



"To all the World"

by Robert O. Stephens, C.M., M.D.





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**EMAS Evangelical
Medical Aid Society**

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Origins

To celebrate its long record of service, witness and ministry, the Board of EMAS has honoured me with the task of recording what has happened over the past 60 years since the founding of EMMAS.¹

Webster defines history as "a record of past events, usually with an interpretation of their cause and an assessment of their importance." As I address this task, it is not only to record events, but to interpret and assess—a formidable challenge! I realize too that when several people observe the same event, their eye-witness reports may vary considerably. History, like beauty, is in the eye of the beholder.



I do, however, have the advantage of having been a close observer and participant over the entire 60-year span. I was a Junior Intern in Toronto in 1948 when it was announced that the Hospital for Sick Children (H.S.C.) would construct a new building, on a different site, with completely new equipment. Mr. Watkin Roberts, who had served many years in India as a missionary, conceived the idea of procuring the old equipment from H.S.C. and sending it to mission hospitals. Dr. Isaac Erb, pathologist-in-chief of H.S.C., supported the idea and agreed to become the President of the newly-formed Evangelical Medical Missionaries' Aid Society (EMMAS). Dr. Robert Clappison, who had recently graduated from Dentistry, became the first Secretary of EMMAS.

As a result, EMMAS was born with a distinct focus and purpose. As Dr. Erb wrote: "Recognizing the difficulties under which medical missionaries are frequently obliged to carry on, and in an endeavour to bring some relief and assistance, a small group of men met in Toronto to form what has since become known as the Evangelical Medical Missionaries' Aid Society or EMMAS."

I was fortunate enough to be one of the first recipients of this "relief and assistance" as in 1949, I left for Africa to build a hospital in the Belgian Congo which would be equipped, in part, with material from EMMAS. Similarly, two of my classmates, Paul Roberts and Bob Foster, were recipients of EMMAS supplies for use in their new hospitals in Ecuador and Zambia.

¹ The original name—the Evangelical Medical Missionaries' Aid Society or EMMAS was changed in 1986 to EMAS Evangelical Medical Aid Society. This change in nomenclature has been followed pre and post 1986 in this report.

Distribution of Supplies

Soon after its formation, the Board of EMMAS was faced with a serious problem—where would they put all the supplies and equipment from H.S.C.? Immediately, Mr. Roberts offered space at the rear of his office near the old H.S.C. The offer was accepted and Dr. Arnold Vokes, a retired family physician, agreed to look after reception and distribution.

It was not too long however, before the space became inadequate, so the distribution centre was moved to the basement of the Toronto Bible College (later to become Tyndale College). Dr. E. S. Fish, a retired missionary from China, served faithfully at this location for many years in charge of distribution. In 1972 EMMAS and World Vision jointly opened a new large distribution centre which functioned well until 1976. In 1972, Dr. Douglas Harper joined the Board of EMMAS and under his leadership, the Medical Group Mission (MGM) program flourished and a whole new distribution centre was opened in Mississauga. More about this later.

It is no exaggeration to say that over the past 60 years, EMMAS has shipped millions of dollars worth of equipment, hospital supplies and medications to scores of countries. Hundreds of small packages have been sent through the mail. Large shipments have also been sent—in 1976, 97 tea chests of equipment were sent to St. Lucia, with a value of \$35,587. In 1975 a 66-passenger bus was shipped to the Dominican Republic. The same year, a bus was sent to Greece. In 1995, two containers were sent to Cuba, valued at \$200,000. Later that year, a container valued at \$750,000 was shipped to Cuba jointly by EMAS and MAP Canada. Individual participating physicians and surgeons have purchased special items and left these with overseas colleagues trained in their use.

Unfortunately, there are no detailed records of all that has been sent over the past 60 years. We can, however, say with confidence that this program, which was the original focus of the founders, has been profoundly successful.



The Forerunners

The original Board also had three significant members not yet mentioned—Dr. Ken Fenton, father of Dr. Jim Fenton of Saskatoon, Dr. William Flatt, gynecologist and Mr. Andrew Glenny, the first Treasurer.

