

The Center for Medical Mission's *e-Pistle* April 2012

Welcome to the April issue of CMM's e-Pistle. Can you believe the month of April is almost behind us? It seems the days are flying by. We are thankful for the early spring we've enjoyed and the fact that we've been spared from the terrible storms of recent days.

I know several reading this e-Pistle have been or are in storms in your own lives. Where we are aware, we are praying. Please let us know if there are specific things we can pray for in your area of service. The broadcast news tells of troubles around the globe. Thank you for being a voice for peace where you serve.

Dave Stevens and Gene Rudd have just returned from a student/young doctor CMDF conference in Australia (I tried to talk them into taking me but I didn't get very far. 😊 They reported finding great enthusiasm and involvement in medical missions. They were thrilled to witness a commissioning service for the young people going out this summer. There will be literally thousands from around the globe serving this summer. Won't you join us in praying that the Lord will use this time to call many workers to the harvest fields?)

Special Note: It is time for us to once again update our handbook for students and residents who wish to do international rotations. We will contact all the ministries listed within the next few weeks asking you to verify the information we have. If your ministry is not currently listed, we will be happy to add it, but you have to let us know of your interest.

May you be encouraged as you read.

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Helpers of Health - Section X: Community Health and Development

by David Stevens, MD

Continued from March

Get Training of Trainers (TOT) Education – In our medical training, the worst type of educational techniques was applied to us. Lecture is a great way to dump large quantities of information quickly on students, but most of the information goes in one ear and out the other at light speed. Students have to go back and memorize much of their notes or digest a textbook to be able to spit back the information they were given. They cram for the test and then quickly forgot much of what they “learned.” It is unlikely there will be any changes in behavior even if the information truck dumped on them.

How many lessons have you heard about eating a balanced diet, exercising regularly or getting adequate sleep? You can quote the data to others who themselves are unlikely to change because of it. That is because God didn't design people that way. We are more likely to change behavior when we are emotionally moved as we learn. This not only better imprints information but also motivates change. Adults learn better through humor, stories, skits, songs, pictures and other psychosocial teaching methods.

Let me give you a real life example. If you can convince people to use a clean water source, you will save lives. You could prepare a lecture, show pictures of bacteria, display graphs of cases of diarrhea from drinking river water and share drawings of fences protecting springs. It is unlikely that much will change after people thank you for bringing your presentation to the village. Here is one way we taught the subject of clean water.

Our local CHHs (we called our volunteers “Community Health Helpers” rather than “workers”) would take a donkey to the river and get a barrel of water. On the hillside in the village they would use a hoe to dig a shallow ditch down a small hill in the village and then dig a little pool at the end of it. Along the ditch they would place limbs broken off trees to imitate trees and bushes and put a sign up saying, “The Nyangores River.” It was the river that most of the people got their water from. The CHHs then invited the village people to watch as water was poured into the ditch.

First, a female CHH would come carrying a child on her back, her dirty clothes under her arm and a box of “Omo,” the local laundry soap. The “river” would fill with soap suds that washed down to the pool at the end as she washed the laundry.

Then a man would come pulling his cow to water it. The cow would dislodge lots of dirt, sticks and leaves into the “river.” The next man to arrive would look around pretending to find a private spot and then urinate in the “river.” Well at least it looked like that as he used water in a squirt bottle hidden under a blanket draped around him. Finally the last

man would come holding his stomach in obvious pain. He would be by the river and appear to have diarrhea into the water flowing down the ditch.

By this time the women in the audience would be throwing their wraps over their heads, shaking with embarrassment and laughter. Another CHH actress would arrive, dipping some water from the pool, taking it to her “husband” sitting on a log by a fire and giving him a drink. Within minutes he would be yelling in pain and holding his abdomen while his “neighbors” put him on a stretcher and take him to the hospital with much shouting and consternation.

Then one of the CHH would ask the jabbering crowd some questions. “What did you see?” He thanked the attendees for their responses until all the elements of the skit were identified. Then he asked the question, “Do these things happen in the river where you get your water?” When the community people said “yes,” the next question was, “What was the problem?” That is when things normally started to get interesting. Eventually someone would say, “The water made him sick.” Thanking the person for that answer the CHH then asked “Why did the water made him sick?”

