

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

Welcome to this issue of the e-Pistle. We've included a great deal of helpful information this month, and I hope you find it useful.

Thanks so much for praying for our 2012 Orientation to Medical Missions which was held July 20-22. We had 31 participants and most of them will be in the field by January 2013. The participants unanimously agreed that the conference was extremely beneficial and the networking was an added blessing. Will you join us in praying for this newest class of medical missionaries as they finish their preparations and head to the field? Two things come to mind to pray about. First, will you pray for their families? As you know, it is often hard for parents to release their children to the unknown and it is hard for the missionaries themselves to say goodbye to family. These are especially true when children/grandchildren are involved. Your prayers will mean a lot. Secondly, will you pray that they will trust the Lord to help them pack? Packing seems to come at a new missionary with overwhelming speed and continues for weeks. Questions: What will we need? What can I purchase in country? How do I pack to get the best advantage? What do I get rid of? What do I store? Where do I store things? Do you remember asking these same questions? There is no one who knows better how to pray for these new missionaries than those of you in the field. On behalf of all of them – thank you!

The next thing on the Center for Medical Missions' schedule is our annual Medical Mission Summit. Remember, I mentioned this last month. A couple of you contacted me to see if your sending agency has been participating. Having a specific name of a person to invite is helpful. We will have additional agencies represented this year. I hope you will join us in praying for this very important meeting. My responsibility will be leading the discussion on identifying benchmarks for new medical missionaries. I have yet to come up with the way to present this so I will greatly appreciate your prayers. The Summit will be September 6-7 at TEAM headquarters in Carol Stream (Wheaton), Illinois.

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Cura Animarum

by Rev. Stan Key

“Truly you are a God who hides himself” (Isaiah 45:15a, NIV 1984).

I find it rather amusing that Walt Disney Pictures is preaching gospel truth to millions of people! I’m talking, of course, about the release of the film *The Chronicles of Narnia: Prince Caspian*. If God could use a donkey to speak truth in a previous generation (see Numbers 22), then I suppose he can use Disney to speak truth to ours!

The story introduces us to a Narnia much older than the one we encountered in the first film (*The Lion, the Witch and the Wardrobe*). More than 1,300 years have passed since the golden age, and now memories of Aslan and his power are faint. The defining characteristic of this darker Narnia seems to be Aslan’s absence. Does he exist? Will he come again and deliver his people? The movie reminds us of the fact that God often seems to hide Himself. In theological terms, he is *Deus absconditus* (the hidden God). Three characters in Prince Caspian introduce us to three possible responses.

Trumpkin, the Dwarf - *What I see doesn’t look like what I expected.*

When the four Pevensie children arrive in Narnia as the kings and queens of old who have come to deliver the kingdom from the evil powers in the land, they are first met by Trumpkin. His bewilderment was great as he struggled to see how God’s work of deliverance would come to Narnia in the form of... well... kids!

Peter – *I don’t see Aslan at all.*

Peter believes in the concept of Aslan but is unable to see any practical application of that theoretical abstraction. There are battles to be fought, and pragmatic Peter trusts in what he can see, not what he can’t. Even when Aslan is close at hand, Peter’s cynicism makes him blind. And the consequences are tragic both for himself and for others.

Lucy – *I see him! Open your eyes and you can see him too!*

Lucy, the youngest of the siblings, sees Aslan when no one else can, but her testimony is greeted with unbelief and condescension. A vote is taken to “prove” that her sightings

of Aslan cannot possibly be true. But Lucy knows what she knows. For her, believing is seeing. Ultimately, it is Lucy's ability to see that turns the tide and saves the day.

My friend, what about you? Does God seem to be hiding Himself? Perhaps the real problem is not His absence but your blindness. He can open your eyes...if you let Him.

Helpers of Health Section X: Community Health and Development

by David Stevens, MD

Continued from July

9. Focus on the Eternal – Community health is one of the best methods for evangelism, discipleship and fueling church growth. It combines the effective synergy of words and works with an “every person” campaign as your health helpers draw maps of their communities and visit every home.

