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

Welcome to our February issues of the e-Pistle! These are very busy days at the Center for Medical Missions as we gear up for two very important conferences. You will learn about them later in this issue.

We trust things are going well with you and your ministry. If there is something we can do to help, please let us know. We are happy to help in any way we can.
susan.carter@cmda.org.

The following are things you will find in this issue. We hope they are informative and encouraging.

Medical Missions STAT! Section I: Administration

by David Stevens, MD, MA (Ethics)

Continued from January '08

Once you make a decision to be involved in relief efforts, how do you start? The first step is a rapid assessment. One or preferably two experienced people need to go into the crisis situation. That is easier said than done since the usual avenues of transportation, housing, security, communication and food may no longer exist. We would usually send two people in, one with extensive medical experience and one with logistical experience. Going in twos helps with security and as the saying goes, "Two heads are better than one." It also helps both people to process and cope with the psychological trauma of the devastation and suffering that they will

face. It can be overwhelming. The assessment team needs to be as self-contained as possible. In this day and time that would ideally include:

- Instant Communications – For example, a satellite phone for text and voice communications. This will allow more rapid reporting and marshaling of resources from outside the crises zone, provides reassurance of safety on a regular basis, coordination with other relief, government or international organizations and emergency evacuation plans in case of trauma or serious illness.
- Self-Contained Living Resources – Without hotels, restaurants, places to buy supplies, etc., it is a good idea to take a sleeping bag, concentrated food supplies, emergency medicines, digital cameras to document the situation (your organization will want pictures to publicize the need), a PDA or other small computing device to store pictures, take notes, record expenses, etc. Travel as light as possible since the weight allowance on relief transport is limited and you may have to carry it all yourself for significant distances on the ground.
- Lots of Money – Dollars or other hard currency in both large and small denominations is essential. Use a money belt, but separate funds out into different locations. Know that if you take more than $10,000 out of the states, you must declare it to customs. (A "helpful" customs official at JFK Airport reminded me of that when I was carrying a large amount of cash from the US to Somalia to fund our team!) Why "lots?" Because you may have to rent vehicles, planes or other modes of transport to get there. You may need to secure lodging for the team that will follow, buy or rent vehicles, hire security, purchase supplies or even "buy" yourself out of a difficult situation. There are no credit card services in these situations and the price of the few remaining forces will escalate rapidly.
- Health – All relief workers should be highly immunized. You don't know what diseases you will run into. Also carry one or more ways to decontaminate water. I used to carry iodine tablets as well as a small filtration system. Take a supply of medicines to cover likely contingencies, and I often carried a small surgical kit and suture.
- Other – Take various forms of identification. Of course, you need your passport and a visa if required, but also take organizational ID. I did this in a form that I could hang around my neck and that could be seen from a distance. Another option is a jacket or T-shirt that identifies you. This is especially important in war situations but also is useful for pictures. It clearly identifies you in public relation shots. I also often carried "Press" identification (even if it was actually Samaritan's Purse "Press" tags). Press tags are easily recognized and honored in difficult situations. Letters of introduction to the UN or other organizations are helpful and of course carry plenty of business cards for dealing with government or other officials.

The assessment team's job is to answer questions like:

- Who? – What variety of personnel is needed based on the type of needs? Do we need to do surgery for trauma, deal with a cholera epidemic or initiate an immunization campaign?
- What Relief Work? – How can the most good for the most people be done in the shortest time with our available resources? What needs can our group meet that aren't better met by others? What should our relief and spiritual strategies be?

- Where? – Where should we base the team and where do we focus our work? Where is safe enough to work but dangerous enough that we are needed? Where can we sustain the team but still meet significant needs?
- How? – Logistics are the most difficult nut to crack. How are we going to house our relief team, feed them, provide water for them, transport them and keep them safe?
- With Whom? – Who do we need to liaison and cooperate with in this effort? Do we need to liaison with the UN, Red Cross, military, a rebel group or other entities?

As assessment is taking place back on the home front, several resources need to be organized:

- Money – Needs to be raised through appeals, the media, your web site with very frequent visual, audio and written reports describing the needs and how the donor funds will be used. It is very helpful if the assessment team can digitally send pictures over the satellite phone.
- Personnel – Personnel need to be recruited. I used to make a short list of experienced people and personally contact them and ask them to go. It is almost mandatory to cover these volunteers' expenses and even pay a small stipend for incidentals, especially to those who stay a significant amount of time.
- Supplies and Equipment – You will need to obtain supplies, medicines and equipment. Get these as close to the service site as possible to avoid costly transportation costs. When we were "camping" in Sudan we bought boats, motors, generators, tents, food and many other things in Nairobi. You may need to set up a forward base at this supply point with a logistician that handles purchasing, houses relief workers going in and out of the work area, arranges transport, etc.

The next step is to lead the team in. Those on the assessment team either lead or go with the team. We often left the logistician in the area needing relief since the organization on the ground took more time than the medical assessment and then the medical leader went back and brought the team in.