In 1958, Dr. Flatt became President of EMMAS and some new visions and directions began to take shape. World travel had been revolutionized by the airplane. Travel overseas was measured in hours, not days or weeks. So why not send medical personnel for short terms—say two weeks—to teach and update local physicians and nurses? Dr. Nelles Silverthorne was sent on such a mission in 1958, to the Hospital of the Voice of the Andes, in Quito, Ecuador. His visit was a great success. So EMMAS embarked on a program of Short-Term Missions, at first with individual physicians who visited Angola, Congo, India, Honduras, Hong Kong, Tanzania, Mexico and Nigeria. From these first few pioneers, a long line of physicians, surgeons, nurses and allied healthcare workers has followed to scores of countries around the globe. They number in the thousands.

Medical Group Missions

To complement its two already successful programs, another opportunity arose in the late 1960's. With very little discussion, the Board seized the challenge.

In 1967, Canada's Centennial year, the Southern Californian Chapter of the Christian Medical Society in the U.S. began to organize medical-dental groups to work for short periods in needy parts of Mexico, adjacent to the California border. They called these Medical Group Missions or MGMs.

Soon they began to appeal for volunteers beyond their state. The first Canadian physician to respond was Dr. A. E. Theissen of Calgary, in June 1967. The MGM program was soon taken under the wing of the National US-CMS and a period of rapid expansion began. The first MGM to the Dominican Republic took place in 1968. As more Canadians wished to participate in this program, EMMAS agreed to direct Canadian involvement, to facilitate travel arrangements, receipts, etc.

Dr. Douglas Harper and his wife Lois, became very involved in this program. Dr. Harper went on his first MGM in 1969, to Honduras for one week. This was to be the first of many trips to several countries over the next 25 years. In 1972,

Dr. Harper, now a member of the Board of EMMAS, was appointed Director of the MGM program. For the next 20 years, Doug and Lois provided outstanding leadership. However, in 1993, Medical Group Missions decided to discontinue their ties with CMS/US and EMAS and became a separate organization (Medical Ministry International). As to MGM participants, in 1973, they numbered 56; in 1978, 91; in 1982, 101; in 1985, 205 and in 1987, 256. This level continued into 1992. As a result, in the 25 years between 1967 and 1992, several thousands of Canadian healthcare workers served through Medical Group Missions.

And this is not all! Dr. Harper, being an ophthalmologist, was particularly interested in this field. The need for glasses in developing countries was overwhelming. How could this need be met? By collecting used glasses of course! So EMMAS developed plastic bins which were placed in physicians' offices, hospitals, and pharmacies across Toronto and Southern Ontario. There were hundreds of sites. Before long, used glasses began to pour into the EMMAS office. When there was no more space, they spilled over into the Harper's garage and home. When this space was filled a warehouse was rented. Soon this was crowded not only with used glasses but with medical supplies and equipment being used not only for MGM missions but often for other phases of EMMAS work.

Sorting and collating glasses became a huge problem. A veritable army of volunteers was organized to work in the warehouse, first to sort out glasses which could not be used. Then the prescription of each pair had to be identified, using a lensometer, which in 13 seconds gave a printout of the reading.

The prescription was attached to the case and the glasses were placed in boxes, each one containing glasses with more or less identical prescriptions. These boxes, when filled, went with each team, so suitable glasses could be dispensed after each patient was examined. On each Eye Mission, several thousand pairs of glasses were dispensed and many eye surgeries were performed.

In 1993, as the program was passed on to another group, the last MGM was undertaken and the warehouse was closed. Not too long after this, Dr. Harper went to be with the Lord. What a legacy he left behind!



Student Elective Program

The Board of EMMAS was well aware of the need for medical missionaries and wondered how they might help in this area. Perhaps if medical students were exposed to real, live, medical missionaries at their place of work, they would catch the vision and would understand better how to prepare themselves for overseas assignments. Thus the idea of sending and subsidizing medical students to spend time at mission hospitals, during their elective period, was conceived. In 1971, the Student Elective Program was born. Students traveled to every corner of the globe—to many countries in Africa, South and Central America, to India, Pakistan and Nepal, to Papua New Guinea and Thailand.