Someone yelled out, “There was too much sugar in his tea!” Other responses also missed the point until someone said, “I think the water was dirty. I’ve heard that the river water has small animals in it that can make you sick.” After discussion, everyone agrees.

The next question would be, “How can you get water to drink that does not contain the animals that make you sick?” Someone may state they know someone who gets their water from a spring and they don’t seem to get sick. Other attendees may admit they don’t have a spring.

Then someone would say that they know people who boil the water to kill the animals in it that make you sick. When people agreed that could help, the question was asked, “How should you boil the water?” and the whole group would be invited to gather around the fire to see a demonstration on boiling water and protecting it from contamination. Of course, other options for clean water would also be discussed.

The training may take a couple of hours, but no one forgets what they learned and many change their habits. They not only had an emotional experience but they frequently say, “You didn’t teach us anything. We taught ourselves.” The TOT course teaches you to think differently, teach in a much more effective way, understand community dynamics and much more. It is now available all over the world. For more information, contact [Susan Carter](#).

to be continued

Cura Animarum

by Rev. Stan Key

Many of us spend our lives asking the wrong questions. Consequently, we remain stuck in our spiritual ruts. The questions we love are those that are easy to answer and, frankly, have little power to transform our lives. Such questions are “safe.” One of our favorites is this: *When did you “say the prayer” and ask Jesus into your heart?*

To be honest, I’ve almost stopped asking this question completely because I find that it often misses the point and diverts us from the real issue. Now, I find another question gets a more meaningful response. Let me ask it to you today. But be warned, this question is not “safe.” It may rock your world. *When did you surrender your will to His will?*

Go ahead, answer it. I’ll wait....

Many of us have believed in a “gospel” that asks nothing and demands nothing. We’ve been told that salvation is free and have drawn the faulty conclusion that nothing is required in return. Think again.

As a pastor, I tremble for your soul if you cannot answer this question. Like a horse that has never been broken, if you cannot describe the time when Jesus became Lord of your life, you will be of little service in the Master’s kingdom... if indeed you are really in His kingdom! Wild horses may be beautiful on the outside. But until their will is broken, they are ego-centric rebels on the inside.

There are only two kinds of people in the end; those who say to God, “Thy will be done,” and those to whom God says, “Thy will be done.” (C. S. Lewis)

Dear friend, your will is the only thing you really possess. Your health, wealth, talents, abilities and possessions are all on loan. But your will is your own. But here is the rub: your will is the only thing God really wants. He is not really interested in your time, your gifts or your talents. What He wants is you!

Has God conquered your will? This is where the battle is lost or won. I urge you to raise the white flag of surrender. Give him the keys to the inner fortress of your will. This is the only way to experience freedom, joy and power!

*Breathe on me, Breath of God, until my heart is pure,
Until my will is one with Thine, To do and to endure.
(Edwin Hatch)*

Request for Feedback regarding Electronic Medical Records

A doctor serving in Southeast Asia is considering instituting electronic medical records to integrate registration, clinical record, labs, pharmacy and fees. He is wondering if any of you have recommendations/resources that will help him in this quest. If you have experience or have researched this yourself, will you take the time to drop me a note? I will be happy to forward it or even connect you with the doctor who is asking.

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Training Opportunities

[Orientation to Medical Missions](#): Preparation for the Career Medical Missionary – July 20-22, 2012 in Bristol, Tennessee.

Three days of exposure to what life will hold for those called to medical missions: how to survive, thrive and stay alive while being what God has called you to be in medicine in a cross-cultural setting. This annual conference by CMDA's Center for Medical Missions has helped prepare more than 100 career medical missionaries. Spend three days learning from Dr. David Stevens and others with expertise in medical missions to prepare you for your career ahead.

Foundations of Health and Development Course

A seminar exploring questions in medical missions...

Do you know undergrads or medical and dental students in their early years of training who would like to experience medical missions this summer? Check out this opportunity.