Here are the “P’s” of an effective program:

Passion – If you are directing the program, the passion has to first be manifested in you. Remember, no matter how much you improve health behaviors, sooner or later every person is going to die. The only way you can provide eternal life is to introduce people to Christ. So you need to practice what you preach in your words and deeds. Be more excited about this part of training than anything else you do. Your passion will be contagious. Get out in front and demonstrate how to do it while others watch. You can be involved in evangelism skits or take individual health helpers with you on home visits to demonstrate how you share your faith.

Let your supervisors know this is the most important thing they need to facilitate. Disciple and mentor them so they can disciple and mentor those they supervise. Hold them accountable by direct observation and through their reports. Provide feedback and continuing education to constantly stimulate them to do it better.

As I mentioned earlier, what gets measured gets done. Collect data on your evangelism outreach. Measure both your efforts and your results. How many people did each health helper share the gospel with last month? How many people came to Christ? How many of those people are now incorporated in a local church? Collect testimonies of those who came to Christ and share it with all your staff members and volunteers.

The Holy Spirit is the only one who can convict and bring someone to repentance. Pray and encourage everyone to bathe the community health teams' efforts in prayer. You have not because you ask not, so ask in faith believing and then do the work.

Keep your church leaders up to date on your efforts and your results. Let them know that you are there to complement and supplement their efforts. Your goal is to help them

be more successful. As God works, give the credit away to others, realizing that only through His grace is anything accomplished.

Plan – Things rarely happen by accident. You need to create a plan and continually sharpen it to make it better. Develop culturally appropriate methods for sharing the gospel in a wide range of situations. What skits or stories will share your message effectively? How can you use a picture or have your health helpers draw a diagram to explain salvation? What cultural practices, beliefs or stories can be used to find bridges to share biblical truths?

Test each method you develop to see what works best. Turn your supervisors and helpers loose to be creative. Before long, you will have as effective or even more effective methods for evangelism as you have for your health interventions. Don't forget to talk to other groups to learn from them and share your methods.

Purpose – You wouldn't deliver a baby in the hospital and leave it in the delivery room forever. If you did, sooner or later it would perish for lack of food, warmth and love. No, you place the swaddled child into her mother's arm, ensure that she nurses and then give the new mom instructions.

In the same way, it is important for your community health team to know their ultimate purpose is to build the church. It is the church that can help new Christians mature in their faith. As people come to Christ, they may be involved in some of the early discipleship efforts, but they need to have a close relationship with the local church and get new converts participating in it as soon as possible. That is where they will grow and develop and find the support structures they need to become all God designed them to be.

You may run into the problem we did. We found the local church poorly trained and equipped to disciple thousands of new converts each year. We recruited a long time missionary's wife who volunteered to train pastors in the areas where we were working. She held mini-pastors' conferences that taught a new believer training curriculum we developed. From this point of contact, we developed long-term relationships with individual pastors and checked back with them regularly to see how they were doing and encourage them in their efforts. We funded and provided Bibles and discipleship materials as needed.

10. Clone It! – Okay, I'm not for human cloning, but cloning program principles makes sense. Our community health program gave us a laboratory for testing and developing management methods, fundraising processes, logistical systems, training approaches and motivational techniques. What a waste to only utilize what we had learned within that one program.

We soon realized two things. Our health outreach mainly transformed women and children. We were not reaching men very often. Secondly, money had a lot to do with health. We could teach proper nutrition, but the family couldn't afford to buy what they

needed if they didn't have the financial resources. They also couldn't afford school fees, clothes, clinic fees, etc. At the same time, men were interested in making money.

We already had the systems and methods developed from our health efforts, so we simply cloned our program into a development outreach with different interventions. We went looking and found the best micro-enterprise methods that we felt could be even better. Instead of working to create interest in new enterprises, we focused on how we could make the local people very successful in what they already knew. We focused in four areas. First, we taught and modeled "zero-grazing" to increase milk and calf production. We motivated men to sell all but the best three or four cows, contain them in a feeding shed and grow high protein fodder on their limited land. They brought the cows water from the river on a donkey so they wouldn't "walk off" their milk production or get diseases from other cows in the community. They cut the fodder, brought it to the cows and saw their milk production soar. We got the government to bring in artificial insemination services to help breed better cows. We worked to setup local collection systems for our milk producers.