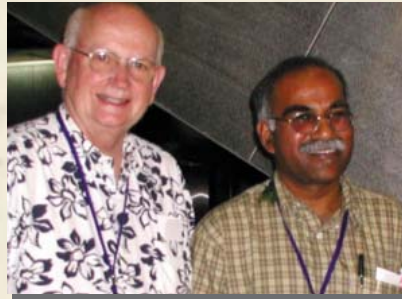


The program started slowly but soon gathered momentum. In 1980, 21 medical students were given financial assistance to serve their elective periods overseas. In Africa, they went to Cameroon, Kenya, Liberia, Nigeria, Zaïre, Tanzania and Zambia. In Asia, they worked in Nepal, India, and Hong Kong. Five students learned a great deal while working in Haiti and St. Lucia in the West Indies. That year, students were sponsored from seven universities across Canada. Between 1982 and 1992, 148 students were sponsored and were subsidized.

Dr. Nancy Houser Wood was the first student to be sponsored. She spent three months at Mengo Hospital in Kampala, Uganda under the watchful eye of Dr. Donald Gibson. After two years, she returned to Africa for a second elective, and when this was finished, she could not find a valid reason for saying "No" to God's leading to return there to work full-time. She, and her surgeon husband, Dr. Philip Wood, are still active in a hospital in the Democratic Republic of the Congo. Many similar stories could be told. Since 1993, the Student Elective Program has been funded and administered by CMDS, as it was felt that local CMDS Chapters had much more direct contact with students and could more effectively evaluate, encourage and give support in various ways.

Doctor to Doctor Program

In response to the need by full time missionary doctors to take furlough for educational and personal reasons, in the 1980's EMAS set up the Doctor to Doctor program. This allowed Canadian physicians to do overseas locums for up to one year. This has evolved and is now called the Individual Short Term Mission Program (as opposed to Team Short Term Missions). Several Canadian physicians, sponsored by EMAS, travel each year to assist or replace their colleagues for periods of up to 12 months.



As a result, in 1988, seminars were held at six new health centres and at three of the four health centres visited in 1987. The team found that substantial progress had been made in the three hospitals where seminars had previously been conducted. Organizational charts, job descriptions and centralized budgets had been developed.

In 1989, a proposal was drawn up for a comprehensive training program for health personnel working in non-governmental organizations in East Africa. The proposal was received enthusiastically in Uganda, and so in 1993, a course in health administration was given to 30 participants in Kampala. Dr. Eki Kikule, a Ugandan physician, was the first coordinator. Subsequently, there were two further courses. The graduates totalled 90.

However, in 1997, the leadership of this program informed the Board of EMAS that they wished to function independently as the Canadian Christian Medical Institute.



Administrative Assistance Program

In 1985–86, EMAS began to examine new ways of strengthening the African NGOs running church-related healthcare facilities who, at that time, provided between 40% and 60% of the available health services. It was evident that administrative skills needed upgrading, and so EMAS decided to develop a pilot training program in East Africa, for management assistance and personnel training.

In 1987, a team led by Dr. Carl Garry conducted organizational development seminars at four NGO health centres in East Africa. All the participants indicated that they found these seminars very helpful and requested additional and more comprehensive training in health administration.



Finances

When we come to the area of finance, two observations can immediately be made. Firstly, God has graciously provided for the financial needs of the Society year by year over the past 60 years. EMAS has never run into debt nor suffered any kind of financial crisis. To God be the glory!

Secondly, from a very small beginning there has been a steady increase in income, despite a few ups and downs along the way. No financial statements for the first 20 years are available. However we do know that practically all the work in the warehouse as well as secretarial work was contributed by volunteers. Expenses were minimal and covered largely by contributions from the Board members.

However in 1967, the total income was recorded as \$3,694. 10 years later, income had reached \$77,327. The figure in 1987 was \$550,012; in 1997, \$667,517 and in 2006, \$1,355,009. These figures speak for themselves.

During these years, EMAS has transferred three important programs to other agencies—Medical Group Missions, Student Electives and Administrative Assistance. Each time a transfer occurred, there was some anxiety expressed about the future pathways and whether income would be sustained. There have been some dips, but never an unmet need, always a recovery and finally a continued upward trend.

