The Center for Medical Missions' *e-Pistle* August 2008

Welcome to August's e-Pistle. We've put together several articles that we think will be helpful to you. Dave Stevens has presented a first part of a multi-part series on Leadership. You will want to check out the continuing article next month.

Our devotional this month is about a subject that is not often talked about. But we need to consider the Biblical perspective and ensure we are in line.

Dr. Tolan has done some research on malpractice insurance options for missionary doctors. He has summarized his findings in the third article.

It is a privilege to include some of Dr. Michael Johnson's writing in this issue. I've no doubt everyone of you have had a similar situation. I hope you are praying for other's who are reaching out to the sick and lost.

We end this issue with announcements of 3 conferences. The first two we know will be excellent. I don't really know anything about the third but it looks like it might be helpful to some of you serving around the globe. We simply bring it to your attention.

I trust your ministry is going well. Be sure to let us know if you think there is a way we can be of service to you.

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Leadership Section VII: Useful Skills

By David Stevens, MD

Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.
- Harry S. Truman

In successful organizations, it boils down to leadership. It is the fuel for success and progress whether you are President of the United States or a physician, nurse or other member of the staff in a medical mission outreach. Unfortunately, most of us get little education about leadership during our days of training but then are expected to be leaders when we get out into the real world.

What is leadership?

The dictionary has it wrong. It states that a leader is "*somebody who guides or directs others by showing them the way or telling them how to behave or the head of an organization such as a nation, political party or military*." These definitions confuse the power someone has over others or the position they hold with true leadership.

Leadership in reality is the ability to influence people. It is not the power to force others to your way of doing things.

It is also easy to confuse being a leader with being a manager. People want a manager when life is orderly, predictable and things are going well. Managers tweak the system that already exists to make it better without causing major disruption or emotional consequences. They exercise the power of their position. True leaders bring change and people want them when change is needed because things are unpredictable, uncomfortable or even out of control. Nevel Chamberlin, Prime Minister of Great Britain, was a good manager but a woeful leader when WWII was about to break out. He hung onto the status quo at all costs, including appeasing Germany. War broke out and who did the people call to provide leadership? Winston Churchill. He was a true leader who led England through a myriad of changes and seemingly unbearable hardship.

Biblically, is it right to have the ambition to be a leader? Doesn't Jeremiah 45:5 say, "*Should you then seek great things for yourself? You should not*."

But turn over to 1 Timothy 3:1 and read, "*To aspire to leadership is an honorable ambition*."

To reconcile these two verses you need to understand there are two types of ambition. Jeremiah is referring to having the ambition for power and prestige. In Latin, the word he uses for "ambition" means, "campaigning for yourself" and that is unbiblical. Paul talks about a different type of ambition for leadership. An ambition to servant leadership as Christ defined it in Mark 10:44, "*Whoever wants to become great among you must be your servant, and whoever wants to be first must be a slave of all*." Christ, the greatest leader and influencer that ever lived, demonstrated that kind of leadership. As someone said, "*Because the children of Adam want to become great He became small. Because we will not stoop, He humbled Himself. Because we want to rule, He came to serve*."

Throughout history, true leaders have been in short supply. We read of how God searched for true servant leaders to partner with Him in building the kingdom. He found:

- **David**
  the LORD has sought out a man after his own heart and appointed him leader of his people. 1 Sam 13:14
- **Ezekiel**
  I looked for a man among them who would build up the wall and stand before me in the gap on behalf of the land so that I would not have to destroy it. Ezekiel 20:30
- **Paul**

I have appeared to you to appoint you as a servant and as a witness of what you have seen of me. Acts 26:16

Good leaders are needed now more than ever. Because they are so scarce today, most people are just following themselves.

Some people are natural leaders. Look at the life of Joseph. Wherever he went, he led - in Poptipher's house, in prison and before Pharaoh. Not all natural leaders are good leaders though. Look at the charisma of Hitler who influenced millions to evil.

Most people are not natural leaders but the good news is that leadership skills can be nurtured. That is what military academies do every day. They teach men and women to be good leaders.

I think I was born with some natural leadership ability but it was strengthened by leadership training, mentoring and working with humble servant leaders who were my role models. Let me share some of what I have learned with you to reveal key attributes of a good leader.