In our African culture, women did the gardening. We worked with a U.S.-based company to build greenhouses and grow hybrid plants that markedly increased production. We then helped finance smaller satellite greenhouses in local communities run by the health committees. This ensured vegetables for each family and they had enough to sell and generate income. Along with this, we provided cheap "bucket-based" drip irrigation systems for drier areas.

Chickens were a great source of protein through their eggs and ultimately meat. Most bush hens free ranged and had poor egg production if they could be found in the weeds. We developed a "no touch" off the ground chicken coop for 20 hens to prevent disease transmission, set up brooder houses for high production layer hens and developed chicken feed distribution systems. In 15 minutes, a woman could feed and water her hens and collect around 15 eggs a day which were readily marketable in their local area.

Lastly, we developed a rain water containment systems made out of readily available local materials that supplied a source of safe water for families.

We trained men to teach development and used the same techniques we had perfected in our health work. We also constructed demonstration projects where the lessons being taught could be demonstrated.

We didn't stop there. As our reputation grew, we cloned our techniques back into our hospital, clinics, the new nursing school and even the church administration. For example, we learned from using skits that we could teach as well as assess what our health and development helpers really knew. So we incorporated role playing into our nursing student interviewing process. We would ask an applicant to pretend one of the interviewers was a family member of a patient who had just died on the ward and ask them relate that fact in a compassionate manner. We might ask them to act out sharing

the gospel with a patient, deal with a colleague who wasn't doing their job well or a half dozen other scenarios which gave us insight into their ability to think, communication skills, maturity or knowledge base.

So how do I sum it up? Community health outreaches are “high leverage.” You get a lot of “bang” for your buck! Limited resources can bring enormous results. Preventing disease is so much better than treating, and community health programs bring long-lasting changes in behavior. Most importantly, they are one of the best ways to spread the gospel.

If you don't have a program, start one. If you have an outreach, turbocharge it by applying some of these techniques. People will be glad you did!

This completes this article.

Announcements

Don't Forget – Global Missions Health Conference 2012

If you have not yet registered for the 2012 [Global Missions Health Conference](#) that will be held at Southeast Christian Church in Louisville, Kentucky on November 8-10, I hope you will do so soon. Remember, if you register early, the church can provide housing for students.

CMDA National Convention – May 2-5, 2013 in Ridgecrest, North Carolina (near Asheville)

Put it on your calendar now to attend the [CMDA National Convention](#). Would you set a goal to attend your first convention? Invite three friends – conventions like this are so much more fun when you are with others you know. Can we make this the largest representation of young people ever at a national convention?

Opportunity to Offer Suggestions to Improve Management of the Global Fund

The Global Fund is undergoing a major transformation to improve how it operates. The transformation focuses on bringing the Global Fund in line with the key tenants of its Strategy 2012 – 2016, which requires the Global Fund to:

- Invest its resources more strategically by focusing on the highest impact countries, interventions and populations while keeping the Global Fund global;
- Evolve its funding model to replace its round-based system with a more flexible, iterative and dialog-based application model; and
- Support grant management success by actively managing grants based on risk, impact and value for money and enhancing the quality and efficiency of grant implementation.

Global Fund managers are asking for input from interested parties regarding what can be done to improve fund management. [Click here](#) to find specific questions they are asking. If you wish to respond, please follow these instructions:

Send an email to BetterGrants@theglobalfund.org

To help with tracking, include:

1. Your name and institution
2. Your Global Fund constituency and home country
3. Any current or past involvement with the Global Fund (for example, as member of a CCM, recipient or sub-recipient of a grant)
4. The name, date and location of the consultation session

The Global Fund will take all comments into consideration, but will not respond individually.

Resources

[A Taste of Tropical Medicine](#)

Available on DVD \$130 to \$140

Product Description:

Interested in becoming involved in healthcare to the under-served? This five-disc video DVD set is a practical course with concise lectures that will prepare you to do global healthcare more intelligently in resource-limited areas.

