MESSAGE
Vol 66 | Issue 2 | 2018

THE EV ANGELISM ISSUE
{ FEATURING JEN DEKRYGER, SOPHIE JENISTA & LUCY PEABODY }

WOMEN in MISSIONS
If it Weren’t for Women...

I’ll never forget standing with Connie Parker, our designated church historian with a perfect Sunday School attendance since 1928, as she went through our church’s membership rolls from the 1880s to 1920s.

We found at least three time periods where there were almost no men on the church rolls, except the pastor. Connie off-handedly commented, “If it weren’t for women, this church would not be here.”

The sentiment is also true in global missions.

Although the statistics are hard to track, a research study in 2005 found there were more than 4.4 million women engaged in full-time Christian work around the world, including home and foreign missions.*

From Lucy Peabody founding ABWE in 1927, to entire mission fields staffed solely by faithful, long-term, female missionaries, ABWE is well-served by hundreds of prayerful, passionate women who minister as doctors, teachers, evangelists, nurses, mobilizers, accountants, administrators, and in many other roles around the world.

This issue of Message highlights the important contributions of our female missionaries because we know firsthand that “if it weren’t for women, ABWE wouldn’t be here.”


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WHO IS THE ASSOCIATION OF BAPTISTS FOR WORLD EVANGELISM (ABWE)?
ABWE was founded in 1927 as an independent Baptist mission. We are dedicated to fulfilling the Great Commission by multiplying leaders, churches, and missions movements among every people. Currently more than 1,000 ABWE missionaries are working to advance God’s work in more than 70 countries by sharing the story of hope, building communities of faith, and serving the world with love.

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Missionary Receives Highest Honor

After 10 years of faithful service as director of Togo’s Hôpital Baptiste Biblique, ABWE nurse Annette Williams was awarded the Chevalier de Togo’s Hôpital Baptiste Biblique, ABWE nurse task. Annette was deemed one of the best-suited for the work in Togo developing a school for the blind and introducing braille. Annette served on the team that helped Kay’s dream become a reality, helping with clean up after construction and stocking the hospital. When HBB opened its doors for the first time 33 years ago, Annette began serving as a nurse. That role expanded in the 90s to include teaching at the Togo nursing school, where she continues to teach today. With a strong grasp of the culture, a knowledge of both French and the local tribal language, connections made from her many years of service of both French and the local tribal language, Annette was deemed one of the best-suited for the task. But there was still plenty of room for gaining new experience. "I learned more about the Togolese culture in the first five years of being director than I did in the last 30 years (as a nurse)," Annette laughed. "It went way beyond what my education called for." The work can be hard at times. She had to learn how to juggle understanding laws with understanding the culture and how people interact, trying to make sure everyone’s needs are met while also trying to keep the balance between those laws and the community-centered culture—two sides which many times conflict with each other.

But Annette still rejoices in being able to be a part of God’s great plan, seeing the way He is moving through the lives of the Togolese who they have had the privilege of building relationships with on a daily basis.

"But the work and ministry of a hospital is not just one person," Annette said. "It’s a team effort—a group of faithful workers steadily doing what God has called us all to do, using compassionate healthcare as a means to fulfill that calling." When You Want to Go to the Hospital

Adib* became somewhat of a fixture around Memorial Christian Hospital (MCH) during the two months he stayed there.

The 14-year-old had been brought in to care for his mother, Hridi*, who was recovering from a recent leg amputation. Homeless, mentally handicapped, and suffering a massive leg wound after being run over and left on the side of the road for days, Hridi was dropped off at the hospital by a good samaritan who found her suffering. The doctors did everything they could to save the infected leg, but when the wound became life-threatening, they made the decision to amputate.

Adib started going to an English Sunday School class with many of the missionary kids he had met at the hospital. Nathan, a doctor at the hospital, began introducing Adib to a Bangla church. Then Adib started going to an English Sunday School class with many of the missionary kids he had met at the hospital. Nathan could tell that the boy’s understanding of the truth was growing. But…

"He never accepted it for himself," Nathan said.

Hridi and Adib have since moved back to the community and began pouring back into the ministry. With Adib as well as his friends. Adib has been back to the hospital three times now, saving his money for more opportunities to share the truth.

On his last visit, Nathan said, Adib brought some friends with him. They all spent the afternoon with the kids and one of their families, opening several more opportunities to share the truth with Adib as well as his friends.