The Vision Thing – Good leaders have vision. They are dissatisfied with the status quo. This is what drives their desire to lead change. I constantly remind my staff that "there is a better way to do everything and we are out to find it." I reiterate that to get there, change will be required. I've been heard to say, "If you don't like change, you shouldn't be working at CMDA. We are always going to be changing."

A true leader has a vision of where the people or organization he or she leads needs to go. A leader understands the mission and as they say in industry, "Defines the business of our business." They not only have a vision but also can articulate it. I remember when I came to CMDA our slogan was, "A fellowship of Christian doctors." Yes, that is kind of hard to get excited about or pour yourself into! I remember telling the board that fellowship was a by-product of accomplishing our mission. It was value added but not a banner that doctors would charge up a hill under. We changed our vision slogan to, "Transformed Doctors, Transforming the World." That is a vision that will preach and doctors will respond too.

Vision is the ability to set the trail for others to follow. That is why the best test of whether someone is a true leader is to look and see if anyone is following.

Strategy - The second characteristic of a leader is someone who is a strategizer. It is not enough to just have vision. If so, you are a dreamer of no practical consequence. A good leader not only knows where you need to go but also has a map they will share that shows you how to get there. A strategy that is worthy to follow also must be doable. That doesn't equate with easy. Change is often difficult and the bigger the vision, the more complex and time consuming the strategy that may have to be employed.

I've found the best way to do the "impossible" is to develop my strategy by working backward from the ultimate goal. Instead of asking myself what I should do first, I ask what would be the last thing I would need to accomplish to reach my goal and then identify the precursor to that until I get back to the first thing I need to do.

John Mott, the founder of the YMCA and one of the launchers of the modern Protestant mission movement summed it up this way, "A leader is a man who knows the road, can keep ahead and who pulls others after him."

Motivator – A good leader must learn how to motivate people to embrace change or as Mott said, to "pull others after." Persuasive communication is an art that can be learned. It starts first by understanding where people are so you can reach back to them. Secondly, you need to realize what already mobilizes them to embrace change and then thirdly, to link the changes you propose to those motivation switches. The story is told of Steve Jobs, the founder and CEO of Apple when in the early days of his startup company he was trying to recruit a top Coca-Cola executive to his team. He realized that a prime motivator for this man was investing his life where it would make a difference, so he sent him a note saying, "Do you want to make sugar water for the rest of your life, or do you want to change the world?" The man moved to Apple.

Good leaders have strong convictions like Steve Jobs and are not hesitant to convey them to others. They share their vision with confidence, which is important and thus worth being committed to.

Cont'd next month

Cura Animarum

By Rev. Stan Key

Perhaps the clearest expression of the biblical standard for sexual purity is found in Ephesians 5:3 where Paul says: *But among you there must not be even a hint of sexual immorality, or of any kind of impurity*.

Not even a hint? Give me a break. Come on, Paul. This is the 21st century. Wake up and smell the coffee. Is it really possible to have clean hands and a pure heart in a culture where:

- Pornography is a $12 - $13 billion-a-year industry - more than the combined annual revenues of the Coca-Cola and McDonnell Douglas corporations.
- More money is spent at strip clubs than at Broadway, off-Broadway, regional and nonprofit theaters; at the opera, the ballet, and jazz and classical music performances – combined.
- Playboy's electronic headquarters received 4.7 million hits (electronic visits) in a recent seven-day period.
- There are more outlets for hard-core pornography in this country (approximately 25,000) than McDonald's restaurants (approximately 9,000).
- The average age of first time contact of pornography among sex addicts is 11.
- 21% of committed Promise Keepers in April 1996 reported that purity (Promise 3) was the most difficult to keep.
- Some surveys indicate that as many as 64% of pastors and committed lay leaders struggle with pornography and secret sexual activity.

In his Confessions, written long before the arrival of our modern forms of temptation, Augustine recounts his struggle with sexual temptation. Having fathered a baby out of wedlock, Augustine realized that sexual sin was a monster that could destroy him forever. He wanted purity, victory, and a holy life. But only to a degree. "Give me chastity," he prayed…. "but not yet."