This workshop will bring together scientific and biblical principles of health and agriculture, cross-cultural methods of communication and skills in establishing relationships that facilitate behavioral changes for the improvement of health, nutrition and care for the environment.

First session: July 1 to August 24, 2012, or part thereof depending on the needs of the student. Other dates to be offered in the future.

Typical day: Half day spent in discussion-style seminars, half day in community health outreach.

Faculty: Dan Fountain MD, Ty Hopkins MD and others TBA

[Click here](#) for more information.

The Valley of the Shadow

by Judy Palpant

“I didn’t want it to come to an end!” my eight-year-old son Ben said as his dad finished the story of Heidi and closed the book. I brushed away his tears.

“I know. We wish good stories went on forever. God gives us heaven where good things won’t end. No goodbyes. No crying.”

We hugged each other good night. Later he prayed, “Jesus, help all of us to stay alive until we feel we want to die.”

He uttered these words on Kenyan soil where dangers abounded: spitting cobras, severe lightning strikes, bad roads, poor vehicles, rampant malaria. There, disease, suffering and death were more visible and common than in America. Whenever someone passed away at the hospital, the bereaved walked outside and wailed openly. We shivered at the loud, lamenting voices expressing the visceral pain of losing a loved one.

One day during our fifth year serving at a Quaker hospital, a Land Rover arrived. We watched as frail Losokwoi, a boy from the nomadic Pokot tribe in the north, was carried into the hospital on a makeshift stretcher. By bringing him for treatment, these missionaries refused to follow the tribal tradition of deserting the dying to roaming hyenas. They bore Christian witness to the value of life and the body.

Losokwoi suffered from tuberculosis of the spine. At age 12, he was bedridden. His emaciated body weighed only 40 pounds. Barring some miracle, he would stay in the hospital until his final breath. As my husband Sam gave him medical care, the kids and I provided companionship.

Every week I took our children on rotation to visit patients at the hospital. My son Ben always carried a small bag of Legos. He had played with other boys—a boy with burns, one with a broken leg and another stung by bees. Even though they didn’t speak the same language, he and Losokwoi spent happy hours building cars and houses atop the hospital bed. “Sometimes I find Losokwoi is sad with the blanket over his head,” Ben reported. “But when I come, he smiles.” I felt conflicted. Touched by my son reaching out to another child, I knew he would likely witness this new friend’s death.

At one point during his stay, Losokwoi was baptized in our bathtub. Water was at a premium. The taps delivered at a low-pressure rate. About every eighth day the water stopped flowing altogether because an eight-inch pipe served the entire valley. We lived at the end of the line. Dry taps meant trips to the hospital cistern with buckets.

But on the day of Losokwoi’s baptism, we watched with relief as water slowly ran into the tub. Sam lifted him out of the wheelchair, mindful of his bed sores. Along with Justin, the missionary who had brought Losokwoi to Lugulu, they wedged themselves into the

small space and carefully lowered him into the warm water. We listened from the narrow hallway. Justin asked the required questions. Then we heard the words of the sacrament, “Losokwoi, I baptize you in the name of the Father, the Son and the Holy Spirit.” Ben, Andrea and Nathan watched as the men carried the frail body from tub to towels. We dried him off and wrapped him up to be wheeled back to the hospital. Losokwoi’s countenance radiated with the joy of Jesus.

He died two weeks later. Sam looked defeated. Trying to maintain his composure, he told us the news. I looked at our children’s crestfallen faces. “No,” I thought, feeling suddenly bereft and angry at Death, the unwelcome intruder. Sam said, “The nurses won’t remove his body from the ward. They’re leaving it for a day-worker, but I don’t want to wait. I need Ben.”

Incredulous, I paused. I balked. No.

But in the end, I consented. Ben followed his father. They walked onto the ward. Sam lifted Losokwoi’s body into his arms and handed Ben the key to the morgue. Together they crossed the 20 yards to the mud hut. Ben worked to unlock the door. “But Dad, why does Losokwoi have to go in this hut? There aren’t any windows. It’s so dark. It feels so lonely.”