Nathan and the staff at MCH continue to pray that Adib will soon open his heart to receiving the gospel.

*names changed for security
As Catherine stepped out of the bookstore in the town center one afternoon, she heard a familiar voice calling her name from down the street. She smiled as she turned around.

“Dominick!”

Catherine, an ABWE missionary to Ireland, and Dominick had been classmates last year in the drama course at Kinsale College and had met up several times, even after the course concluded last spring.

He was just getting off work when they crossed paths that particular afternoon, and asked if Catherine had time to go for a coffee. They went to the closest café, both ordered a capuccino and sat down for a chat.

Dominick had paperwork in hand concerning a traffic violation he received from talking on his cell phone while driving. He was not happy and expressed his frustration, which then prompted Catherine to ask him questions about right and wrong: “Does right and wrong exist?” “If they do, who decides what is right and what is wrong?”

As he shared his thoughts, Catherine continued to question him further, prompting Dominick to dig deeper to find a response. She was trying to help him sort through his own knowledge and understanding of what he believed.

Even he admitted that some of the natural conclusions drawn from his thoughts were a bit ridiculous. But the discussion continued, covering many topics, from where human life came from to what happens after we die.

Never once did Catherine tell Dominick that the conversation had been like therapy. “A [profound] conversation,” he exclaimed, to which Catherine laughed.

“It was a great opportunity,” she wrote later, “and I thanked God for this unscheduled coffee break in my day. I am grateful for your prayers as I deepen my friendships with the people in the community.”

Not itemizing?

While the standard tax deduction has nearly doubled, there may be a way to lower your taxable income without itemizing...All while giving toward missions.

HOW IT WORKS

If you are 70 ½ or older and have a traditional IRA, you are required to make withdrawals from your account. These withdrawals are subject to income tax. But, if you choose to have an IRA withdrawal sent to ABWE for the support of missions, funds up to $100,000 per year are not taxable.

When you express your generosity through a Charitable IRA Rollover gift:

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The information is not intended as legal or tax advice. For such advice, please consult an attorney or tax advisor. References to income taxes include federal taxes only. State income taxes may apply.
Q: How did God first call you to missions?
J&M: Both of our families centered our lives around church, and during our junior high school years, we both attended Bethany Baptist Camp in Mayville, New York. It was at this camp, at separate times, that the Lord placed a burden on us to serve as missionaries. We both entered nursing school upon graduation and began preparing for a career as medical missionaries. We were married five days after graduating from nursing school.

Q: What moment had the biggest impact on your ministry?
J&M: We’ve seen God work through people and events in remarkable ways. One example is when we purchased a five-acre piece of property in 2002 for our new church plant in Columbus, Ohio. We made an offer on a piece of property for a new church building, and it was accepted. But then we were given 10 days to pay the $29,000 down payment and we only had one Sunday to raise the funds. Twenty-four of our 27 members gave $54,000 the Sunday we took an offering. It was wonderful to see the Lord provide this way, but we now faced a new problem: we owed $213,000 on the new property, and we had very few resources.

We began to pray as a church that the Lord would continue to show Himself mightily, and the following week we received a phone call from a local builder. He had been given a residential lot in a new development where he had been trying to sell for two years. He didn’t want to pay taxes on it anymore and wanted to give the deed to the church. We sold that lot in one week for $140,000.

The next week, John and the church leadership prayed for the Lord to provide the funds to pay off the remainder of the debt. Just as they finished praying, the phone rang. The caller introduced himself as a local businessman who heard that the church had recently purchased some property. He had just sold one of his businesses and wanted to give some money to the church.

He didn’t know how much money the church owed ($73,000) when he stated that a check in the amount of $83,000 was at the bank, addressed to the church.

Q: What is your favorite memory from the field?
J&M: Our three children were involved in the weekly Bible studies Michele led in the hospital family center in Togo. We watched them grow spiritually through that, and John was able to baptize each of them in the African church plant where we served.

Q: What is the best part of being a missionary?
J&M: The best part of being a missionary is the adventure of faith. It is a privilege to be used by God to transform people’s lives and participate in the building of His church.

Q: What advice would you give to a new missionary or someone considering missions?
J&M: Stepping outside of one’s culture, comfort zone, and support systems creates a unique opportunity to experience God’s grace and provision, and we are instructed in scripture to walk by faith and not by sight (2 Corinthians 5:7). The Lord often places you in circumstances where you don’t know where you are going, with very few resources to get there—even if you knew the destination (Hebrews 11:8). This can create a test of faith and cause you to question your call to ministry, especially if you sense that you’ve failed. But God uses failure to accomplish great things for His glory: Remain faithful, be flexible, and don’t give up.

