EMASSARY
A PUBLICATION OF EMAS CANADA
DEC 2026

BELIEVING THE PROMISES OF GOD

One disciple, Mary, served Jesus from the cradle, stayed on to see Him die, and was recorded by a researcher called Luke as still going strong two months after the resurrection. There is no reason to believe she ever stopped her service.

In fact, Mary's service began nine months before the cradle when she surrendered her will to God's plan despite it raising questions about her morality.

The responsibility that goes with being mother to God's Son was no burden, instead she rejoiced at the prospect.

Mary from the earliest days of her partnership with God, believed that she was working on the side of "He who is mighty" and that the Mighty was doing remarkable things for her.

Mary had Help because she believed the promise of God. Our teams also believe the promises of God; we too have the same Help as Mary.

One of the most astounding promises is that God would provide a fountain by which people would be liberated by Him from all impediments to life with Himself. We believe this. It motivates our teams to leverage Education, Medical Aid, and Service for everyone in need, so that all can hear and believe the facts about that fountain: Mary's Son, Jesus.

We are disciples, without the added tenacity and enduring love of motherhood, but sharing a common confidence: We are on the side of He who is mighty. The Mighty is doing remarkable things for us. We are sure we are doing God's will.

Some teams are already preparing for the next mission months ahead, knowing God will come through with resources.

It is not a burden for us to do the work we do. If you read stories from our teams, you will see that we have Help, the results of your prayers, your donations, and our faith.

You can learn about our exemplar in Luke's gospel.

Dr. Peter Agwa
Executive Director.

EMAS CANADA

Please donate to THE GENERAL FUND from which the board can freely fund teams and projects that are active and in need of additional resources. It will also allow the board to consider new projects.
Donate today online:
www.emascanada.org



COMING ALONGSIDE GUTU STAFF TO HELP BABIES BREATHE

by Peter Agwa

Our 2026 Zimbabwe Gutu team serving at Gutu Mission Hospital October 18-25 included Viktoria Weisz, a Respiratory Therapist from Ontario.

Viktoria is skilled in newborn and infant emergency care.

She is enthusiastic about helping babies born with difficulties in breathing to get that urgent care needed to help them take their first breath, prevent brain damage from low blood oxygen, and achieve the ability to sustain life by breathing on their own.

Despite this being a first for her both on an EMAS Team and travel to Africa, Viktoria quickly settled in and adapted to her role facilitating and overseeing workshops on emergency airway management for newborns and infants.

About twenty qualified nurses and midwives, and sixty student nurses participated in hands-on skills lab sessions under her supervision. Over the past 5 years that our team has invested in training frontline healthcare workers in skills to reduce maternal and neonatal deaths, most facilitators have been obstetricians. Feedback was that newborn resuscitation skills were not practised enough.

This year Viktoria helped Gutu staff focus exclusively on helping babies breathe. See photo below.



THANK YOU

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RIDE FOR MYANMAR

Our Ride for Myanmar took place on October 17th, on a beautiful, crisp autumn morning filled with fresh air, cheerful faces and wonderful company. From little riders to happy walkers, everyone was bundled up, ready to enjoy the outdoors and support a good cause.

We raised $4,978.56 , which is 50 % of of our goal. If you would like to donate please donate to the Myanmar Fund.

Participants photos by Jan Kor

LOOKING BACK ON 12 YEARS WITH EMAS CANADA

by Melony Teague

Since beginning to serve with EMAS Canada in 2014 in Communications, EMAS Canada has evolved and adapted as we've faced challenges and global pandemics. Through it all, God remained faithful and those serving with EMAS continued to shine their light for the Kingdom through it all.

Looking back on the last 12 years of EMASSARY editions I've worked on, I realized that exactly 10 years ago EMAS Canada was in a phase of transition with Ellen Watson, our former office administrator retiring after over 30 years of service. The EMAS Canada office was changing location and there were changes on the board of EMAS Canada. Now, 10 years later, we are once again experiencing another season of change.

Our Strategic planning which will steer our organization into the future will begin implementing measures to help EMAS grow and adapt to better meet the needs of those we serve in His name for the next ten years and beyond.

The EMAS Office is now virtual, and our website has been revamped twice in the time I've been with EMAS Canada. Our Ride for Gutu Mission Hospital and our Walk for Myanmar didn't exist 10 years ago, and this year we celebrated the 5th Anniversary of the first Ride for Gutu Mission Hospital.

Each year, the EMAS Canada Leadership retreat around Easter time provided the valuable opportunity for me to meet with the Board, Team Leaders and my fellow staff in person. Each year, these few days would bring a renewed sense of purpose and excitement witnessing that God was still working in and through EMAS Canada.

