

The Center for Medical Missions'

e-Pistle

April 2009 - Oops, it's late!

It's late for a very good reason - we were having too much fun orienting 26 new medical missionaries. This was the first year the majority of our participants were within a few months (one couple has already gone to Zambia) of actually heading to their fields so they were highly motivated and had many questions. Our informal gatherings were especially helpful with so many experienced missionaries available to answer questions. We lengthened the conference to 2 and one half days and added a couple additional speakers. Here are some of the comments from the conference evaluations.

"The most incredible part of the weekend was rubbing shoulders with missionaries who have so many years experience in the field. I greatly appreciated the honesty of the speakers with their failures as well as successes."

"This conference was more worthwhile than I can put into words. It was so great to be with other people that share a similar passion. Also, it was invaluable to learn from the experiences of veteran missionaries. It was very helpful to talk about the spiritual aspect of medical missions and how this integrates with the values and beliefs of where I'm going."

"Of all our training this has been most practical. You addressed issues and questions and concerns we as a medical missionary team have had. This has filled a big void with much wisdom."

"We have been to several mission conferences/training (such as Perspectives) which have all been great in forming how we think about missions, but to hear from people who have been in such a similar situation – cross cultural hospital setting with ministry focus – helped tie it together for me in terms of it being practical for the next few years."

"This has been extremely worthwhile. It gave a solid foundation on which to build on many topics of missions from community health to leadership to simple trust in God. It also gave me the wonderful opportunity to meet others who are traveling down the same path, facing the same struggles and questions."

"This conference has been a tremendous blessing for my wife and I. We feel inspired, equipped and encouraged to continue on the path that God has called us. All the speakers were excellent and provided a good balance of experience and theory. This weekend was extremely worthwhile. My wife and I have been able to dream and look forward to our future in missions – more this weekend than ever before. We are pumped up and ready to go with good ideas and more trust in the Lord."

Remember, this is an annual conference. I hope you will keep it in mind when you know you have new missionaries joining your team. We believe this is important enough that all new medical missionaries - including all cadre of medical personnel. I believe they will find it both informational and inspiring.

In this issue of the *e-Pistle* you will find the following:

- [Orienting Short-Term Medical Missionaries](#) – by David Stevens, MD
- [Follow up on Last Month's Question on Communicating with Short-Termers](#)
- [Cura Animarum](#) – by Rev. Stan Key
- [Anxiety](#) – by Dr. Ron Koteskey
- [Education Tool to Teach HIV/AIDS](#) – by John Barnshaw

Orienting Short-term Medical Missionaries

Section VI: Personnel Issues

By David Stevens, MD

Short-term missionaries. You can't live without them and sometimes it can be difficult to live with them! Just about the time they are becoming really effective they are leaving to head home and you are starting another cycle of orientation and training to get the new missionary short-termers up to speed.

We had over 50 volunteers a year and they were a Godsend. They helped us provide better medical coverage, provide diagnostic and treatment expertise for conditions that we had difficulty addressing. The best, taught us new things to help us do our job better. Yet, in retrospect, I see more clearly their greatest contribution. They freed us up to deal with strategically important issues instead of just the urgent. They gave us the time to plan, build, train, fund raise and have a greater spiritual ministry. We would never have made the progress we did without their help. We couldn't have progressed far without them.

So we housed them. Before we had a guesthouse, Jody and I had visitors in our small home with three kids for nine months out of the year.

So we fed them, fed them and fed them – breakfast, lunch and supper with no fast foods or grocery stores within 50 miles.

Don't get me wrong. I cherish those friendships we developed and our opportunity to model sacrificial living. As my dad once told me, "Dave, you will have as much impact in the U.S. as you will have on the mission field through your lives and testimony." We did but didn't realize that some years it would seem like half of America had come over for a visit!

We worked hard to maximize our short-termer's experience. We wanted it to be a life transforming time for them that would affect their lives forever, wherever God placed them to serve. It soon became obvious though that comprehensive cultural and medical orientation were

a recurring and essential component to meeting that goal. After I got some experience under my belt, I set down and put together some orientation manuals.