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1983
Attended ABWE’s candidate class

1986
Departed for language school

1987
Arrived in Togo, West Africa

1992
Church plant started in Columbus, OH

1995
Transferred to ABWE North America
John completes Master of Theology

1996
Michele completes Master of Science in Nursing
Certified Family Nurse Practitioner (CFNP)

2005
Michele joins International Healthcare Ministries (IHM)
John begins work with ABWE’s training division

2006
Michele completes Doctor of Nursing Practice
Certified Gerontological Nurse Practitioner (CGNP)

2013
John completes PhD in Intercultural Studies
Training national pastors

2015
Michele completes Doctor of Nursing Practice
Certified Gerontological Nurse Practitioner (CGNP)
Don’t waste your grief.

Sometimes the aroma of something is not evident until it’s been crushed or broken.

Jennifer Dekryger
The Facebook announcement was startling. Especially for those who knew Todd DeKryger.

“Our chief of staff and surgeon at the Hospital of Hope needs your prayers. Todd has been hospitalized and his infections do not seem to be responding to medical treatment.”

Within minutes, the post was flooded with comments as people began to pray.

Later that day, Todd’s wife, Jennifer, shared a hopeful response to the hundreds who had rallied around the world to support her family:

“God has been answering [your prayers], and we believe Todd is now heading in the right direction,” she wrote. An exploratory surgery had revealed no infection or other issues and Todd’s labs and appearance had shown some improvement. His high fever was lower, and the abdominal pain and nausea had subsided, but “Todd is still very ill and has a long way to go,” Jennifer continued. “We need God to continue to restore his body.”

Three days later, however, Todd’s condition relapsed. After several frightening episodes following the exploratory surgery, it was decided that Todd should be evacuated from where he was serving as a medical missionary in Togo, West Africa, to a medical facility in Cologne, Germany.

Enroute, the extremely rough roads of Togo pushed the ambulance to its limits, and eventually it had to be pulled by a semi-truck. Still, Todd tolerated the difficult voyage and was met by a medical team who placed him on a ventilator in order to make him more comfortable for his journey. He was awake and able to follow orders as he was loaded on the jet, and conscious enough to say goodbye to each of his four sons.

Back at the Hospital of Hope the DeKryger’s faithful missionary team prayed desperately for a miracle for their beloved surgeon.

But on February 26, 2016, just 13 days after the initial onset of the infection, the devastating news came.

“Todd is in the arms of his Savior.”
He died shortly after arriving at the hospital in Cologne. He was 46 years old.
Standing on the runway, God brought Psalm 9:9-10 to Jennifer’s mind.

The LORD is a stronghold for the oppressed, a stronghold in times of trouble. And those who know your name put their trust in you, for you, O LORD, have not forsaken those who seek you.

As Jennifer watched her husband of nearly 20 years being loaded into the medical jet, she continued to plead for a miracle. But deep in her heart, she sensed the end was near.

“In that moment, I felt forsaken.”

FROM DUST TO DUST

It had been 12 years since the Dekrygers followed God’s calling and left to establish their medical ministry in the harsh, rural region of Mango, Togo, West Africa. They started in the south, at Hôpital Baptiste Biblique, before moving north in 2013. Out of a barren and dusty field, they joined a team in praying, fundraising, and supervising the building of a 40-bed facility, which saw approximately 18,000 patient’s the year it opened.

Exactly one year after the center opened, Todd—who had dedicated so much to the opening of the ministry where he longed to serve the people of West Africa—was gone.

“Todd had accomplished all that God had for him on this earth,” she would say later. But in that moment, questions and doubt burned in Jennifer’s mind.

Why would God take away her husband, and the father to their four boys?

How could this be God’s desire, after everything that they had accomplished through the ministry of the Hospital of Hope?

Several days later the doctors discovered Todd died from a West African virus called Lassa fever, which he had contracted from one of his surgical patients.

Lassa is spread through direct contact with the blood or other bodily fluids of an infected human or animal, and affects several major body organs, including the liver, spleen, and kidneys. While the majority of those infected with Lassa never display symptoms, “1 in 5 infections result in severe disease,” reports the World Health Organization.

