, a broadminded Belgian.

Under the administration of Governor Sir William MacGregor, a man of deep religious conviction, Papua was divided into missionary spheres and the Anglicans were allocated the north east coast and immediate hinterland. The convergence of late Victorian evangelistic zeal, a committed Christian Governor and the emergence of two totally different Anglican missionaries culminated on 10th August (St Laurence's day) 1891 in the landing of the Reverends Albert Maclaren and Copland King at Kieta very close to the village of Wedau.

Albert Maclaren while at school had displayed great gaiety, no inclination to study and was described as "a troublesome pickle". However he attended St Augustine's College, Canterbury, and in his 22nd year found his true vocation among the poor and threw himself into pastoral work with tremendous drive. Despite having a Presbyterian father (or because of it?) Maclaren was a High Churchman.

Copland King met Maclaren in 1890 and indicated that he was interested in the mission having heard Maclaren speak in Sydney. Sydney was (and is) in a low church diocese and the contrast between the two men's characters and approach to worship could not have been starker. Maclaren the colourful, exuberant, loveable, enthusiast who could, with ease, hold a crowd; King the man for disciplined steady work, attention to detail and given to the hard graft of learning languages never before committed to writing. King became seriously ill only two months after arriving in Papua. He was sent to Australia and slowly recovered returning to Papua in April 1892 to continue the work of the mission but by then Maclaren was dead: he had lasted only four months before succumbing to malaria.

Underfunded and understaffed the mission persevered in teaching the Christian faith in the context of a disciplined sacramental daily round of worship. The policy was firmly one of "no quick fix". The first baptisms (15) did not take place until 1896. Slowly the staff of the mission increased and more and more villages were evangelised, with 1000 Baptisms in 1916. Steady growth continued but always it seemed accompanied by illness, long separation from relatives in Australia or Britain, constant appeals for funding, frustration at the slowness of building Churches, Aid posts, hospitals and Schools which in turn were plagued by termites and destructive beetles.

One inestimable blessing was the succession of outstanding Bishops. In 1936 the fourth Bishop of New Guinea was consecrated; Philip Nigel Warrington Strong. Having served as Priest in Charge of St Ignatius, Sunderland he was spiritually well prepared by the sturdy and exhilarating atmosphere of the Northern Province. However this saintly, deeply spiritual and joyful man had few illusions. On board the ship taking him to Papua he wrote; "I am going forth to this work very inexperienced and ill equipped. The life will be very different to anything hitherto. One thing alone I know, that unworthy though I am, our dear Lord has certainly called me to go and His call must be obeyed and His will be done. Knowing this as clearly as I know anything I am upheld by the conviction that he will enable me for that whereunto He has called me." In 1979 when I met with him for the last time in Wangarrata, to which town he had retired, he wrote

in my New Testament; “A motto for life – “I can do all things through Christ who strengtheneth me”- Philippians 4 v13.”

In 1941 Japan invaded Papua. Bishop Strong addressed the Mission. He was at his post, and he expected all to be at their posts, and all but one (a widow with a child) stayed at their posts. Nine paid the ultimate sacrifice under the swords and bayonets of Japanese soldiers. The best know is the Rev Vivian Redlich who’s last letter home (“sticking it out”) is in St Pauls Cathedral, London. At the devastated Mission stations of Gona and Sangara the base of the altars and the fonts remain – symbols of the great sacraments. In 1943 when Bishop Strong visited the sites of their death he noted, after prostrating himself at the site near Gona, that the cross which stood within the makeshift graveyard, cut from a living tree had started to bud.

The Church was stabilised and began to grow again but just ten years after the Japanese invasion disaster again struck. Mount Lamington erupted. This volcano appears to have erupted outwards as well as upwards. Sangara, Higaturu, Isivita were wiped out. An area of 16 miles radius round the mountain was a scene of utter desolation. Amongst the four thousand who died the Mission lost the head of its school, and many teachers. A week later the Bishop preached at Gona to over a thousand people. There was no despair. The work at Sangara and all other stations went on.

It still does but is now led by indigenous Bishops and priests. The Papua New Guinea Church Partnership, which includes the Scottish Episcopal Church, continues, sometimes thriving but often struggling with resources and yet the Church in PNG grows. The war years and the mount Lamington eruption are history only it sometimes seems to be replaced by AIDS, domestic violence, materialism and, sadly, some corrupt politicians. Tribulation is a constant of Christian life but on the raised beach, the plateau of Dogura, there stands The Modowa Tree. When the very first Anglican chapel, sited on this plateau was demolished (prior to the consecration of the first cathedral) the stump of one of the Chapel’s small pillars, now many years old and seemingly many years dead, began to sprout. This tree is now a dominating feature of the plateau. I AM the resurrection.



B.C – A.D.

Professor Mary Smallwood

The Russian monk, Dennis the Midget, in the 6th century, invented a new way to measure time, Professor Smallwood explains more.

