

# The Center for Medical Missions'

## *e-Pistle*

April 2018

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Welcome to this issue of the *e-Pistle*. Every month I wonder what articles I'm going to have to include, then I wonder what I can leave out because it is long. This month it is the same thing. I hope that despite the length you find at least some articles helpful to you.

Thanks so much to the few who responded to my question regarding whether or not physician assistants can be licensed in your country of service. If you have something to share but have not yet done so, I'd love a few more responses before I report in the next *e-Pistle*. The only countries reported on have been PNG, Albania, Zimbabwe, Belize and Kenya. I'm sure there are more of you who could share your experience. Will you help?

Thank you for praying for what we hope was the first CDMA regional mission conference, Remedy: Healing for the Nations. While we didn't reach the number of participants we had hoped for, it was a great conference from my perspective as the lower number of participants made it easier to focus on the person in front of me without the distraction of others waiting to chat. When you are on HMA, if you want a good conference to promote your ministry, I suggest Remedy as well as GMHC.

I've heard really good reports from the CMDE Conference. I'm sorry I was not there to greet you but trust you have returned to your ministries refreshed and ready for what the Lord has for you. I'm praying to that end.

Included in this newsletter are:

- [Cura Animarum: No Scar?](#) by Rev. Stan Key
- [Survey Opportunity](#)
- [Gender Delusion](#) by David Stevens, MD, MA (Ethics)
- [Needs assessment for development of an international medical education missions resource center](#)
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## **Cura Animarum: No Scar?**

by Rev. Stan Key

**Scripture: Luke 24:36-49**

*“...I bear in my body the scars that show I belong to Jesus” (Galatians 6:17, NLT).*

We tend to think of scars as ugly and embarrassing. Those who have them typically want to cover them up and keep them hidden. Paul, however, came to realize that the scars in his body were actually marks of beauty. The disfigurements he bore as a result of stonings and beatings were badges of honor witnessing to the fact that he was a follower of the One who had scars in His hands, feet and side.

It is remarkable that the risen and glorified body of Jesus had scars! One might think that once the victory had been won, the Father would make sure those ugly reminders of Jesus’ suffering and death would be eliminated. Not so! Throughout eternity, the church of Jesus will look on those scars in Christ’s body and give grateful worship for what He has done for us. But there’s more. Jesus has scars, yes. But he anticipates that we will have them too. When the risen Jesus sent His disciples into the world to share the gospel with others, He gave them an unforgettable visual object lesson.

*“Jesus came and stood among them and said to them, ‘Peace be with you.’ When he had said this, he showed them his hands and his side...Jesus said to them again, ‘Peace be with you. As the Father has sent me, even so I am sending you’” (John 20:19-21, ESV).*

It was as He showed them the nail prints in His hands and side that He explained He was sending them just as He had been sent. In other words, as the Father sent Jesus to give His life for others, so Jesus was sending His disciples into the world to do the same. It would cost them even as it cost Him! Just as Jesus had scars to prove His self-giving love, His disciples would have them too. Scars are the proof of discipleship!

Missionary to India Amy Carmichael had a profound understanding of gospel scars. She wrote an unforgettable poem entitled simply “No Scar?”

*Hast thou no scar?  
No hidden scar of foot, or side, or hand?  
I hear thee sung as might in the land,  
I hear them hail thy bright, ascendant star.*

*Hast thou no scar?  
Hast thou no wound?  
Yet I was wounded by the archers; spent,  
Leaned Me against a tree to die: and rent  
By ravening beasts that compassed Me, I swooned.  
Hast thou no wound?*

*No wound? No scar?  
Yes, as the Master shall the servant be,  
And pierced are the feet that follow Me.  
But thine are whole; can he have followed far  
Who hast no wound or scar?*

Point to ponder: The scars that are the result of sacrificial love are always beautiful.

Prayer focus: Someone living sacrificially out of love for others.