In cases where symptoms do occur, they often mimic other diseases like Ebola, malaria, typhoid, or yellow fever, making the virus easily misdiagnosed. Victims may suffer a headache, sore throat, cough, muscle and abdominal pain, nausea and vomiting, and diarrhea. Severe cases can cause facial swelling, fluid in the lung cavity, low blood pressure, and bleeding from the mouth.

Because the symptoms are so vague, Lassa is often difficult to catch and treat early in its course. By the time the fast-moving disease is caught, it can be too late. Death occurs within 14 days of the onset in fatal cases.

The discovery of Lassa in the country of Togo was a surprise, but identifying the disease would later save the life of another infected missionary nurse, who was able to evacuate to the United States for immediate treatment at a hospital in Atlanta after falling ill.

GOD’S PROMISES IN GERMANY

As the medical plane carrying her fading husband away from their home in Togo lifted off, Jennifer wrestled with an immense pain rising in her chest.

The words of a familiar Psalm came to mind—one of the many her family had memorized and held close to their hearts—and she cried out to God, reminding Him of His promise to her.

“For you, O Lord, have not forsaken those who seek you.”
NEVER ALONE

And behold, I am with you always, to the end of the age.”
[Matt. 28:20]
It’s a promise that Jennifer clings to as she strives every day to faithfully carry out the ministry God called her and her husband to now 14 years ago, when they first committed their lives to go and reach all of the nations with the gospel.

God had been faithfully preparing the DeKrygers for this journey by drawing them closer to full reliance on Him through His Word, Jen reflects.

In a ministry as exhausting as their medical ministry, and in living conditions as harsh as those of Mango, Togo, Todd and Jennifer knew that they were helpless to successfully minister without the constant flow of God’s Word into their hearts and minds. That is why they made scripture memorization part of their family’s daily routine.

“God’s Word speaks so often of our life being a battle,” she said. “Satan knows the name of Christ is being proclaimed and that medical ministry is a door for that to happen. And he wants to destroy it.

“If we’re not on the offensive with prayer and intimate time with our Savior every day we can’t make it. We can’t survive.”

Even their sons learned the importance of keeping the Word close to them from a very young age. They joined their parents every morning, scrawling passages that highlighted the promises and the faithfulness of God on index cards.

And at their greatest point of sorrow, surrounded by questions of why or how this could possibly be God’s plan for their family, Jennifer said that she and her boys had a choice to make.

“Were we going to cling to these truths we had memorized, and spoken into the lives of our West African friends for years?” she asked. “Or were we going to doubt the faithfulness of God, and wallow in self-pity?”

Now was the time to show that they truly believed the message they were teaching.

“We had to choose to trust.”

“His promises didn’t feel true,” she admits. “But, despite my feelings, the Spirit was wooing me to trust... To trust that in all this, God was working out a greater plan.”
Of course, moving forward after Todd’s death was not as simple as waking up one morning and deciding eagerly to continue ministering in a foreign country.

“I had physical pain because the grief was so extreme,” Jennifer said. But in the midst of the pain, Jennifer found therapy for her grieving soul and the strength to press on, as she shared the truth of the gospel with the patients who walked through the hospital’s doors.

After Todd’s homegoing, Jennifer chose to devote herself full-time to the chaplaincy ministry at the hospital. “When God called Todd to glory, I knew that (chaplaincy) was the role I needed to be more deeply involved in,” she said. In support, the missionary team at the hospital quickly stepped in to take over her previous roles, so she could follow that call.

With the exception of herself and two others, the chaplaincy team is made up entirely of West Africans who came to saving faith out of the predominant religion of the region, through the ministry of the team of missionaries in Mango.

Before Jennifer and the chaplaincy team begin their rounds, they spend over an hour filling their own hearts with the same truth they are preparing to share with the patients, through studying Scripture and time in prayer. Then, after the doctors have seen the patients, the team follows in their wake, reaching out to each patient, connecting with them, learning about their lives and their families, and they spend time praying for and sharing the message of the gospel with each patient. Jennifer said most of the patients accept prayer from the hospital chaplains. They comprehend the importance of prayer and know Jennifer and the team are going to be praying with them in the name of Jesus. Patients value prayer, and most are thrilled that someone is willing to pray with them.

“All the way from the hospital and I sit next to a bed and look into the faces of these sweet women, I think ‘this is amazing… to open the Word of God and speak truth into the lives of West Africans, many of whom have never heard the name of Jesus, and to see them respond to the Word.’”