Topics Covered Include:

- Focus on Global Public Health and short-term volunteerism by Mayo Clinic, University of Minnesota, and invited faculty.
- Demonstrate increased confidence in serving as a healthcare volunteer in developing countries.
- Diagnose and treat the most common maladies in developing countries such as malaria or diarrhea.
- Use symptom-based diagnosis and physical exam when common diagnostic tests are non-existent.
- Show self-reliance, problem-solving ability and creativity in providing healthcare with minimal supplies and equipment.
- Educate patients and communities on prevention of common tropical diseases.

Viewing this enduring material does not indicate nor guarantee competence or proficiency in the performance of any procedures which may be discussed or taught in this course.

Intended Audience:

This course is intended for any physician, NP/PA, resident or medical student, performing short-term global health volunteerism that includes primary care and care of common tropical diseases, would benefit from the knowledge gained in this course. No prior knowledge or skill is needed.

Accreditation Statement:

College of Medicine, Mayo Clinic, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

College of Medicine, Mayo Clinic, designates this enduring material for 9.0 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Follow-Up on Bribery- Another Book

Bribery and the Bible was written by Richard Langston and published in 1991 by Campus Crusade Asia Limited in Singapore. This book gives a biblical perspective on bribery and extortion and applies that perspective to bribery issues in the Philippines where he served before moving to Singapore. Mr. Langston has graciously granted permission to put his book on the web for free download. [Click here](#) if you are interested in downloading a copy.

Sarcasm

by Dr. Ron Koteskey

Some people, including missionaries, believe that sarcastic remarks are cute, get a laugh and do no harm. For example, they find that the following one-liners may bring laughter from a group.

- You don't have an inferiority complex: you really are inferior.
 - Whatever is eating you must really be suffering.
 - Talk is cheap, but that's ok. You are too.
 - What you lack in intelligence you make up for in stupidity.
- Such remarks may get a laugh, but they may also do harm. *Webster's Dictionary Unabridged* defines sarcasm as "a taunting, sneering, cutting or caustic remark." The dictionary notes that the word comes from the Greek "sarkasmos from *sarkazein*, to tear flesh like dogs, to speak bitterly, from sarx flesh." Rather than tearing physical flesh, such remarks may tear emotional "flesh." Such emotional wounds may take far longer to heal than physical wounds.

Sarx appears more than 150 times in the New Testament and is usually translated as "flesh" or "fleshly." However, it is translated differently in about 10 places, and in those

places the King James Version translated it as “carnal.” Since carnal is seldom used today, some translations use other words. For example, the New International Version (1984 edition) translates it as follows.

- Romans 7:14. “We know that the law is spiritual; but I am unspiritual (*sarx*), sold as a slave to sin.”
- Romans 8:7. “The sinful (*sarx*) mind is hostile to God. It does not submit to God’s law, nor can it do so.”
- 1 Corinthians 3:3. “You are still worldly (*sarx*). For since there is jealousy and quarreling among you, are you not worldly (*sarx*)?”

This use in the Bible does not mean that everyone who makes a sarcastic remark is worldly, unspiritual or sinful; however, it does mean that one must be very careful because such remarks may do harm. Here are some ways they may do so, as well as some ways to prevent that.

“Mean” Missionaries

Humor in another language is difficult to understand at best. Many times interpreters translate “jokes” as, “This guy just told a joke, and I don’t have any idea what it is. Laugh heartily to make him feel good.” Sarcastic remarks intended to be funny may be taken literally by nationals, as insulting and not funny.

When nationals who know some English hear missionaries calling each other inferior, cheap or stupid, they may think that they are insulting, mean or cruel and lacking in respect for each other. If they do not pick up the changes in tone, they may think that such labels are acceptable for Christians.

These may be taken several ways, depending on who they hear using them.

- “They are the disrespectful ways Christians address each other”—If they are commonly used by people on a team.
- “They are the disrespectful ways that leaders address followers”—If they hear them from a leader.
- “They are the disrespectful ways spouses address each other”—If they hear both husbands and wives using them.

They may be confused as to how to reconcile the sarcastic remarks with Scripture that says to be kind and encouraging to each other.

“Misunderstood” Missionaries

Other missionary colleagues may misunderstand sarcastic remarks intended to be funny. This is especially true of multicultural teams which are becoming much more common. Even if everyone on the team speaks English, some people on the team are using English as a second language. The principle for those team members is the same as for nationals, they may not understand that they were said in jest.