Publicity & Publications

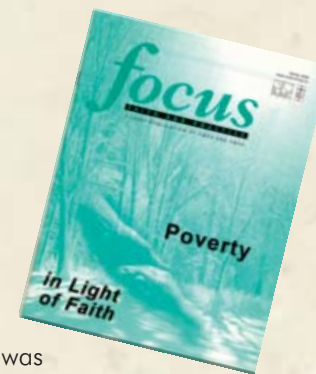
Before examining more recent and current EMAS programs, some other past activities of EMAS are worthy of mention. In the 1980's and 90's, EMAS and CMDS developed two portable booths which were used at various medical and dental conventions. Dr. Peter Thompson, who was then a CMDS staff member, was largely responsible for developing this outreach and manning the booth. Also, Miss Isobel Scott, a long-time Board member, was very helpful in manning the booth. In addition to national, provincial and local conventions, the booth was used at the World Congress of Family Physicians and at the Ontario Science Centre. Many contacts were made by both Societies through the use of the booths.



Another important ministry of EMAS is publications. In the 1970's, EMMAS saw the need for a newsletter, particularly highlighting current overseas needs and opportunities. The newsletter was titled EMMASSARY and was produced

about three times a year. At this time, CMDS Canada did not exist as a distinct entity, but individual Canadian members received the American CMS Journal.

After CMDS Canada was formed, the President, Dr. Jim Fenton, had the vision of a distinctly Canadian magazine, and so in May 1980, the Board of CMDS Canada decided to launch a new magazine called "FOCUS". Bob Stephens was then President of EMMAS and a member of the CMDS Board and he accepted the editorship of the new Journal "which will be the organ of CMDS and EMMASSARY will be one of the sections in it." Costs were to be shared by both Societies according to the proportions used by them. The first issue appeared in September 1980 and was circulated to 1,300 on the mailing list of CMDS, then situated in Vancouver. The initial proportions of use were 70% CMDS and 30% EMMAS. This ratio remained more or less constant.



Over the ensuing years, FOCUS became a joint-publication of CMDS/EMAS. Additionally, both Societies felt the need for an organ to distribute more local and personal news to their constituents, and so EMMASSARY was reborn and SPOTLIGHT was developed by CMDS.

Special Outreach

Mention should be made of another development, the results of which will only be known in eternity. Over the years, healthcare workers from overseas have been brought to Canada by individual Canadian physicians or groups, generally for study purposes, but with the support of EMAS. Physicians, surgeons, nurses and paramedicals have come from China, Eastern Europe, Africa, Central and South America, etc. for time periods as long as a year. They have benefited not only professionally, but also spiritually from their time in Canada. Many have returned to their home countries to assume positions of leadership.

A similar endeavour involved several individual participants who, while on EMAS missions, became aware of specific needs, generally related to an individual and have been moved to address these needs, most often financially. EMAS has supported many of these individual commitments. Lives have been changed and blessed!

Administration



The first EMAS office was located at 989 Bay St. in Toronto, with Ruth Roberts as Secretary. Then, for about 20 years, it was located at

various sites, mainly the offices of Board members. In 1974, a formal office was established in the home of Marion Wright who acted as secretary and accountant. Later, the office moved to Campbellford, with the Wrights. In 1986, when Dr. Bob Stephens was appointed the first Executive Director, the office moved to Warkworth and Ellen Watson was appointed as Administrative Assistant. In 1987, a shared office arrangement was reached with CMDS. Dr. Stephens was then appointed Executive Director of CMDS and continued directing the two Societies until 1998, when he was succeeded by Dr. Wayne Elford, who served until 2005. In 2002, the office moved to Mississauga serving the two Societies until CMDS moved to Manitoba in 2007. Ellen Watson continues as EMAS Director of Administration.



Recent Developments

As has been previously noted, in the mid-1990s three important EMAS programs were handed over to other groups. However, God still had work for EMAS to do and a number of new and exciting opportunities emerged. Here are a few highlights.