One orientated to missionary life at our place of service. When was the grocery trip to town? When did the mail go out? What about security issues? When did the electricity go off? Which career missionaries dealt with which issues? When and where were church services? What dress was appropriate? What cultural “do’s” and “don’t” did they need to know?

It took a significant investment of time to put that manual together and to continue to update it as we realized things we had forgotten to include, but it was well worth the effort. It saved us a lot of time and reinforced what we shared verbally. We also appointed each visitor a missionary mentor to encourage them and answer their questions. As we grew bigger that became more important. With so many missionary options, visitors didn’t know whom to go to and we could select the best mentors. You don’t want a tired and discouraged colleague dumping their frustrations on your short-term staff.

The next step was to do an orientation manual for our healthcare outreach. There were two of them. One explained the mechanics of how everything functioned and covered topics like night call, lab ordering, X-ray availability, charting, student and resident roles, ministry opportunities, morning rounds and dozens of other issues.

A third manual shared about diagnosis and treatment. What were the appropriate tests to order and what did they cost? What medicines did we have and what diseases were they used for? What were standard treatment protocols? What were the common diseases we saw and how could they recognize them?

One thing that was included in these manuals is something you might want to use. It is what I now call:

The Ten Commitments for Short Term Medical Missionaries

1. I am here to serve, not be served.
2. I know the American philosophy of medicine doesn’t apply here. I need to do the best I can for the most people.
3. I accept that I won’t have the medicines and equipment I desire and need.
4. I don’t know much, so I’m here to learn.
5. I’m not here to change things, so I won’t criticize. I recognize that short-term participants don’t know the culture, costs, government regulations and other constraints with which this ministry operates.
6. I’m here to work hard and do more than my share.
7. I will encourage the national and missionary staff.
8. I will happily conform to standards of conduct to protect the testimony of this ministry.
9. I will love and respect the patients I treat.

Perhaps you already have good orientation materials. They are worth their weight in gold. I would try to get orientation materials from other medical ministries I visited so we could further enhance ours.

The best solution for problems with short –term staff is to prevent them from ever happening.

The best way to send an animated advertisement for your ministry outreach is to send each short-term volunteer home bubbling over with the wonder of their experience!

Who knows, one day they may return as your colleague!

[Back to top](#)

Follow Up to Last Month's Question that Asked How many Are Communicating with Short-Term Visitors After They Leave

Dr. Joseph Harvey, Republic of Congo (Brazzaville) responded.

Thank you for encouraging us to write our past visitors. I remember Dr. David Stevens talking about the importance of "Back Door Recruiting" as he called it during one of his lectures at Brackenhurst.

One thing we do in Congo that has helped us not burn out is to set aside one day a week for "Alternative Ministry." On that day (for me it is Tuesdays), I stay home and work instead of going to the hospital. My partner covers for me on my Alternative Ministry Day, and vice-versa. My partner likes to teach, so he often uses his alternative ministry day to prepare lectures. I usually work on reports, budgets, and communications with future & past visitors, as well as fixing things around the house. Since I am home that day, it's also often the day we choose to invite visitors over for dinner.

I am answering your question with two solutions. One is to have a day set aside for catching up with communications and work at home (or whatever ministry charges your batteries that you don't normally have time for during the rest of the week), and another is to schedule a regular time each week for communicating with visitors (past, present, and future).

We have found this strategy to be helpful, and have had almost universally positive feedback from our visitors about their experience here, with many choosing to return. In fact, our current staff includes the following full-time personnel who came initially as short-term missionaries:

1. Head Chaplain & Director of Maintenance/Construction
2. Assistant Chaplain/English Teacher/Bible School Teacher
3. Director of Administration & Personnel
4. Pharmacist/Central Supply Coordinator

Is there a strategy here that could be of help in your ministry?

Cura Animarum

By Rev. Stan Key

Luke 14:23 is one of those verses that makes you pause and scratch your head. Jesus has just told the Parable of the Great Banquet. The master has thrown a great feast and invited many guests. But those invited began to make excuses resulting in vacant places at the banquet table. A bit miffed, the master sends his servant out again into the streets and alleys of the town to invite the poor, the crippled, the blind the lame. But still there is room at the table. Finally, the master sends out his servant with instructions *to go out to the roads and country lanes and **make them come in**, so that my house will be full.*

"Make them" come in? Other translations sound even harsher: "compel" (KJV, NASB) or even "force" them (Jerusalem Bible) to come in. *The Message* captures the sense when it translates Jesus' words as "Drag them in. I want my house full!"