ALL FOR THE KINGDOM
Looking back, Jennifer remembers a night a month before Todd died, when he sat down with their boys after the news had reached them of a terrorist attack in a town 250 miles from their own. Thirty people had been killed. That night Todd told the boys plainly, “That could be us (one day)... And we can be okay with that.”

“At that point,” she said, “my mother’s heart was thinking that maybe Todd should stop talking. But today I’m so very grateful that Todd shared those words with our boys.”

This is the realistic, biblical view of missions—that Christ is worthy of the cost. And that those who obey the call, who sacrifice worldly comforts to invest in the Kingdom work and in the advancement of the gospel, will face trials. Some may even die.

“It is the realistic, biblical view of missions—that Christ is worthy of the cost. And that those who obey the call, who sacrifice worldly comforts to invest in the Kingdom work and in the advancement of the gospel, will face trials. Some may even die.”
What began as a house church with only a handful of members has grown to more than 75 people. The church held its first baptism—welcoming over 40 new believers—this past April.

This is just one example of the tremendous way this “God-sized ministry” is shining light into the darkness of Togo.

The legacy that Todd left behind was that of a “life restorer in a country that others have neglected,” a pastor of one the DeKryger’s supporting church said. In his year of service at the hospital, Todd was often the only surgeon, working on-call 24/7 for weeks on end. He also managed the hospital and the outpatient clinic. It was a trying and exhausting task, but Todd never failed to pour the love of Christ into everyone he interacted with.

Today, you can find Jennifer and her boys faithfully carrying on that mission; Jennifer praying and ministering at a patient’s bedside, and her boys serving in various areas of the hospital.

Before returning to the States in August to start college, Jennifer’s oldest, William, worked in the operating room, where he once worked alongside his father. Grant, Jennifer’s second oldest, continues to help in the lab. Her two youngest boys, Luke and Drew, help out in the pharmacy.

In addition to her chaplaincy ministry, Jennifer also leads a Bible study in a local prison—teaching the gospel to inmates chronologically using an evangelism resource called The Story of Hope. And every Friday morning, she makes the 45-minute motorcycle ride with a group to the house church started by Todd’s former patients to help with their village ministry.

When Jennifer is asked what motivates her and her boys to remain in Togo, she points to the many doors of ministry God has opened for her to walk through. Even Todd’s death, she said, has sparked new opportunities for her to share the gospel in ways and with people she wouldn’t have been able to before—like the husband of a dear friend, an imam who was close with Todd, who now comes to sit and talk with Jennifer when she visits his wife.

“It’s all the more reason why we have chosen to remain in Togo,” she said. “Even though it’s hard, and obviously there are days when our grief is severe. It would be wrong not to use this as a platform to speak the truth.”

“I don’t want to waste my grief. Years from now, I want to look back and see that my grief accomplished [lasting] things for the Eternal Kingdom.”

Our hospital opens many doors,” Jennifer said. “We lived here for several years before [it] was open, and established some good relationships. But nothing has opened doors for truth to be spoken like the medical platform of the Hospital of Hope.”

The Hospital of Hope has created in-roads to share the gospel with the community and has resulted in the formation of 12 informal church gatherings.

PHOTO: The Hospital of Hope has created in-roads to share the gospel with the community and has resulted in the formation of 12 informal church gatherings.
Sophie was 77 when she first went to prison. Eighteen years later, “Nanay” (or “Mommy”) Sophie Jenista’s thriving prison ministry speaks truth and hope into the lives of many hurting female inmates of the Manila Correctional Institute for Women (CIW) in Mandaluyong, Philippines.

The prisoners at CIW are not being held here for petty charges—these women face long sentences for murder, drug dealing, embezzlement, and other serious offenses. In the compound they must face the demons from their past and resist the temptation to return to old ways of life.

Over the years, Sophie’s affectionate care for her prison “daughters” has allowed her to establish a strong foundation for the spread of the gospel within the prison’s walls. Within two years of starting her prison ministry, at least a third of the inmates were attending her Tuesday Bible studies, where the gospel was faithfully and clearly taught every week.

A church was also formed out of the women who came to saving faith through Sophie’s teaching. The newfound believers shared the gospel with their fellow inmates in the dorms, in the cafeteria, in the courtyard, and even from their own bunks.