A highlight of my time with EMAS Canada was participating in the Zimbabwe, Gutu mission in 2023 and hearing first hand the needs and concerns expressed by expectant mothers in rural Gutu District. It was a privilege to give them a voice and tell their story.

Working with Ellen (now retired), Sandy, Peter and most recently Chi has been a Joy.

Peter's leadership and mentorship has been a blessing to my husband and I. I'm grateful for the years I've been gifted with EMAS Canada and will dearly miss being a part of such a special organization.

With a grateful heart, it is now my turn to retire from my role in supporting EMAS Canada's Communications and hand over the baton to the next generation of communicators. Those who will continue to tell EMAS' story to the world.

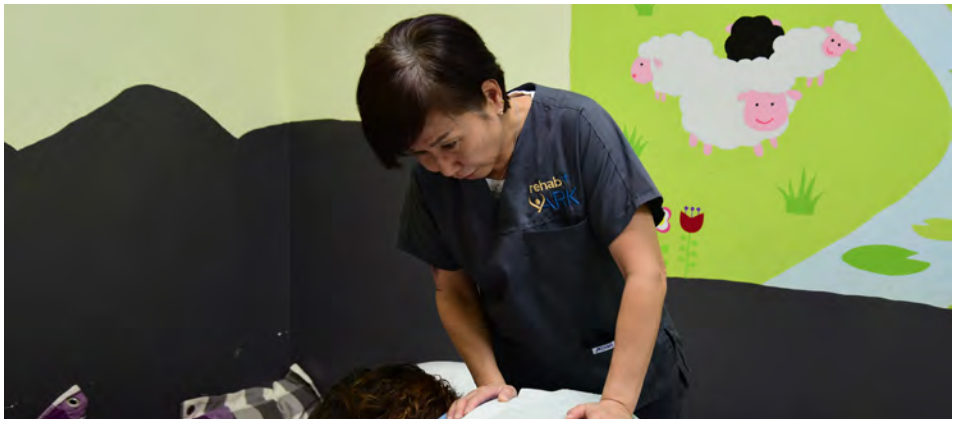
Photo: Chi and Melony in Gutu District, Zimbabwe, October 2023



EMAS CANADA VISITS ARUBA

by Lawrence Lau

An EMAS team was recently in Aruba holding a wellness program in partnership with Aruba Alliance Church. The team provided general medical advice, physiotherapy and massage therapy to the local population, advice on mental health and answered enquiries on medication usage. The team also held exercise classes so that they can maintain long-term well being.



VIETNAM 2026

By David Neima

Together with Dr Bonnie He, an ophthalmologist, and Dr Khanh Le, an optometrist, we prescribed and gave out just under 800 pairs of glasses. We also arranged for eye surgeries for another 40 patients to be done at local hospitals. We paid for the eyeglasses; a local eyeglass store accompanied us with their equipment. They made and dispensed the eyeglasses, with a few exceptions due to unusual prescriptions, on site to our patients.

Why so many eyeglasses?
Why not do cataract surgeries?

Years ago when we first travelled to Vietnam we performed many surgeries but always in the context of helping local doctors increase their skills and of donating equipment. For many years now that is no longer necessary as there are now many excellent eye surgeons in Vietnam. In fact many people from outside Vietnam will come to the country to have their surgeries done. In forty years of overseas volunteering, I've learned that the most common cause of blindness and inability to work is simply a lack of proper eyeglasses by quite a wide margin. For people in the countryside the cost of glasses, especially a high prescription, is prohibitive. Of course those are the very people who are blind without their glasses.

Something as simple as reading glasses may not be obtainable which leads to much limitation. So we give out lots of reading glasses for which people are very grateful. Of the about 800 people that received glasses about 80 were actually blind without their glasses.

Let me tell you the stories of two such people. The first was a school girl about 11 years old. She had a broken pair of glasses (the glasses were in two pieces) about three years old which she said no longer let her see the board at school. Also she needed both hands to hold the two pieces on her face to try to read. She could see about 20/80 with her old glasses. With a new prescription she saw 20/15—better than normal. Later that morning she came back with her two little brothers begging us to see them, although they hadn't been registered. (We have to limit the numbers coming to the outreach clinic to be able to see those who come and in co-operation with our local helpers.) Fortunately we were able to see them—they were both very nearsighted and hadn't had glasses yet—they couldn't see the big E on top of the eye chart. They also got glasses that they could see better than 20/20 with. All three were very happy as was their volunteer doctor!