**U.S. Government – Ministry Partnership Survey**

This is the last call for participation in a [survey CMDA will use to help U.S. agency leaders improve the way the government works with faith-based outreaches.](#)

If you are one of many who has already completed our survey on strengthening faith-based and government partnerships, THANK YOU!

If you have not yet completed the survey, you still have a chance to voice your opinions before we present it to high-ranking U.S. government officials. The response so far has been very encouraging. A few comments from your colleagues in ministry are:

*"I retired from church work 13 years ago. If I had known that the U.S. government could help in mission work I could have seized the opportunity."*

*"I am neither experienced in grant writing nor in accessing government services and funds. As a full-time clinical worker I struggle with leaving patient care to do these kinds of administrative tasks. Is there an easier way to do it?"*

*"This is an important survey and long overdue. I hope to see the results."*

*"Thanks for giving the chance to provide input to achieve this dream."*

If you are or have served long-term in a healthcare ministry outside the United States, I know you have been short on time, funds and staff. The 10 minutes you spend on our survey has the potential to turn those shortages into provision for medical missions.

Click here to complete the survey: [U.S. Government – Ministry Partnerships Survey](#)

The survey will be closed in a few days. After that, we will share the results and final report with you, as well as with government officials. Thanks so much for sharing your opinion.

## **Gender Delusion**

by David Stevens, MD, MA (Ethics)

The title of this article is not politically correct. You won't find it in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). The only diagnosis it acknowledges is "gender dysphoria." In other words, someone has "a state of unease or generalized dissatisfaction" with his or her gender.

Nevertheless, it is an accurate description. A delusion is an "idiosyncratic belief or impression maintained despite being contradicted by reality or rational argument." Just like someone who has the eating disorder of anorexia nervosa has the belief they are fat when they are starving, the transgender person has the belief they are not the biological sex of their DNA. What was called *gender identity disorder* is no longer a disorder at all but a "distress." As the DSM-5 states, this dysphoria can be relieved if the individual gets "the desired physical interventions by means of hormones and/or surgery" that they desire.

Why do I even address this topic with missionary healthcare professionals? It is important, in part, because if you publically said or wrote what I just did as an employee in many healthcare institutions or as a faculty member in a medical school in the U.S. while you are on home assignment, you likely would be fired or at least demoted. It has already happened to some CMDA members.

This is a highly politicized issue. Remember Hans Christian Andersen's short tale about two weavers who promise an emperor the best suit of new clothes? These conmen mime putting on his new suit, and they said his new clothes were invisible to those who were unfit for their positions, stupid or incompetent. As the vain emperor parades before his subjects in the nude in his "new clothes," no one dares to say anything. That is an appropriate analogy to what is going on in American medicine on this issue.

Don't get me wrong. We as Christian healthcare professionals must treat those with transgender beliefs compassionately and with great wisdom while at the same time not reinforcing their belief. We need to help them.

Unfortunately, proponents want to make even that impossible. As I write, there is legislation before the California legislature that will allow any person (doctors, pastors, etc.) to be sued for consumer fraud if they offer to engage in or actually engage in "sexual orientation change

efforts.” Another proposed law requires all foster children who have gender dysphoria to be given affirmative treatment.

Some schools in California are now starting “sex education” in kindergarten and telling children they need to decide what gender they want to be or whether they are straight or gay. When parents have protested and asked that they be able to opt their children out of this indoctrination, they have been told it is not an option.

CMDA had to sue the U.S. Department of Health and Human Services (HHS) over a regulation issued by the last administration that stated all healthcare professionals could lose their Medicaid and Medicare reimbursement and be sued by a transgender patient if they didn't use the pronoun they preferred or failed to provide any medication or surgical procedure they wanted if they already provided those to any patients for any reason. In other words, if you did a mastectomy or hysterectomy on a woman for cancer, you had to provide it to a woman who thought she was a man. If you gave hormones for birth control, you had to provide hormonal puberty blockers to a 12-year-old who thought they were transgender. We got a legal injunction to block this madness.