Because Sophie and her ministry partner, a Filipina named Deb Anat, were known for keeping order among the rowdiest inmates at their gatherings, the two women were always welcome to minister at the prison. While other religious groups who came to visit the inmates were given time restrictions, the directress allowed Sophie all the time she needed to love on her CIW “daughters”.

For Sophie, the call to missions was a natural one. She learned the importance of evangelism at a very young age through the examples of her parents. Her father, Benno Gerdes, was a soldier and a machinist, and devout follower of Christ. Benno moved his family from Germany to the United States to pursue religious freedom, after his attempts to share the gospel to his German coworkers only resulted in threats towards his family.

His ministry-minded heart thrived in the freedom that coming to America brought. “He loved to pass out salvation tracts and share the gospel with anyone he could,” Sophie remembers.

Not only did her parents clearly exemplify the life of a missionary for Sophie, she said, but she and her siblings also learned to share the gospel through the “High School Born Againers Club” which often met in their home. It was only natural, Sophie said, that most—if not all—of the Gerdes children would become missionaries.

And five of the six did go into full-time missions. The sixth sibling is also involved in ministry.

“Fif God wants one of your children to be a missionary, would you let them?”

Benno Gerdes looked at the Child Evangelist teacher and smiled.

“Ma’am,” he replied, “If God wants all of them to be missionaries, He can have all of them.” — Benno Gerdes, Sophie’s Father —
Sophie’s first field of service would be in Mexico, as a young adult. After she met and married her late husband, Frank, the two joined ABWE in 1948 as missionaries to China. They served in China for about a year before political unrest forced them to flee.

It was as Frank and Sophie were living in tents as refugees on the beach of Hong Kong, fervently seeking guidance in where to go from there, that God revealed their next assignment.

“He led us to the Philippines, where ABWE was thriving.”

Sophie and Frank left for the Philippines in 1950, where they taught at Doane Baptist Bible Institute, ministering primarily through tent campaigns with the goal of planting churches. It was challenging work, Sophie said. Frank was often gone for several months every year, many times working in dangerous places where he faced those who intended to hurt or kill him. Sophie worked from home, ministering to the community while also raising and teaching their five children.

But through their faithful work, many lives were transformed. The churches that were planted through their ministry continue to thrive in the Philippines today. And Sophie rejoices in the fact that many who despised and threatened Frank and his work have since come to Christ.

After the children were all grown, an opportunity arose for Frank and Sophie to teach at another Bible school in Sydney, Australia. From there, God then led them to a church plant, and then on to a Bible school in Papua New Guinea. It was here, in 1984, that God suddenly called Frank home.

Following her husband’s homegoing, Sophie determined to dedicate the rest of her life to continuing to serve God through missions.

“I changed my focus to be a teacher and encourager,” she said.

She spent her time traveling to various ABWE and Philippine missionaries, teaching seminars on finding freedom in Christ to youth groups and churches. Through that Sophie continued to make an impact in lives.

“I recently received a call from a woman who attended one of [those] seminars 40 years ago, thanking God for rescuing her,” she said. This was only one of several she has received over the years.

God had called Sophie back to the Philippines to do more than just teach seminars, however. In 2000, He led Sophie to the women at CIW.

Now in her late 90s, Sophie is considered a retired missionary. But her prison ministry continues to be a full-time investment.

“In her late 90’s, Sophie is considered a retired missionary. But her prison ministry continues to be a full-time investment.”

Sophie’s children often speak of the spiritual heritage they received from their parents’ faithfulness. “She loved the lyrics to Find Us Faithful,” said daughter Ruth Pettitt, “especially the line, ‘May all who come behind us find us faithful.’ To this day, that’s what she is. Faithful.”

“Throughout her life journey and missionary ministry, Sophie has trusted the faithfulness of God and exhibited flexibility to obediently follow wherever He redeployed her,” said Kent Craig, Executive Director for the Asia Pacific and East Asia. “Being able to navigate the twists and turns over 70 years of service with ABWE has enabled her to reach many milestones for the glory of the Lord.”

LEARN MORE about how you can answer God’s call on your life at www.abwe.com/go
Meet ABWE’s First President: Lucy Peabody

Best known as the co-founder of ABWE, Lucy Peabody was an influential leader in the women’s missions movement, raising more than $125 millions (in today’s dollars) for missions and women’s education through her speaking, writing, and fundraising efforts in the early 1900s.