The second person was an 80 year old grandmother with severe arthritis who was carried in by her granddaughter. She had had surgery on her eyes for cataracts many years prior without implants and had had glasses afterwards but they had been broken long ago. She couldn't read or watch TV and wasn't independently mobile for the last several years due to arthritis. She had loved reading but had not been able to do so for over a decade. With a pair of glasses for distance she could see 20/40 (which she was very excited about—she wanted to take my trialframes and lenses with her!). With another prescription she could read regular print. We gave her two pairs of glasses—one for far and a stronger pair that she was able to read with. So with 5 pairs of glasses we relieved 4 people of blindness! **May Jesus bless them all—and all of our generous donors who pay for the glasses.**

Photos submitted by Dr. Tim Tam from the recent EMAS Canada mission to the Phillipines in July 2026





EBOLA IN DR CONGO

By Drs. Philip and Nancy Wood

We came back to Canada after 3 and a half months in the Democratic Republic of Congo just 4 days before the epidemic of Ebola was declared. This is the 18th epidemic in Congo – the virus seems to be resident in some resistant animals of Congo but is transmitted to humans from time to time. The cause is a very small filamentous virus that can only be seen with an electron microscope. The symptoms of Ebola are fever, headache, vomiting, diarrhea, bleeding, organ failure and death; 48 % of those infected die.

The Red Cross says this could become the worst outbreak ever in Africa because this is a new form of the virus, the Bundibugyo strain and although the diagnosis was suspected before the epidemic was declared, all tests initially were negative until they had developed a new antigen test.

It has been mainly Christian hospitals who have taken up the challenge to try and save lives, particularly the CME hospital in Bunia.

Seniors are revered in Congo and families wash a dead body, clothe it in their best clothes and hold an all night wake beside an open coffin. Unfortunately none of this should be done if the cause of death is Ebola since at death the body is very contagious. So families have surrendered their loved ones to an isolation centre to be told a few days later that the individual died and was buried in a body bag in lime in a common grave. This has led to riots and the burning of some isolation centres.

Some changes are being made with coffins being used with a glass panel so that families can see the face of their deceased relative.

Doctors and nurses who treat the patients have to wear Personal Protective Equipment which is plasticized and in a hot climate can only be used for 45 minutes before being discarded.

People who have recovered are very useful because they don't need protective clothing; they are immune for life. In a low income country PPE is not available at all centers.

There is an old vaccine for the old Zaire strain of the virus and this may prevent death but it does not prevent people from getting the disease. We urgently need a new vaccine for the Bundibugyo strain.

Confirmed cases number close to 10,000 cases and 5,000 deaths but this is certainly a vast under estimation since many cases do not come to an isolation center due to fear.

PLEASE WILL YOU PRAY:

1. For the safety of doctors and nurses treating the sick.
2. For a new vaccine against this new Bundibugyo strain of the virus as soon as possible.
3. For a work of the Holy Spirit to give a better understanding for the population and for the spiritual comfort of those dying.

Photo: Healthcare worker treating Ebola



EMAS Canada is "cut" from Dr. Stephens as shown by our teams to Cambodia, Haiti, Ecuador, the D R Congo, and Vietnam. To honour his dedication to EMAS Canada and medical missions, **The Robert Stephens Scholarship Fund** supports the training of healthcare professionals for medical missions and to fund selected medical students for their elective terms.By donating to the Robert Stephens Scholarship Fund, you are bringing the Good News of Jesus Christ through future generations of healthcare workers being trained for missions. Donate online today.



(Scripture Reference: Isaiah 51:1-2)

NEWS FROM THE OFFICE

If you would like to volunteer to serve with EMAS Canada there are several opportunities available, including serving on the EMAS Canada Board. To volunteer, please connect with Peter Agwa: peter@emascanada.org

PLEASE NOTE:
For all things donation, receipt and finance related, Sandy Rumford, our bookkeeper, can be reached at:
sandy@emascanada.org

For everything else contact Chi at:
office@emascanada.org or call *(905)630-4650.*

Thank you for your support and prayers!

The Ride for Gutu Mission Hospital raised $ 81,000.

The **Ride/Walk for Myanmar** raised $4,978 at the time of going to print. Donations are still being accepted to help reach their fundraising goal.

Thank you to all those who contributed and participated.

GIVE BEFORE MIDNIGHT DEC 31st.
Thank you for considering a year-end gift!
To receive a 2026 tax receipt, your donation must be received by midnight **Toronto time** on December 31. Online credit card gifts and e-Transfers are time-stamped when they arrive, so anything received after midnight will be counted in 2027. We recommend giving a few days early to avoid any last-minute delays. Your generosity makes a real difference, and we're so grateful for your support.



From EMAS CANADA

Photo by Lee Jeffs by UnSplash

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