Can people be "compelled" to enter the Kingdom of God? We know that Scripture is clear that the Gospel is an invitation, one that can be accepted or rejected. God will never "force" Himself on anyone. He will never violate a person's will. And yet, as witnesses of Christ, this passage reminds us that we need to do more than passively pray that others will enter the Kingdom. Sitting on our pews and hoping that others will join the banquet is not enough.

Catherine Booth, co-founder along with her husband, William, of the Salvation Army, has a powerful insight into the meaning and application of Jesus' words.

People say that you must be very careful, very judicious. You must not thrust religion down people's throats. Then I say you will never get it down. What? Am I to wait until an unconverted godless man wants to be saved before I try to save him? He will never want to be saved until the death rattle is in his throat.

What? Am I to let my unconverted friends and acquaintances drift down quietly to damnation and never tell them about their souls until they say, "If you please, I want you to preach to me"? Is this anything like the spirit of early Christianity? No! Verily, we must make them look. Tear the bandages off. Open their eyes. Make them bear it. And if they run away from you in one place, meet them in another, and let them have no peace until they submit to God and get their souls saved.

A passage like that ought to wake us up! Lord, now that You have our attention, do Your heart-work here today so that tomorrow You can accomplish your feet-work through our lives!

We have asked Dr. Ron Koteskey to contribute monthly to our e-Pistle so you will see something from him most months. Ron Koteskey and his wife Bonnie are member care consultants with GO InterNational in Wilmore, KY.

Anxiety

By Dr. Ron Koteskey

You have been worrying more than usual lately. You used to worry only about such things as the unstable political situation or the safety of your children, but lately you seem to be anxious about everything. You even worry about such things as car repairs and having enough money for retirement. Sometimes your hands get cold and clammy, and you are beginning to have trouble sleeping. You begin to wonder such things as these: Can I have anxiety if I am really committed to Christ? What causes anxiety? That can I do to prevent and get rid of it? Let's consider some of these questions.

Can committed missionaries have anxiety?

The first missionary, Paul, certainly did: *"When I could stand it no longer, I sent to find out about your faith. I was afraid that in some way the tempter might have tempted you and our efforts might have been useless" (1 Thessalonians 5:5 NIV)*. Paul had only been able to teach the scriptures for three weeks (Acts 17:2-3) before he was driven out of town, and he was concerned that the church would not last. The word for "stand it no longer" means "to cover, or conceal" (like a roof). Paul is saying that when he could conceal it no longer, he sent Timothy back to find out how they were doing (1 Thessalonians 5:1-2).

Paul had the same feelings about the Philippian church, the one he had started just before the church in Thessalonica. Paul wrote, *"I think it necessary to send back to you Epaphroditus ... so that when you see him again you may be glad and I may have less anxiety" (Philippians 2:25-28 NIV)*.

This was a general feeling for Paul as a missionary. After a long list of stressful events, he wrote, *"Besides everything else, I face daily the pressure of my concern for all the churches" (2 Corinthians 11:28 NIV)*.

What does the Bible say about anxiety?

Although the Bible has much to say about anxiety, the King James Version never uses the words "worry" or "anxiety," so use a modern translation. Solomon wrote, *"An anxious heart weighs a man down, but a kind word cheers him up" (Proverbs 12:25)*. Jesus also warned us that in the last days we must *"Be careful, or your heart will be weighed down with...the anxieties of life" (Luke 21:34)*. Anxiety often results in depression, and both of these are most unpleasant emotions that distress us.

Not only is anxiety unpleasant, but it also has negative consequences in our lives. In explaining the parable of the sower Jesus pointed out, "he worries of this life and the deceitfulness of wealth choke it (the word), making it unfruitful" (Matthew 13:22). Wealth may not be a problem in the

lives of missionaries, but the worries of life may well make them unfruitful. We will consider other things the Bible says about anxiety later.

What causes anxiety?