As Sam carefully laid Losokwoi’s body on the cement slab, he said, “Son, Losokwoi’s spirit is no longer in this body. Jesus is taking care of him and has left us with the important job of caring for his body.” Together in the dim light, father and son tearfully prepared the body and placed it in the casket, a plain wooden box.

Two days later, my children and I went to Losokwoi’s burial. Ben, Andrea and Nate helped toss dirt on the coffin. Ben spotted a frog jumping into the hole, a glimpse of life amidst death. A group of local children sang, “Jesus, I Heard You Have a Big House.”

We did not want Losokwoi’s story to come to an end, but this sweet, suffering boy was safe in the arms of Jesus now.

Wounds, Scabs and Scars

by Dr. Ron Koteskey

For thousands of years, cross-cultural workers have had to cope with baggage from the past as well as hurts from the present, and they have done so in the context of an unfamiliar culture.

Joseph was a Third Culture Kid (TCK) who married a national and spent most of his married life in Egypt, his host country. However, he came from a family which had been dysfunctional for several generations.

- His father and his grandmother tricked his grandfather into giving his father his uncle's inheritance (Genesis 27:1-40).
- His uncle was so angry that he planned to kill his father. Therefore, his grandmother sent his father to live with her own brother (Genesis 27:41-45).
- His father then deceived his mother's brother (Genesis 31:1-32).
- His own brothers hated him so much that they wouldn't even speak nicely to him (Genesis 37:3-4).
- Later, as a teenager, his brothers kidnapped him and sold him into slavery in Africa (Genesis 37:12-28).

Ruth married a TCK who was living in her country. Though we do not know about her family of origin, we do know that she faced difficult situations and tragedy after her first marriage.

- Within a decade, her husband died, as did her brother-in-law (Ruth 1:4-5).
- Ruth and her sister-in-law then lived with their widowed mother-in-law (Ruth 1:5-7).
- Against her mother-in-law's wishes, Ruth immigrated to her husband's passport country (Ruth 1:8-19).
- There in her own culture, Ruth's mother-in-law became bitter (Ruth 1:20-21).
- Ruth was so poor that she had to search for food the harvesters missed (Ruth 2:2).
- When she met an eligible bachelor, Ruth did not know the culturally appropriate action to take (Ruth 2-4).

Both Joseph and Ruth had very difficult times in their lives resulting in psychological wounds, scabs and scars. In spite of these, their marriages in their host countries flourished, and their lives were filled with success. Joseph became second in command in his host country, and in hers Ruth became great-grandmother to a king. Now let us consider wounds, scabs and scars—and how to overcome them.

Wounds

Open physical wounds are obvious because of the break in the skin and the bleeding. Likewise, some psychological wounds such as living under a death threat, being held hostage or grieving over the death of a loved one are obvious. Like people with open wounds that receive immediate attention to prevent loss of blood and infection, so do spouses with obvious psychological wounds receive comfort, reassurance and a chance to talk.

Closed physical wounds showing only a bruise may go unnoticed and untreated. Likewise, some psychological wounds such as being betrayed, ignored, lied about or ridiculed may not receive needed attention. Spouses who are not open with each other about such things may not receive the comfort, reassurance or chance to discuss their wounds so that the underlying "damage" may turn into bitterness.

Ideally, people with wounds will be discovered in the selection process and asked to remain in their passport cultures until the wounds are healed. Of course, people may be wounded after entering their host culture and need attention too.

Scabs

Immediately after a physical injury, platelets in the blood form a plug in the wound. Then coagulation factors form fibrin strands to strengthen the platelet plug. This scab needs to remain in place for days or weeks for maximum healing to take place. If the scab is dislodged by being hit or if the person picks at it repeatedly, new scabs have to be formed, delaying healing.

Likewise, individuals with psychological wounds may try to use various defenses ranging from denial to spiritualizing the event to “plug” the emotion. Spouses and colleagues need to be available to help the wounded person “process” the events to bring about healing. It takes time to drain the emotion and put the event into perspective in one’s life. During this time the “scabs” may be rather unattractive, and people may start picking at them, causing delay in healing.