The Americas & the Caribbean

Cuba

When the Russians suddenly left Cuba in 1991, the country suffered an acute shortage of hospital supplies and medications. As a result in 1992, the Medical Commission of the Cuban Council of Churches urgently requested help from EMAS. There was a rapid response by EMAS and in the next two years, four containers of medications and supplies were sent to Cuba, through the Council of Churches. Meanwhile, Health Partners International of Canada were developing a major program of aid to Cuba with assistance from CIDA. In 1993, a medical team from Canada spent two weeks of medical interchange. Since then, a teaching team has been sent to Cuba annually.



During the 1994 visit to Cuba, a small group of Christian Cuban physicians met with the Team leaders who suggested the possibility of a Conference of Christian Healthcare Workers. The first national Conference was held in 1995. This proved to be a great success and blessing so annual conferences became a feature of the work in Cuba. Cuban Christian medical workers from all parts of the country have been able to come together to share their troubles and triumphs. The most recent conference was held in November 2006, just outside of Havana, with 130 in attendance. Dr. Marcelo Garcia is the leader of this program.

Haiti

A few miles away across the Caribbean, Dr. Pierre Plourde heads up a program in Haiti. In conjunction with St. Hilaire Faniel Bertin, EMAS assists in the financing of a feeding centre and school in Porte-Au-Prince. Plans are underway to build a medical clinic in the neighbourhood as funds become available. Land has been purchased and architects are working on the design.



Jamaica

An EMAS team, primarily focused on dental care, has worked in Kingston and St. Elizabeth, Jamaica in conjunction with partners there. Another EMAS team has been to Costa Rica.



Ecuador

Farther south in Cuanca, Ecuador, Dr. Tom Greidanus has been giving leadership to an orthopaedic surgical team, doing hip and knee replacements, correcting club feet and addressing a whole range of orthopaedic problems. National surgeons join the team for training. Alongside, a dental outreach team teaches local school

children about oral health and carries on some dental clinics. On occasion, a medical team has also worked in conjunction with the surgeons.

Africa

Angola

In Africa, EMAS has enjoyed a long and fruitful relationship with Angola. In 1985, EMMAS joined with two sister agencies to construct and equip a new paediatric wing at the strategic Kalukembe Hospital. Well-drilling was also performed and equipment was provided for a new water supply for the hospital. A hospital vehicle was also supplied.

In 1989, EMAS became a partner in the Lubango Health Sciences Project which was formed to give postgraduate teaching to Angolan Community physicians. Also at that time, a project to aid deaf children was being developed under the guidance of Dr. Filipe Matuba, an outstanding Christian leader and the only ENT specialist in Angola. In 1995, EMAS brought Dr. Matuba to Canada for further training.



In 1996, EMAS agreed to sponsor another doctor, who was brought up in Angola by missionary parents, to work in Angola as a family physician and eye surgeon. This proved to be a very satisfactory arrangement. Even though he retired in 2005, he still lives in Angola and still practices medicine.

More recently, Dr. Stephen Foster has spearheaded the development and construction of a new, modern, well-equipped hospital and teaching centre in

Lubango. EMAS has provided some of the needed equipment and supplies, and teams have been sent under the leadership of Dr. Michael Bentley-Taylor.

Other Areas

Education, both medical and theological, has been the focus of work in Nigeria in response to expressed needs by partners in that region. Requests have been received from several other areas in Africa and programs are under development.

Since Dr. Ross Willows went to Tanzania in 1965 as the first EMMAS physician from Canada, a stream of participants have gone to many countries in Africa in various capacities; and, of course, the initial gifts of equipment, in 1949, were sent to Africa. This past year, two EKG machines were sent to an AIDS clinic in Swaziland, and so the outreach continues.

Asia

China

Asia has been the major growth area for EMAS over the past 20–25 years. Growth in China has been nothing short of phenomenal.

It all began in 1986, when the Friends of China invited an EMAS team of three to visit the cities of Wenzhou and Ningbo on the east coast of China. On the basis of a positive report, the Board of EMAS authorized a team of 15 to visit these cities again in 1987. Since then, at least one team has visited hospitals in Eastern China annually—in Nanjing, Shanghai, Suzhou, Jiang Yin, Wuxi, Hangzhou, Wuhan, Changsha, etc. The emphasis in this area has been on teaching and the introduction of new technology.