February 20, 1919

World Day of Prayer

Lucy serves as an influential leader in unifying the “World Day of Prayer” on February 20, 1919. The following year, thousands of women participate and donations fund Christian colleges for women in Asia, as well as biblical literature for women and children around the world.

March 2, 1861

Lucy Whitehead McGill was born in Belmont, Kansas.

1890’s

Lucy meets Helen Montgomery, the first woman to translate a modern-speech translation of the New Testament and the first woman to head a major religious denomination in US.

1881

Marries Norman Waterbury

November 1913–March 1914

World Tour

Lucy, Helen, and their daughters, spend 5 months touring 9 countries to examine the needs of women around the world. The trip confirms a desire in them to invest in providing women in the Far East access to a Biblical education.

1910

The Golden Jubilee

Organized by Lucy and Helen, The Golden Jubilee raised greater awareness of the women’s missions movement, unified women nationally, and raised $1,030,000 (over $27 million in today’s dollars) for missions. It has been called one of the most influential, but forgotten movements in the history of Baptist missions.

1919

1920 –1923

Lucy’s efforts raise enough funds to establish seven Bible Colleges for women in Asia.

$3.6 million

total raised through two fundraising campaigns (about $98 million today)

1927

Lucy and a few friends begin ABEO from the porch of her home, and pledge to support Raphael Thomas, a medical missionary to the Philippines.

$125 million

total was raised by Lucy to fund missions and women’s education. All while uniting women across the world to accomplish things previously thought unachievable by women.

Feb 26, 1949

Dies in Danvers, Massachusetts.

1927-1934

Lucy publishes Message magazine and serves as president of ABEO until 1934. The magazine continues to be printed today.

Through Lucy’s fundraising: “the foundations of education for women in China were laid. The three Bible colleges in India, and the one in Japan, grew to become great institutions of learning.”

1980’s

Lucy meets Helen Montgomery, the first woman to translate a modern-speech translation of the New Testament and the first woman to head a major religious denomination in US.

1981

Marries Norman Waterbury

November 1913–March 1914

World Tour

Lucy, Helen, and their daughters, spend 5 months touring 9 countries to examine the needs of woman around the world. The trip confirms a desire in them to invest in providing women in the Far East access to a Biblical education.

1927

Lucy and a few friends begin ABEO from the porch of her home, and pledge to support Raphael Thomas, a medical missionary to the Philippines.

1927-1934

Lucy publishes Message magazine and serves as president of ABEO until 1934. The magazine continues to be printed today.

“ You have been the leader [of the Central Committee on the United Study on Foreign Missions] in a marked and substantial (way). It is with much pleasure I think of the many years I’ve known you.” — John D. Rockefeller, in a letter to Lucy Peabody in 1929
I nearly fainted when he walked into the church that Easter Sunday, in the middle of my sharing the story of God’s Easter grace. It was the first time I had seen Daniel’s father since the child’s death.

The suffering and death of the sweet baby, while we were in the US for our son and daughter-in-law’s wedding, was truly one of the most painful and difficult trials I have endured in our entire three decades of ministry. We had had custody of precious Daniel in our family and home for over a year. His mother, my friend, died giving this little boy life. I had loved her, and him, dearly.

His family allowed Daniel to suffer dehydration and starvation. We begged his father and stepmom to release him to a Christian home so he could be loved and nurtured, knowing they did not care for him or take him for medical treatment when he was sick. But the tribal fighting that rules in Kenemaro kept him as a male child bound to his clan, and his father refused to let him go. Half a world away, I had no idea that Daniel’s life was being snuffed out. When I heard the news, I was devastated. My precious child was wasted, for naught.

But God was working out a plan that was unthinkable to me. After Daniel’s death, his sisters began to come to our church. They were hurting. Daniel was the gift their mommy left them when she died. But they were too young to protect and care for Daniel when he was so very sick. Losing Daniel was like losing their mommy all over again.

Then their stepmom began coming with them. She sat eagerly fascinated with God’s Word being taught in my Sunday School class.

Honestly, I had to ask God to help me hug her each week. It was hard to love her—she had let my baby die.

But I could see open doors of love beginning to penetrate this family. And when Daniel’s father came to church that Sunday, I began to fully understand the grace God had for these people. He graciously transferred into my angry heart His own love for this man, who abused my friend, Daniel’s mother, and allowed “my” baby to suffer. He gave me the grace to embrace him, and to forgive him.