Sometimes people with psychological scabs may be allowed to serve in other cultures too soon, and the scabs are disturbed. Spouses must remember that healing takes time, and attempts to remove those unattractive scabs may delay healing.

Scars

Physical scars are the areas of fibrous tissue that replace normal skin. Except for small punctures, every wound leaves some scarring. This scar tissue is not identical with the skin it replaces. For example, it is less resistant to the ultraviolet rays in sunlight and it has no hair or sweat glands. However, it still functions quite well under normal circumstances.

Just as we all have some physical scars, so we all have some psychological scars. We have all experienced psychological wounds of some kind so we have the scars left from those. Like physical scars, these scars leave us vulnerable to further hurt. For example, people who have been ridiculed for some physical characteristic may believe they are unattractive and find it difficult to accept genuine compliments from their spouses. People who have been sexually molested as children may be unable to respond sexually to their spouses after marriage.

Scars on the skin may function well under normal circumstances indoors, but not do well in prolonged sunlight outside. Likewise, people who have emotional scars may be able to function well in their passport cultures, but not well in host cultures. Spouses need to be aware of these limitations.

Who and when?

Psychological wounds may occur during childhood and the teen years long before marriage. Joseph was there when his father deceived his grandfather and may have heard Grandpa say, “Why did you run off secretly and deceive me?” (Genesis 31:27). He watched as his father bowed down seven times in fear (because of his theft) before his uncle (Genesis 33:3). He personally saw the favoritism in his family and experienced the hatred of his brothers as a teenager (Genesis 37).

These wounds may occur after marriage when relationships sour. Joseph’s Aunt Leah experienced these wounds over and over. Her husband did not love her even though she repeatedly attempted to win his love. When she had a son, in misery she said, “Surely my husband will love me now” (Genesis 29:32b, NIV 1984). After her second son, she said, “Because the Lord heard that I am not loved, he gave me this one too” (Genesis 29:33b, NIV 1984). After her third son, she said, “Now at last my husband will become attached to me” (Genesis 29:34, NIV 1984). She even said to her sister, “Wasn’t it enough that you took away my husband?” (Genesis 30:15, NIV 1984).

Wounds can come at any time in one’s life and from anyone in one’s life. Some wounds develop scabs and heal into scars. Others remain open for years or heal part way and then are opened again year after year.

What can be done?

Joseph and Ruth were able to live full lives even though they had major wounds, scabs and scars. Consider these factors.

- **Forgiveness.** They forgave people who wounded them. Even though his brothers hated him, kidnapped him, considered killing him and sold him into slavery, Joseph did not hold a grudge against them. Though they had never apologized and lied to him even after their father died, he spoke kindly, reassured them, told them not to be afraid—then he provided for them and their children (Genesis 50:15-19).
- **Time.** Physical healing takes time, often months or years, for major wounds. Psychological healing also takes time. Notice that the first time his brothers came to him in Egypt, Joseph pretended to be a stranger and spoke harshly to them (Genesis 42:7). The second time they came, he told them who he was and not to be distressed or angry with themselves (Genesis 45:5). This was 22 years after they had sold him into slavery. Healing takes time, sometimes many years.
- **Memories.** You will probably always have memories of the wound, but God can remove the negative emotions that came with the wound. He can help you place the scars in a different perspective. Joseph told his brothers, “You intended to harm me, but God intended it for good...” (Genesis 50:20, NIV 1984). He clearly remembered what happened and why they did it, but he now saw it from God’s perspective.

Sometimes God helps you directly to see things differently. At other times you may need others to help you develop that perspective, possibly through healing of those

memories. God may use others to accomplish what He wants in your life. For example, when Jesus came to Lazarus' tomb, He asked the people there to remove the stone covering the door. After He brought Lazarus back to life and Lazarus came out with his hands and feet wrapped with strips of linen, Jesus told them to unwrap him and let him loose (John 11:38-44). Did this mean that Jesus could not have removed the stone or the linen? Of course not! He chose to have people be part of that miracle.

For a more complete treatment of this topic as well as other topics, please visit www.missionarycare.com. Also please let your non-medical colleagues know about these free resources.

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