The list of things that can cause anxiety is nearly endless. Sometimes the cause is rather specific, such as the fear of a specific illness like malaria. Other times you may feel anxious and have no idea why. Here are some common causes among missionaries.

1. MK education
2. Health concerns
3. Political instability and terrorism
4. Transitions and separations
5. Poor communication from headquarters
6. Not knowing what is culturally appropriate
7. Unpredictability, not knowing what is going to happen

What can I do about anxiety?

The most important thing is to do something; do not just wait for it to go away. Notice that Paul did something about his concern for the Thessalonians. He sent Timothy to strengthen and encourage them. After that he wrote them letters. He did the same thing with the Philippians. When you pinpoint the cause of your anxiety, do something about it. For the causes mentioned above, you might do the following.

1. Ask to serve on the school board
2. Carefully wash and cook food and avoid mosquitoes
3. Use routes that avoid dangerous spots
4. Get closure on one part of your life and fully enter the next phase
5. Contact headquarters and ask
6. Plead ignorance and ask what to do
7. Learn about whatever is unpredictable. That makes it more predictable

All of the above will decrease your anxiety, but probably not completely erase it. The Bible tells us to take the remaining anxieties to God. Paul, who sent Epaphroditus to see the Philippians to reduce his anxiety, also told them, "*Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God*" (Philippians 4:6 NIV). Then God's peace could come into their thoughts and feelings.

Peter also acknowledged that we will have anxiety, and told us, "*Cast all your anxiety on him because he cares for you*" (1 Peter 5:6). The writer of Ecclesiastes said, "*So then, banish anxiety from your heart*" (Ecclesiastes 11:10).

Sometimes, however, even after putting our worries on God the physiological responses that are a part of anxiety still occur. Learning relaxation techniques such as the following can decrease these responses.

- Deep, relaxed breathing
- Tensing and relaxing muscles
- Shrugging and rotating your shoulders

Can I prevent anxiety?

You can decrease anxiety by trying to take measures to prevent problems, but such actions seldom completely prevent anxiety. Let us look at the example of Paul and the Thessalonians. He noted that he had tried to prepare them for the problems he knew were coming, *"In fact, when we were with you we kept telling you that we would be persecuted. And it turned out that way, as you well know"* (3:4). Thus Paul tried to anticipate problems, and he took steps to prevent the church from falling away. However, he still was not sure, and he sent Timothy to find out how they were doing. Even after Timothy's encouragement and glowing report, Paul still said, *"Night and day we pray earnestly that we may see you again and supply what is lacking in your faith"* (3:10). He seemed still to have some anxiety about their faith, but it was no longer at the point where he could not stand it.

You can use your anxiety as a motivation to do something about the problem, which will often lower your anxiety. This will be less distressing and make you more fruitful.

For a more complete treatment of this topic as well as other topics please visit www.missionarycare.com or www.crossculturalworkers.com (no mention of missions/evangelism) and click on "brochures." Also please let your non-medical colleagues know about these free resources.

[Back to top](#)

Education Tool to Teach about HIV/AIDS

By John Barnshaw

There is a new and exciting way to teach about HIV/AIDS transmission and prevention. It is called the HIV/AIDS HOPE Cube. The tool is about the size of a Rubiks-Cube, and has seven graphic panels that open in different directions, and explain the following about HIV/AIDS:

1. Introduction -There is a disease that can kill you, if you permit yourself to be exposed to it.
2. The four major transmission modes of HIV.
3. Stigmas and myths about how you are infected with HIV.
4. The importance of being tested for HIV.
5. If you are HIV Negative, how to remain that way.
6. If you are HIV Positive, how you can have a healthier lifestyle.
7. How you can minister to a person who is HIV Positive.

Since the HIV/AIDS HOPE Cube has no words on it, it can be used in any culture, especially oral cultures. To date, there have been over 20,000 Cubes placed in the hands of medical professionals. But the doctors and nurses are most excited about the fact that the Cube allows ordinary people to teach proper information about preventing HIV/AIDS. The HIV/AIDS HOPE Cube was introduced at Saddleback Church in 2007, and was developed jointly by e3 Partners and SIM.