God giving us the chance to love Daniel’s family and reach out into the community that had allowed this tragedy has been extremely hard, and yet extremely effective. Through Daniel’s death, we were able to show love and grace to people who only understand. As we demonstrated a greater love within us that God also demonstrated on our behalf.

“I was the first time that I had seen Daniel’s father since the child’s death.”

By Lori Smith | Missionary in Papua New Guinea

In the late 1990s, Lori Smith discovered a new way to minister to her Papua New Guinea neighbors, by welcoming into her own home the desperately ill babies who were brought to her clinic, nursing them back to health outside of her regular clinic hours. Her selfless care had a lasting impact on the community. The doctors, nurses and staff at the local hospital...immediately responded to Lori and her patients’ needs, because they know she is the white woman who loves their babies like her own.

Over the past 23 years, Lori and her husband Bill have “adopted” a total of 39 children, successfully nursing all but a few of them back to health and returning them to loving families to continue their care. Lori has deeply loved every one of the babies she has cared for—but certain ones have captured a special place in Lori’s heart. One of these little ones was Daniel.
As complementarians, we believe men and women are equal as God’s image-bearers (Gen. 1:27). Yet we also see in Scripture that God designed us to play different, complementary roles in the home and church. (Eph. 5:21-33).

To distinguish gender roles is half of the battle. We must also champion the vital contributions of women in ministry and missions, because:

1. **Women are Critical to Church Planting**

   Paul’s ministry highlights the priority of pioneer church planting (Rom. 15:18-23). But we also need long-term workers who immerse themselves in a culture to ensure long-term discipleship.

   Titus 2:4-5 depicts mature women instructing younger women in every part of life, including marriage and home life. For Paul, a healthy church plant demands women discipling and training women and children.

   The vital roles women play in church planting—discipling, evangelizing, organizing—can’t be underestimated. Church planting demands teamwork, and those teams need women.

2. **Women can Thrive in Creative Access Contexts**

   Non-western governments tend to suspect Christian missionaries as colonizers, infiltrators, or spies. Female missionaries can often subvert these expectations, raising less suspicion.

   They also reach segments of cultures men can’t—especially in Islamic cultures where men and women congregate separately. While male missionaries reach other men, women reach women and children, while influencing men too.

3. **Women Are Uniquely Wired Towards Compassion**

   Throughout the unevangelized world, physical and spiritual poverty are intertwined—from India’s “untouchable” Dalits to the Rohingya fleeing Myanmar. Meanwhile, ministry is physically and emotionally taxing, and missionaries need encouragement. That’s why God gifted Christ’s body with an army of caring, empathic women serving overseas.

   Jennifer DeKryger, ABWE missionary and widow of Todd, who died in 2016 from Lassa fever contracted in Togo, said, “[O]ur world is telling us that we’re supposed to be just like a man. But that’s not what God intended. We have been designed, by Him, to do things that men can’t do.”

   The harvest is plentiful but the laborers few (Luke 10:2). Let us champion the countless women who witness, work, and win souls for the Lord in hard parts of the world.
Eleven Kids & Counting

Abra and Boniface Sapka live in Agou, Togo, where Boniface pastors a church and Abra ministers to the women in the community—teaching pastor’s wives, discipling women in her church, and ministering every Sunday in a village about 45 minutes away.

When asked how many children they have, they reply without hesitation, “eleven”. But only a few of those eleven are biological…

Families in the area who are unable to care for their children will sometimes bring them to local pastors, like Boniface, to be cared for. And although it’s financially stretching for Abra and her husband, the couple happily receives each child who is brought to them.

ABOUT THE MISSIONARY | Hannah Strayer, Africa

At age 21, Hannah Strayer discovered a way to combine her passion for photography with the call she felt to missions. Now, five years later, she is getting ready to serve as a multimedia missionary serving in Africa, beginning in the summer of 2019.
You may give to one missionary

ANOTHER GIFT CAN SUPPORT ALL 1,000

YOUR GIFT

• Mobilizes more short-term and long-term Great Commission workers.
• Supports new teams and initiatives resourcing our prayerful vision
• Strengthens and builds new strategic partnerships
• Trains 1,000 missionaries to serve on productive, effective, healthy teams
• Encourages missionaries by providing soul-care and long-term emotional support
• Protects all of our missionaries by supplying critical medical, legal, accounting and security expertise
• Invests strategically in the future of missions