There are now more than 45 gender clinics, including one at Boston's Children's Hospital, telling parents that puberty blockers, cross-sex hormones and the mutilating surgery will prevent their teens from committing suicide. That is despite the best studies showing 80 to 95 percent of children with cross-gender delusions will come to identify with their sex by late adolescence.

Two out of five people who identify as transgender attempt suicide during their lives. That is almost 10 times higher than the general population. Those who go all the way to “transition surgery” are 19 times more likely to kill themselves.

I don't have the space to exhaustively address this issue, and though most of you will never see a transgender patient overseas, you need to educate yourself on this issue. First download CMDA's Ethics Statement on [“Transgender Identification.”](#) It is succinct and very well done. I also recommend Dr. Ryan T. Andersen's book [“When Harry Became Sally: Responding to the Transgender Moment.”](#) It provides a balanced approach to this issue, a clear vision of human embodiment and a good look at the costs of getting human nature wrong.

Paul McHugh, MD, received the “University Distinguished Service Professor of Psychiatry” award while he was a professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine. For 26 years, he was the psychiatrist-in-chief at Johns Hopkins Hospital. He reversed the school’s policy of doing transgender surgery after researching the consequences of that practice. Along with Lawrence Mayer, an epidemiologist, he published a seminal review of the research on “Sexuality and Gender” in *The New Atlantis*, Number 50 in the fall 2016 issue. All 144 pages of it can be downloaded as a PDF file [HERE](#). You may not have time to read the entire thing, but I urge you to at least read the first nine pages that contain the Executive Summary.

Abortion has been a raging controversy since 1973. There are laws that prohibit discrimination against healthcare professionals based on their beliefs or refusal to participate in abortion. In January, HHS opened a Right of Conscience office under their Civil Rights Division to put teeth in these laws, something CMDA has been advocating on your behalf that they do for many years. Unfortunately, there are not laws to protect you because of your beliefs or practices surrounding transgenderism and a growing number of other ethical issues. We are working to get broader right of conscience legislation passed.

On the other side, some activists are increasingly willing to attack and destroy anyone who refuses to endorse or participate in these new “rights.” Just today, I read of a Christian-owned wedding dress store that closed after the owners and their children received death and rape threats because they wouldn’t provide wedding dresses to a same-sex couple.

As a missionary, you know there is a price to being a Christ follower. That price is increasing in the U.S., but it is good to know our God is faithful as we speak the truth in love, live righteously and follow our calling.

CMDA works to motivate, train, equip and assist you in any way we can in your quest to serve the Lord.

**Needs assessment for development of an international medical education missions resource center**

CMDA's [Medical Education International](#) (MEI) is exploring ways in which it may be able to serve as a central focal point or clearinghouse for 1) listing long-term and short-term healthcare professional teaching opportunities overseas, 2) connecting healthcare professional educators with people and organizations seeking faculty, and 3) compiling and making available teaching resources in locations such as those in which you serve. To evaluate the need for and feasibility of initiating this type of effort, MEI needs input from those who provide healthcare professional education in these settings and/or have a need for others to come and provide specific types of education. If you or your organization would be interested in this type of service center, please email [mei.director@cnda.org](mailto:mei.director@cnda.org) with your recommendations and specific needs.

## Training Opportunities

Christian Health Service Corps is offering the following courses on global health, tropical medicine, crisis response and community health evangelism at their headquarters in Northeast Texas. CME/CEU is available for most courses. Early registration and student discounts are offered. Find more information at [www.healthservicecorps.org/training](http://www.healthservicecorps.org/training). Contact Laura Smelter MD, Director of Training ([laura@healthservicecorps.org](mailto:laura@healthservicecorps.org), 903-962-4000), with questions.