The Lausanne Strategy

It is interesting to see how the features of the Cube mesh with the three focuses set out by the Lausanne Strategy conference in Budapest:

1. Evangelism
2. Oral Learners
3. HIV/AIDS

The HIV/AIDS Hope Cube, especially when paired with the EvangeCube (a tool similar to the HOPE Cube in size, but has pictures that show the plan of salvation) touches all three areas. Think of it, a simple tool like this – like one of the simple stones of King David that he used to slay Goliath—in the hands of caring Christian workers all across Africa and Asia can give the hope, not only to understand about HIV but to learn how to have eternal life.

The impact has continued to be immediate, significant, surprising, and opening unexpected doors. A pastor in Uganda said “In my town they would never let us share the gospel with 600 school kids, but with the HIV/AIDS HOPE Cube we not only were able to share about physical life found in the knowledge of HIV and AIDS, but we were able to share eternal life in Christ.”

Everywhere one turns in Africa, people have brothers, sisters, aunts, mothers, and fathers being infected with HIV. It is constantly on people’s minds, as they hear the wails of those dying in their own home, or a home in their village. Recently, on a mission trip to Uganda, doors that had been closed to gospel presentations were opened to this new Cube. When the HIV/AIDS Hope Cube was shared, Christian workers found that more people were willing to hear the gospel message.

The Local Church and the Cube

It also raised the status of the local church in people’s eyes. Not only did it give a message of how to prevent HIV, but it gives hope to those with HIV. It is an easy conduit to the gospel. During and after the HIV presentation, listeners were found to be thinking about life and death. Questions were running through their mind such as:

- Where do I find the power to abstain from sex?

- Where does HIV come from?
- How can you have hope in spite of difficult circumstances?

Whether they find themselves before a secular, Muslim, or Hindu audience, it's easy for the workers to move from the disease prevention presentation to showing the EvangeCube, which explains how they can have hope through Christ. They find a natural tie-in by describing how HIV and all disease come from the fall of man and real hope comes in a personal relationship with Jesus.

One Indian pastor likens it to John the Baptist. "It's not the gospel, but is a bridge to the gospel." I shared Christ with a Muslim mom and her son at a public hospital in Uganda where 200 people heard the life saving message of the HIV/AIDS HOPE Cube and then 200 people were able to hear about eternal life found in Jesus right in the public hospital. Both the mom and her HIV Positive son professed faith in Jesus.

Saddleback's Pastor Rick Warren, spoke excitedly about the HIV/AIDS HOPE Cube "It's an incredible teaching tool! Pick up some of these and use them when you take your mission teams on the road and when you're (doing) ministry in your local area. It's a great way to teach people." For video of Rick Warren sharing about the HIV Hope Cube go to: http://www.e3resources.org/hiv_aids.aspx.

It was very encouraging to have health care workers tell us that the HIV/AIDS HOPE Cube is exactly the message they try to share with their people, but this Cube makes it interesting, easy to share and easy to train others to share this life saving message. Doctors and nurses at a HIV Hospital ward begged us to get them more HIV/AIDS HOPE Cubes. After more than a year of prototyping, testing, reworking, and getting advice from leading HIV/AIDS professionals it was very gratifying to hear from so many that we had a medically correct, effective tool to help stop this terrible disease. By God's grace, the Church will help lead the way.

Yoseph Mena, an Ethiopian Church Planter perhaps summed it up best as he held an HIV/AIDS HOPE Cube in his hand and said with twinkle in his eye, "I believe this is a key that will unlock closed villages for the gospel all over the world."

For more information about the EvangeCube and the HIV/AIDS Hope Cube contact Steve.McCool@e3partners.org at e3 Partners, or John.Barnshaw@sim.org, Phone 704-587-1589 at SIM.

Cost is: 1-23 (\$8) 24-95 (\$6) 96-999 (\$4)

[Back to top](#)

The fastest and most secure way to give to CMDA is through our [secure online giving site](#). Your gifts will be used to continue and expand the critical work of CMDA as we minister to doctors, students and patients.

Center for Medical Missions

PO Box 7500
Bristol, TN 37621
423-844-1000
www.cmda.org/cmm

To unsubscribe, send an e-mail to susan.carter@cmda.org. Thank you.