In addition, even missionaries who all speak English as their first language may not understand that the sarcastic remark is meant to be funny. In one case, one person on a team misunderstood that the leader was just kidding. She never said anything but kept it bottled up for nearly a whole year. Near the end of the year she exploded about the kind of comments her leader had made repeatedly, much to her leader's surprise.

This is most likely to occur when a missionary feels especially insecure about something. For example, the following remarks may be fine for someone who knows they are intelligent.

- Are you always this dumb or are you trying harder today?
- I don't know what makes you so dumb, but it really works.
- If you were twice as smart as you are now, you'd still be stupid.

However, such remarks could be devastating to people who have doubts about their intellectual ability. They might laugh outwardly but be crying on the inside, and no one would realize how much they hurt.

“Milquetoast” Missionaries

Some of the other missionaries on the team may be uncomfortable with the sarcastic comments but say nothing.

- They may not want to cause relationship problems out of fear that the sarcastic remarks may increase.
- They may not want to cause dissention or awkwardness on a team that lives and works closely together.
- They may rationalize that this is just the way the person is and that he or she just will never change.
- They may decide that the remark is just a “picky” thing, not really a problem.

For whatever reason, these teammates say nothing and the situation continues. This is especially likely if team leaders are the ones making the sarcastic remarks. Unfortunately, unless they are confronted, the situation is not likely to change, and some missionaries may leave the team because of the hurt.

“Merciful” Missionaries

Still other missionaries may say nothing because they want to be good, loving, understanding and merciful. They are not afraid to say something, but they are reluctant to confront the sarcastic missionary because confrontation seems to be unloving, almost unchristian.

These missionaries seem to think that being loving means never saying negative things or anything that shows disapproval. They want to say only positive things that show approval. Of course, nearly everyone wants to be merciful, but we must remember that God balances mercy and justice.

“Misleading” Missionaries

Still other missionaries want to be liked and “laugh” at the sarcastic comments. When they do this, they reinforce the sarcastic behavior. Individuals making the remarks take this as a sign of approval and are more likely to make the sarcastic remarks.

This means that the sarcastic individuals do not get appropriate feedback indicating that what they are doing may be hurting people. Silence gives consent, and laughter not only gives consent but also encourages the behavior.

“Mending” Missionaries

Fortunately, some missionaries realize that a good way to help reduce the sarcastic remarks is to talk with the person about such remarks. Unfortunately, most missionaries do not like to confront other missionaries and would rather put up with something that makes them very uncomfortable than confront a colleague. David Augsburger titled his book *Caring Enough to Confront*, emphasizing that confronting another person is a caring thing to do.

Ephesians 4-5 has several passages of Scripture relevant to confrontation.

- In Ephesians 4:15-16, Paul talks about “speaking the truth in love” so that we will all be joined together in Him (Christ) so that Christ’s body “builds itself up in love, as each part does its work.”
- In Ephesians 4:29, Paul warns about unwholesome talk and about saying “only what is helpful for building others up according to their needs.”
- In Ephesians 5, Paul also warns about filthiness, foolish talk, and crude joking “but instead let there be thanksgiving.” Many other passages of Scripture also admonish us to encourage others.
- In Genesis 50:21, while he was talking with his brothers who had sold him into slavery, Joseph “comforted them and spoke kindly to them.”
- In Isaiah 50:4, the prophet wanted to “know how to sustain with a word him who is weary.”
- In Colossians 4:6, Paul urged them to “let your speech always be gracious,” and in 1 Thessalonians 5:11, he said to “encourage one another and build each other up.”

Finally, sarcastic individuals can do two things that will help. First, they may stop using such remarks out of concern for making people stumble, either nationals or teammates. In 1 Corinthians 10:32, Paul urged us not to “cause anyone to stumble, whether Jews, Greeks or the church of God” (NIV 1984).

Second, they may ask for feedback periodically to find out how others view them, making sure that what they are doing is not being misinterpreted. We all need people who care enough to tell us how we are viewed by others. This often occurs in accountability relationships, but any individual can ask another individual to do this relative to a specific issue, such as sarcastic remarks.