- [Global Health and Tropical Medicine Overview](#)  
June 25-30, 2018: Healthcare professionals and students – study tropical diseases in a case-based format, explore global health guidelines promoting whole-person care in developing communities, and review practical skills for resource-limited settings in suturing and physical exam workshops. Up to 40.5 continuing education credits offered. Register by April 30 for discount.
- [Introduction to Disaster and Refugee Response: Sphere International Standards](#)  
July 26-31, 2018: Explore effective engagement in global response efforts through knowledge and application of life-saving and dignity-upholding international standards in the areas of water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action. Up to 32 continuing education credits offered. Register by May 31 for discount.



- [Community Health Evangelism Training of Trainers 1](#)

August 20-24, 2018: Discover a strategy for community based transformational development using approaches to teaching physical and spiritual topics that equip individuals and communities to identify issues and mobilize resources for positive growth. Register by June 25 for discount.

## **Unwelcome “Guests”**

by Ronald Koteskey

An article about the work of the cross-cultural workers appeared on the front page of the popular local newspaper where they serve. The article portrayed the Westerners as frauds using religion as a tool to subdue people. A nationwide newspaper picked it up.

- Trying to renew their annual visas, the workers were told a new law required foreign companies to get an operational license before applying for a visa.
- Paperwork for the license was huge.
- They took the documents to the capital city.
- Officials accepted the documents and promised to issue the license “tomorrow.”
- The next morning the visa director handed them a copy of the article and said he would need time to reconsider.
- The local visa office gave them a one-month extension.
- Then they received notice that they had 10 days to get out of the host country.

Here is a quote from a prayer letter: “One family was given three days’ notice after over 15 years in the country—their children were due to be in a play at school the next week and had to miss it. This is not like a vacation being canceled, but this is being told to leave your home, community, school and friends at a moment’s notice. Usually no reason is given, and sometimes there even are false rumors spread about the situation.”

People serving in a host country are “guests” of the country, and they are there only with permission of local governments. They may be asked to leave the country at any time, or they may be refused reentry even to say “goodbye” or pack their things.

## **Is this new? What does the Bible say?**

This is not new, and it goes back thousands of years. The first term of missionary service in the book of Acts included missionaries being expelled.

- From Antioch. People from their “passport” country stirred up some nationals in Antioch to expel Paul and Barnabas, so they left the region because they were asked to leave (Acts 13:50-51).
- From Iconium. Again, people from their passport country and nationals from Iconium were plotting to harm Paul and Barnabas, so they fled from the potential danger (Acts 14:5-6).
- From Lystra. The same two groups actually stoned Paul and left him for dead. Paul survived. He and Barnabas left Lystra the next day in the face of proven danger (Acts 14:19-20).

Cross-cultural workers have probably always had to leave their host countries from time to time. They are not citizens there, so they know their time may be limited.

One way they could get in trouble was by what they said or did, such as preaching the gospel or doing signs and wonders. Another way they could get in trouble was by what others said or did to stir up persecution.

## **Is this fear changing?**

We see examples of the fear of strangers or other cultures in the Bible, and we see that same fear in the world today. We do not have data on how much this fear has changed; however, we do know that our language (English) did not have a word for this fear of others until shortly before 1900 when we created “xenophobia” to talk about it. We do have data about the number of people looking up the meaning of that word in the 21st century. Online dictionaries have made it the word of the day or the word of the year during the last decade.

One cause of the fear in the U.S. may be that the attacks on New York City and Washington D.C. on September 11, 2001 increased xenophobia in the U.S. A similar cause may be the attacks in some European cities by some refugees from the Middle East and North Africa during the first two decades of this century.

Another cause may be the rise of nationalism in countries all over the world. Part of that is resentment of past colonialism. People in Africa, Asia and Latin America may resent others who over-ran their countries imposing their cultures on the indigenous cultures.