In 1991, at the request of World Vision, an exploratory team visited the autonomous region of Ningxia in Northwest China. This was the beginning of an ever-enlarging outreach in this area, which now includes the adjacent provinces of Shaanxi and Gansu. Under a dynamic team leader, large teams have visited these areas at least annually to teach and conduct medical clinics. As this is a very dry area on the edge of the Gobi desert, the Living Water project has provided clean, drinking water to 10 centres. 13 hospital/clinics have also been built—nine in Ningxia, three in Shaanxi and one in Gansu. These facilities have greatly enhanced the health of the people in the area.





Despite the large Muslim presence in Asia, the work has been very fruitful as has been the support of the local Christian population. Stone monuments mark each Living Water project location; their inscription proclaiming, "God loves the world" and "Whoever drinks the water I give will never thirst."

Meanwhile, right across China on its south-western border, another program was established in 1994, in the province of Yunnan, under the leadership of a godly team leader. In this poor, remote, mountainous area, many villages have minimal healthcare, carried out by village doctors. A program, to upgrade the skills of these practitioners, has been very successful. Medical and dental clinics have provided care and teaching. Programs have also been developed to aid the deaf and the handicapped. For the past three years, a surgical team, with emphasis on plastic and orthopaedic interventions, has visited Yunnan. The surgery team was followed by a post-op team, which was followed by a rehab team, providing specialized seamless care for the patients. In 2007, the three teams were comprised of 73 participants. This approach was a new concept which has proven to be extremely effective.



Two very new developments in China must also be mentioned—A team leader recently led two groups, coming mostly from Hong Kong where EMAS has established an office, but also from Canada. The initial work was centred in two cities in Hunan Province. This was followed by clinics in factories near Hong Kong where Christian factory owners have welcomed this outreach.

Finally, just coming over the horizon, are new thrusts into Guangdong Province and into Mongolia by Dr. Stevenson So, and into Northern Russia by Dr. Bill Etzkorn.

Vietnam

Since 1996, under the energetic leadership of Dr. David Neima, new programs have been developed in Vietnam. The aims of this work include the glorification of our Lord Jesus Christ through medical service, building friendships with local doctors, providing medical aid to various Vietnamese hospitals, supporting the local church by supporting its medical outreach programs, and providing a witness to the Vietnamese community in Vancouver. On a recent trip, a portable phaco machine for cataract surgery

was donated and installed at the Nha Trang Hospital. Dr. Neima then trained local surgeons in its use. In 2006, the team totalled 47, including several from other countries. As a result, two teams were sent in 2007.

Philippines

Finally, mention should be made of the work of Dr. Hugh Parsons and his team working in the Philippines. For several years, they have been training national colleagues, focusing on ENT and ophthalmology. Patients are seen in a training setting in hospitals on several islands.



Eastern Europe

This program has been developed and nurtured by the generous hands of Drs. Arthur and Marlyce Friesen. They first visited Romania in 1995. At this initial visit, they were asked to examine a tiny five year old boy suffering from Growth Hormone deficiency. He required daily injections of hormones but none was available in Romania. The Friesens agreed to find a way to provide the hormone injections. These have been faithfully given during the past 12 years. As the boy is now a young man of 17, the tallest in his family and ready to go to University, the injections have been discontinued.

Since 1995, the Friesens have made an annual visit to Romania, sometimes with other colleagues. They have made close friendships with several Christian doctors. As well, they have participated in the annual conferences of the Romanian Christian Medical and Dental Association.

Finally in the area of Oradea, EMAS has been involved in teaching and providing textbooks, medications and supplies for several Christian clinics. Two physicians from this area have visited Canada under the auspices of EMAS.

In 1998, the Friesens made contact with the leaders of the Ukrainian Christian Medical Association who requested help. The following year, medical clinics were conducted in several centres. Similar programs were carried out annually until 2005.



In Conclusion



During the year ending September 30th, 2007, a total of 337 participants worked under the EMAS umbrella. This is a significant but cold statistic. What is of so much more importance is the love they have shown, the pain they have relieved, the sorrows they have shared and the souls that have been touched by the Holy Spirit. There is no index by which these factors can be measured.