Again, just because people make some sarcastic remarks does not mean that they are evil. However, the individuals making the remarks, as well as teammates, must make sure that such remarks are not interfering with ministry to nationals who do not understand that they are meant to be humorous, not insulting. They also must make sure they are not misinterpreted as fact by colleagues.

For other topics, please visit www.missionarycare.com. Also please let your non-medical colleagues know about these free resources.

A Magnetic Gallery

by Judy Palpant

"He (Epaphras) is always wrestling in prayer for you, that you may stand firm in all the will of God, mature and fully assured" (Colossians 4:13, NIV 1984).

Two fresh faces smile back at me from my refrigerator door. Young explorers, MKs (missionary kids) old enough now to strike out on their own kingdom adventures--one to Central Asia and the other to India. Their prayer cards overlap with those of young families serving in China, Estonia and Albania. An older couple serving in West Africa adds to the mix.

Even with email, Facebook and Skype connecting us to missionaries, prayer cards are ubiquitous. And for most of us, missionaries and magnets go together. Over time, they become part of the furniture. I often pass them without a glance. Such a fate--frozen in time and space on a refrigerator door.

What if they could be freed? Having escaped abstractions and one-dimensional presence, their visit would bring reminders of stories, joys and sorrows. We could join in the three-ring circus of their home as they fling the doors open to people coming and going.

Too far-fetched? What if prayer cards contained motion sensors? Consider the green ceramic frog in the garden shop that says "Ribbit!" This unexpected greeting grabs your attention. If prayer cards could speak, a great cacophony would rise from our gallery of pictures. Many times a day their voices would call us to prayer.

But even without motion sensors, prayer cards sometimes speak volumes and over a long period of time.

In 2011 at the CMDA-CMDE conference, we met a young nurse new to the mission field in Asia. As an eight-year-old girl in Sunday school, she heard medical missionaries speak. Afterwards, they gave each child one of their prayer cards and asked them to put it in a special place as a reminder to pray for them. She did.

"Now I work with those missionaries!" she told us with a smile.

Phil and Juli Fischer left Nyankunde in the Congo in 1991. In April 2010, their son Jonathan was sent there to help with a relief project. His hosts at Nyankunde did not know his arrival time so they weren't at the airstrip to meet him. After landing, Jonathan approached a gentleman to ask directions. As they walked, he noticed the man carried a Bible. The old African removed it from under his arm, opened it and took out an old Fischer family prayer card.

In Jonathan's words, "I landed unannounced and walked up to a random stranger who happened to be carrying my family's prayer card at that very moment. Why was he carrying a 20-year-old prayer card? I was amazed at my parents' legacy."

Imagine the surprise and encouragement Phil and Juli felt when they heard this story.

While living there, they gave prayer cards to any of the nationals who wanted one. Some even ended up on walls in huts right next to the ever-present calendar. But this one found its way into a man's Bible. Long after their return to the U.S., long after their prayer cards fell off American refrigerator doors, this one remained and spoke of beloved friends, still remembered and prayed for by an African.

Postcards sent by missionaries also work as prayer cards. With just a few words hurriedly scribbled, they land in our mail box. Gladly, we receive them. I've propped some fascinating postcards in my kitchen window--historic bell towers from Eastern Europe or homes built on a steep hill in China--perfect prayer reminders while I wash dishes.

Last October I visited missionaries in Estonia. A few months later, when my husband and I traveled to East Africa, I carried some Estonian postcards. On the back of each one I wrote the name and prayer requests of missionaries serving in Europe. Then I passed them out to our African friends and asked them to pray for these servants in another part of the world.

Whether we are giving or receiving cards, we need to somehow keep those cards walking and talking in creative ways. Sometimes I take one prayer card off the refrigerator door and put it on the dinner table so we will pray for that missionary. A friend of mine puts her prayer cards in a small photo album. It guides her prayers during her quiet time.

Jesus said, "...My house will be called a house of prayer..." (Matthew 21:13, NIV 1984). Can we say the same of our homes? Many of our missionary friends call out for prayer from our refrigerator door. Find a creative way to animate their presence in your daily routines.

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