### **The Internet**

Before the internet became available around the world in the 21st century, cross-cultural workers basically had to be careful about what they carried into their host countries. They also had to be very careful what they and others said in conversations face to face, over the telephone or when they thought no one else was listening, but they were in a “bugged” room. However, since the internet appeared on the scene, cross-cultural workers have to consider what they say or do at all times.

**First.** When the internet and email first appeared, cross-cultural workers had to be concerned about what churches posted on their websites and about what people wrote to them in letters or emails. These were causes for concern, but they were relatively easy to deal with by contacting supporting churches and asking them not to post certain items (and having a good friend in each church to keep an eye on their own church’s website). Likewise, they could give their friends and supporters lists of things to avoid when communicating with them by email or when talking with them on Skype or a similar means.

**Second.** When social media became available to everyone free of charge on systems such as Facebook and Instagram, controlling what appears online became much more difficult. Using social media, anyone can take pictures and record audio or video with their smartphones and post any of them on social media in minutes without cross-cultural workers even knowing about it. Even if people do not post recordings, they may post only text including the cross-cultural workers’ names and what they talked about.

If the cross-cultural workers are “friends” on social media where they communicate with each other, such communications may result in several “friends” being expelled all at one time. Sometimes 15 or 20 workers in the same agency may be expelled at the same time.

### **What can we do now?**

The old saying, “An ounce of prevention is better than a pound of cure” seems to be the best advice. It is best to be primarily interested in prevention because a “cure” may be impossible. If something gets posted on the internet and is downloaded by the host country, there may be no way to “erase” that from the evidence against a cross-cultural worker.

**Prevention.** Here are some suggestions for prevention. Ask supporting churches to avoid all of the following:

- Posting your name or information online
- Printing your name or information in the weekly bulletin for the Sunday service
- Putting your name or picture on bulletin boards in the church
- Recording anything you said in a service

When speaking before any general group, such as a morning service, be very careful what you say or hand out. If you want to present specific information that must not be passed on, invite those interested to a presentation in a smaller safer room. In that room, emphasize again that any information posted could end your ministry.

Regardless of what you do, you will probably live with uncertainty and anxiety. If you choose to continue serving in that place, you may have chosen to live with harassment and/or persecution as well.

**Plan B.** No matter what one does, someone may still post something on the internet that will result in cross-cultural workers being sent back to their passport countries. This does not completely end the ministry, because that person may still be able to represent the ministry with information or raising funds for the ministry. In addition, national believers can continue the ministry in their own country.

If expelled, one thing you are sure to experience is grief. This period of grief is likely to last a long time because you are grieving the loss of so many things. One comforting thing to remember is that we know how things will end. It seems like Satan and the rulers of the world are winning, but we know how the story ends. Revelation 21-22 assures us of that.

It is wise to have a contingency plan in the event of unexpected expulsion. Essentials, such as toiletries, some clothing, passports and vital documents can be always packed and ready. Arrangements for temporary housing can be made in another country in advance.

If the household is kept organized and a simple lifestyle adopted, that reduces the need for a spouse or teammate to become responsible for selling a large amount of “stuff.” All vital telephone numbers and contact information should be in the hands of members of the family.

Even in “closed” countries, many people have open access to social media, making it possible for displaced workers to maintain friendships with nationals even if they are forced to physically leave the country. This helps the coping process of grief and loss from an unplanned relocation. Friendly and light conversation on social media with national friends should not necessarily pose a risk for either party. Of course, a person may be super vigilant about protecting their online identity but still may get expelled because of ministry activities locally.

A solid confidence in God’s sovereignty greatly eases feelings of failure or anxiety. If the time comes that a family must relocate, even under stressful and painful circumstances, cross-cultural workers have an opportunity to consider how God is closing one chapter of their lives but opening a new one. They can build on past experiences with a view to future fruitfulness. It may be an opportune moment for God to move workers to a new place that needs them more than the field that expelled them.

For other topics, please visit [www.missionarycare.com](http://www.missionarycare.com). Also please let your non-medical colleagues know about these free resources.



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