But not yet? Jesus shed his blood and sent his Spirit so that sexual purity would be a reality, not just an ideal. Would you today dare to pray the prayer that Augustine found the courage to pray only later in life? "Dear Lord. Give me clean hands. Give me a pure heart. And Lord, I'm asking that you do it today! Amen."

Malpractice Insurance - For Those in Mission Healthcare

By Daniel Tolan, MD

In the past few months CMDA has examined malpractice insurance and the risk to those working outside their home countries. We have looked at this specifically for those who are in a mission clinic or hospital setting. While the risk for being sued is still low for most of our missionary members, concern about being sued is rising and the risk of being sued seems to be increasing worldwide. This risk is higher for long-term missions than it is for short-term missions at present.

CMDA has located two organizations for those of you interested in obtaining coverage for yourselves and/or for your clinic or hospital. These organizations are very different from each other and it is important you realize CMDA cannot recommend or endorse one or the other to you. You will need to make this decision based on your own needs and location. Because of the complex nature of malpractice insurance we cannot provide you with exact quotes of costs. Each setting will be different and have unique needs and therefore have different costs.

The first organization, based in Columbia, South Carolina, is called Adams and Associates. Adams and Associates has experience providing insurance for missionaries for many years. Based on information from communication with Adams and Associates, individuals or groups stationed abroad for long periods may participate in malpractice coverage on an annual participation arrangement. This coverage is provided through an independent trust. The cost per individual for coverage will generally range from $700 to $1,800 per year depending upon the medical specialty. There are instances where this will be higher depending on a number of issues and your location.

Adams & Associates International can assist you in participating in this trust to obtain your coverage. Contact them at 800 – 922 – 8438 or at their website, www.aaintl.com. A link to the Trust is available on their Web site.

A contact person at Adams and Associates is Tommy Boggs. You may contact Tommy at Tommy_Boggs@AJG.com.

In addition to long-term coverage Adams and Associates provides short-term coverage on a daily basis for individuals going by themselves or on short-term teams. The contact information is the same as above.

The second organization, based in the United Kingdom, is the "Medical Protection Society". MPS makes it clear they are not an “Insurance Provider” but are a mutual, not-for-profit organization, with 250,000 members worldwide, offering education about and discretionary help with legal and ethical issues and problems that arise from professional practice. Their web address is http://www.medicalprotection.org/uk. MPS does provide services for students as well.

To contact MPS:
Phone: 44-845 605 4000, 44-113 243 6436 or 44-20 7399 1300
FAX: 44-113 241 0500, 44-20 7399 1301
General info email: info@mps.org.uk or Membership e-mail: member.help@mps.org.uk
Services for students email: student@mps.org.uk
Mailing addresses:
Medical Protection Society, 33 Cavendish Square, London W1G 0PS, United Kingdom, or
Medical Protection Society, Granary Wharf House, Leeds LS11 5PY, United Kingdom

If you are interested in joining MPS we recommend you thoroughly review the Memorandum and Articles of Association available on their website and fully clarify the membership benefits you would be eligible for as well as those situations where you would not be covered.

If you have individual questions please feel free to contact CMDA’s Center for Medical Missions at CMM@cmda.org.

“Hampered by Hope”

By Michael Johnson, MD

He was barely alive, if you can call it life. The energy acquired by each breath was just enough to take the next one. His head bobbed back and forth as he breathed almost ready to detach from his wasted, skeleton like frame. He was the first in a line of five patients that day with whom I would share the cursed word ‘cancer’. The other 40 or 50 waiting outside would not hear that word today.

That word has no real equivalent in Swahili. That is to say, I cannot explain to someone what it means to have some cells in the body grow without regulation or reason. I use phrases like ‘kidonda kibaya’ which literally means ‘a bad sore’. I say that this bad sore has grown from the bottom of your big toe (for example a melanoma) and has spread to your bowels, lungs and even brain (which is not uncommon in this particular kidonda kibaya). That is literally from head to toe.

This is hard reasoning for the literate and learned. Imagine how it sits with a person who recognizes two diseases and two diseases only. For most people it is either malaria and typhoid

or typhoid and malaria. I guess there is some variety. They have been treated for these two illnesses for days, weeks, even months and years before they come to see me. The blood in their stool, urine, breast nipple or phlegm has been diagnosed over and over again as one of these familiar illnesses for 'a long time'. That is the typical part of the history when asked, 'just how long have you been vomiting blood?' The answer is 'kutoka zamani', meaning, for a long time.