60 years of service have come and gone. It is certain that the founders could not have ever envisioned all that has happened in these years. In his initial comments, our founder, Dr. I. H. Erb, spoke of our purpose being, "to bring some relief and assistance." This vision has been richly fulfilled. As new partnerships are formed and present increasing numbers of CME (Continuing Medical Education) opportunities, EMAS will continue to stand ready to extend its involvement.

Initially, it was directed towards medical missionaries and their patients, but the vision grew to encompass people in need around the world. I am sure that the founders never envisioned EMAS reaching out to far away places like Mongolia and Vietnam.

This brief history has dealt principally with highlights. And yes, there have been a few lowlights. In all this, we acknowledge the good hand of God upon the workers and work of EMAS. Its needs have been supplied year by year; wonderful leaders have been raised up to spearhead the work. Millions of people have been helped physically and many among these spiritually. EMAS, as its name implies, has always stood ready to proclaim the Good News of salvation to be found in Jesus Christ.

A Look Forward

So what will the next decades mean to EMAS? Firstly, we must apply the lessons from the past as we chart our future course. Historically, flexibility, the ability to adapt and a readiness to accept new challenges and opportunities have been some of the hallmarks of EMAS.

The original vision of the founders has been fulfilled. Meanwhile, new areas of opportunity have opened up and EMAS has developed programs to meet these challenges. Several new programs which EMAS developed have been passed into other hands and are still functioning today. The major programs of today may not be those of tomorrow. EMAS must continue to be flexible, adaptable and ready to meet the challenges of tomorrow.

Furthermore, in a world of rapid geopolitical change, EMAS must stand ready to extend its outreach into new geographical areas and new cultures. It must continue to be a channel "to all the world."

Finally, its directors, its staff and its team leaders and members must remain dependent on the Holy Spirit for guidance and they must always remember that EMAS is not just a helping hand medically, but supremely, a channel to demonstrate and share the love of God in Christ Jesus.

All in all, surely the Lord has made His face to shine upon EMAS and blessed it.

*Robert O. Stephens, C.M., M.D.
September 14, 2007*

EMAS Teams

Angola

Team Leader:
Dr. Michael
Bentley-Taylor

China East

Rural Team &
Urban Team

China Guangdong

Medical & Dental
Teams

China South

Surgery, Dental, Medical
and Ophthalmology
Teams.

China South

Hunan Province Team

China West

Medical Missions
Team

Congo

Team Leader:
Dr. Murray Nickel

Cuba

Team Leader:
Dr. Marcelo Garcia

Eastern Europe

Team Leader:
Dr. Art Friesen

Ecuador

Team Leader:
Dr. Tom Greidanus

Haiti

Team Leader:
Dr. Pierre Plourde

Mongolia

Team Leader:
Dr. Stevenson So

Philippines

Team Leader:
Dr. Hugh Parsons

Russia

Team Leader:
Dr. Bill Etzkorn

Vietnam

Team Leader:
Dr. David Neima

For more information on
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About the Author

Dr. Bob Stephens

has held leadership positions with both EMAS and CMDS for two decades, including serving as Executive Director of both societies in 1985. After his return from what was then the Belgian Congo, he served as Chairman of the Board of EMAS for many years.



*Robert O. Stephens, C.M., M.D.
China, 1988*

Bob, and his late wife Ruth, left Toronto in 1950 and built Nyankunde Hospital in northeastern Congo. After returning from Africa in 1960, many mission organizations referred missionaries to Bob for healthcare and training. Seeing this need, he then founded the *Missionary Health Institute* in Toronto which remains active today. Bob has also served as the Founding Chair of the Editorial Board for the newsletter of the *College of Family Physicians of Canada*. He has undertaken many mission trips to China, Cuba, Africa, the Caribbean and Eastern Europe under the auspices of EMAS. After 14 trips to China, he was granted honorary citizenship in recognition of his contribution to public health in that country.

Bob has also been on the Board of *Health Partners International*, chairing their medical committee. He developed the original *Physicians Travel Pack*, familiar to many physicians who now take them on their mission trips abroad. He was awarded membership in the *Order of Canada at Government House* on May 4th 2007 for voluntary work in healthcare.

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