Have you ever wondered how, when or why this simple and useful chronological system came into almost worldwide (though not universal) use? Well, it was the brainchild of a 6th century Russian monk, Dionysius Exiguus (Dennis the Midget). His calculation was simple. He took Luke 3.1+23, which together give Jesus’ approximate age at the start of His ministry, attached to a definite Roman date, the 15th year of the Roman emperor Tiberius. The phrase giving Jesus’ age is wordy and impressive: - He was “beginning (to be) as it were (the age) of 30 years.” This sounds to me rather like our expression “in his early 30s.” However, Dennis took it to mean precisely “in his 30th year” – i.e. He was aged 29. Then it was all plain sailing: - Tiberius’ 15th year was A.D.29; he became emperor in A.D. 14; and Jesus was born

in AD 1. No, NOT in the year 0 (or “zero”), as we are occasionally told (and were in the run-up to the Millennium). There was no such year. Dec., 1 B.C. was followed immediately by Jan., A.D.1. (This, incidentally, has one rather tiresome consequence: - if you want to calculate the length of a period from a B.C. year to an A.D. year, you add together the two years’ dates but then have to deduct one (1); e.g. the period 5 B.C. to A.D.5 is not 10 years but 9. But that just by the way). I have no idea how or when Dennis’s very simple chronological system, which has apparently never been revised, spread through W. Europe and eventually far beyond.

But, alas, poor wee Dennis had got it wrong! He must have known St. Matthew’s Nativity story (and most probably accepted it as historical truth), which puts the Nativity unequivocally late in the reign of Herod the Great. But Herod’s death is unequivocally dated in non-Biblical sources to Passover time, 4 B.C. Dennis clearly did not know this date, which cannot be reconciled with his calculations. But it would make Jesus “in his early 30s,” rather than “aged 29,” in A.D. 29. Furthermore, in the story of the Holy Family’s escape to Egypt and their return after Herod’s death, Joseph’s distrust of Archelaus, one of the three sons of Herod between whom Augustus had just divided his kingdom, makes perfect historical sense. It is reliably recorded that after enduring some 9 years of Archelaus’ bad rule, his subjects sent a deputation to Augustus saying “We are fed up with Archelaus. Would you be good enough to annex us as a province?” And Augustus did, in A.D. 6.

The census at the time of St. Luke’s Nativity story neither supports nor questions Dennis’s A.D. date. The parenthesis about its non-date is just puzzling. It is a strange piece of Greek, hard to translate or to understand. Expanded, it seems to say “the Nativity census preceded the (historically attested) census held by Cyrenius (i.e. Quirinius, a senior Roman official) sent over from Syria, where he was governor (in A.D. 6, immediately after Rome’s annexation of Judaea as a province).” BUT.... There is no evidence that Augustus ever ordered a simultaneous census of the whole empire (only evidence for a few local ones); there is no other evidence for a census requiring men to register in their ancestral towns; and Matthew’s story firmly dates the Nativity to some 10 years before Judaea was annexed as a province, when it is hard to see Augustus issuing instructions there. Perhaps St. Luke’s Nativity census is best ignored!

So B.C. – A.D. is very useful, but has it any historical validity?

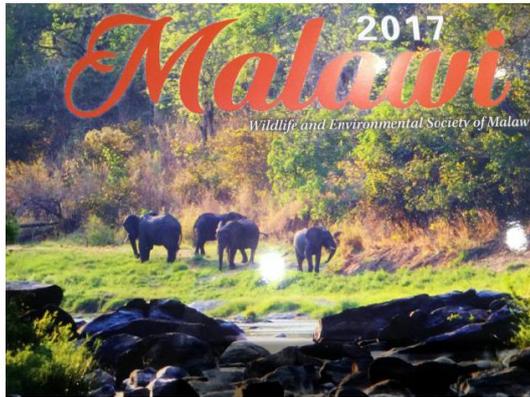


Thanks to all those who contributed to this magazine. We were delighted to receive so many stories and article, which show the wealth of experience our members have of living in other countries and cultures. We were only sorry we weren't able to include everything we received.

The Editors—The UK and Overseas Committee

Supporting our neighbours in Malawi

A chance to enjoy some stunning imagesand support Malawi



The Wildlife and Environmental Society of Malawi works to protect the wildlife and environment in this very poor country, supporting projects which encourage action by local communities. This beautiful calendar with 12 full size wildlife images is on sale for just £7.50 . Contact the Church Office, or collect one from the Fair Trade Stall on Sundays



Come and Sing events offer singers -- young, old, experienced and novices -- an opportunity to rehearse and perform a well known and loved work all in one afternoon and evening, combining the inspiration of great music with the energizing effect of communal singing. The leadership of a charismatic and skilled Musical Director is key to their success, and we are delighted to have secured the services of Dr John Kitchen, Edinburgh City Organist, Director of Music at Old St. Paul's Episcopal Church, and Director of the Edinburgh University Singers. The Soko Fund supports women to gain an education in Malawi.



M O Z A R T R E Q U I E M

John Kitchen (conductor)
Morley Whitehead (organ)

Jan 21 2017

2-9pm (2-5.30pm rehearsal; 6.30-9pm Concert)
St Cuthbert's Church, Lothian Road, EH1 2EP
Singer (suggested donation) - £15
Audience (suggested donation) - £5
Tickets available from Eventbrite

An opportunity for anyone who loves singing, loves Mozart, and believes in women's education, to rehearse and perform this marvelous work under the leadership of the City of Edinburgh's principal organist and his fine team of soloists.

MUSIC FOR MALAWI



The Soko fund supports women into Higher Education in Malawi
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