When they arrive at the surgical clinic, it is not unusual for my patients to come with a large envelope full of x-rays 'kutoka zamani'. Likewise, there are bits and pieces of dirty scraps of paper, CT scans, ultrasound pictures, fine needle biopsy reports, letters of introduction with official stamps, seals and fancy letterhead. By the time they have spent their life's savings (literally sold the farm or better yet barren fields), they have nothing left to pay for the necessary and most often palliative care. They have been hampered by hope. The physicians either string them along for cash, or literally have no idea what the diagnosis is. However, rather than say 'sijui' (I don't know) or 'uende pengine utubiwe', go somewhere else to be treated, the physicians and surgeons choose to offer hope when there is none.

Culturally it is either rude or evil to tell people bad news, so it is easy to hide behind cultural sensitivity and hamper with hope. No one gets hurt. "The disease is already well advanced. Typhoid and malaria medicines are cheap. They want to be treated. Besides I need the money."

This kind of hope can hamper. It is best to offer hope that helps and heals. That is what I offered the man whose head was bobbing back and forth. I was afraid he would expire in my office, so I hurriedly called in the family for counsel and consolation. I told them the truth. I told them this man, their father, husband and grandfather, was dying. I told them he needed to get his affairs in order over the next several hours, maybe day or so. I confessed that I had nothing to offer him and it was easy to take the last coins in the pockets of his dirty, threadbare pants to pay for more useless tests. I then told them that there was hope for a better life. That life was soon to come for him.

They confessed they did not know of such hope. I told them about Christ. It was a lot to lay on people in less than fifteen minutes. The others waiting outside the office were wondering why I was taking so long with this one case. They had important issues too. As for this family, I am sure they did not have any idea of what I was saying. Kidonda kibaya was still brewing in their heads. They were still hampered by the hope there was a cure to come. They left my office, angry, confused and thinking 'daktari huyu ni mjinga' (that doctor is a fool).

They were very accustomed to being hampered by hope. I pray that they would come to know that one hope can help and heal. That hope is in Christ alone.

Conferences

CMDA's Continuing Medical & Dental Education Conference

February 9 – 19, 2009
Chiang Mai, Thailand
To register e-mail: Donnie Luper at lupercmda@suddenlink.net

After September 15, registration is open to non-American healthcare personnel serving in missions.

Global Missions Health Conference

The 2008 Global Missions Health conference will be November 13, 14 and 15 at Southeast Christian Church in Louisville, Kentucky. If your mission has not participated and even had a booth in the exhibit hall, they are missing an incredible opportunity to promote their ministries. Registration is already underway for both participation and exhibit hall space. www.medicalmissions.com will give you the needed information.

If you are on home assignment during this time and are free, I encourage you to participate as well. You will be blessed!

Intensive Update Course in Clinical Tropical Medicine and Travelers' Health

Location: The Catholic University of America, Washington, D.C., USA
Dates: October 23-24, 2008
Sponsor: American Society of Tropical Medicine and Hygiene
Course Description:
This two-day course provides a broad overview of core topics in clinical tropical medicine and travelers health. Presented in a two-day condensed format, it is an excellent review for health care professionals. The course is designed for all health care providers working in tropical medicine or travelers health.

Speakers are internationally recognized authorities on tropical medicine and/or travelers health. Following this course, attendees should be better able to advise overseas travelers and diagnose and treat ill-returned travelers and those living in developing countries.

Course Topics:
Intestinal Helminths
Schistosomiasis and Other Flukes
Leishmania and Trypanosomes
Filarial Infections
Larval Cestode Infections
Mosquito-Borne Viral Diseases
Environmental Health--Altitude, Diving and Fish Toxins
Malaria Prevention
Malaria Treatment
Rickettsial Diseases
Tropical Dermatology
Immunizations for Travel

Diarrheal Diseases
Management of HIV/AIDS in Africa
Tuberculosis
Case Studies

The course precedes the joint meeting of the Infectious Diseases Society of America (IDSA) and ICAAC. For additional information, contact ASTMH at (847) 480-9592, e-mail info@astmh.org or visit their Web site at http://www.astmh.org/clinicians/update_course.cfm.

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