There will be a lot of decisions to be made and a lot of organization to do on the ground. Local national staff will need to be hired, routines developed, work sites established and much more. Spiritual ministry will have to be developed and it will differ significantly in different countries and situations. In Somalia, our target population was our 40 Somali staff. A quarter of them came to Christ and became vibrant witnesses bringing others to Christ, too.

If you are providing relief for an extended period of time in a difficult situation, it is very stressful on your team. It is wise to rotate them out for rest and restoration periodically. We used to do six weeks in country and two weeks out for longer-term staff. We had a core of these staff and then brought in others for a few weeks to a month to supplement their efforts.

As the team leader, I was in for an extended period of time. Once the team was on the ground, I then went back and forth to the forward base and to the US for recruiting. There were many dealings with officials, reporting, taking the video team in and heading many other activities. We had a ministry site leader who took over the day-to-day duties.

In a relief situation, the situation changes from day-to-day but over time one of two things will happen. The security situation could get so bad in a war or other conflict situation and you will have to pull your team out, often on very short notice. A quick exit plan is an important part of your contingency planning.

The other thing that could happen is that the acute relief needs are met and you will need to disengage. This may be transforming your work into long term medical or development outreach yourself or turning your efforts over to nationals. It is important if you do the latter to continue to provide support and finances until they can be self-sustaining.

Most of all, this type of work needs lots of prayer support. It is not easy; it is dangerous and unpredictable. But God does His best work in crises, that is His specialty. You will learn to depend on Him in new ways and see His hand more clearly. That alone is worth the risk of "medical missions – STAT!" And it's what He calls you to do.

Cura Animarum

by Rev. Stan Key

Fill in the blank: *The sole cause of man's unhappiness is* _____.

Please don't read further. I want you to go back and fill in the blank. The way you answer this question will reveal a great deal about the true condition of your soul.

How did you answer? I would imagine that most of us wrote something that sounds rather pious…. yet abstract, platitudinous and impossible to measure. Let me share with you how a very wise man who lived over 300 years ago answered the question. Frankly, I find his answer both surprising and threatening.

> *I have often said that the sole cause of man's unhappiness is that he does not know how to stay quietly in his room.*

Although he lived in the 17th century, Blaise Pascal understood the 21st century as well as anyone I have ever read. Pascal understood the evil clutches of the pleasure-god and how men and women who are unhappy (his preferred word was "wretched") sought desperately the solace of this false deity to fill the void. People fill their lives with entertainment, pleasure and amusements so that they will not have to think about their souls and the terrifying reality of their inner poverty. It is strangely ironic that the very thing that saints and sages have always longed for is the very thing that we impose upon criminals as the worst form of punishment we can imagine – solitude.

The only good thing for men therefore is to be diverted from thinking of what they are, either by some occupation which takes their mind off it, or by some novel and agreeable passion which keeps them busy, like gambling, hunting, some absorbing show, in short by what is called diversion.

That is why gaming and feminine society, war and high office are so popular. It is not that they really bring happiness… What people want is not the easy peaceful life that allows us to think of our unhappy condition… but the agitation that takes our mind off it and diverts us. That is why we prefer the hunt to the capture….

Man is so unhappy that he would be bored even if he had no cause for boredom… and he is so vain that, though he has a thousand and one basic reasons for being bored, the slightest thing, like pushing a ball with a billiard cue, will be enough to divert him. (Pensees. #136).

If we are going to learn how to be happy sitting alone in our rooms and if we are going to dethrone the pleasure-god and deliver from bondage those whom he has captured… then the book of Ecclesiastes is a great place to start.

Resources and Conference Announcements

The State Of The World's Children 2008: Child Survival Report
UNICEF released its State of the World's Children Report on January 22, 2008. The information in the report is drawn from household surveys as well as information from key partners such as the World Health Organization and the World Bank. According to the report 9.7 million children under age 5 die each year globally. Sub-Saharan Africa accounted for almost half those deaths even though less than one quarter of the children live there. And nearly half of all Sub-Saharan countries had worsening or stable child mortality rates since 1990. So, even though the number of children dying annually is below 10 million for the first time, there is still much more to do in order to reach the U.N. Millennium Development Goals for Child Survival.

The UNICEF report does not leave the reader without hope, however. Exponential progress can be made with certain actions and initiatives. What is needed is a global concentration on the needs of women, children and newborns, not just as a moral imperative but as a development priority. Among the actions supported in the report are integration of activities where effort and cost are maximized by reaching children with several interventions at the same time. Also important is an investment in health systems "to create a continuum of care for mothers, newborns and young children that extends from the household, to the local clinic, to the district hospital and beyond." The involvement of communities is also a key to sustained progress in health indicators. The UNICEF State of the World's Children 2008 report can be downloaded at http://www.unicef.org/sowc08/docs/sowc08.pdf. For complete information about the report including videos, press releases, statistics and a children's page go to http://www.unicef.org/sowc08/index.php.

The HIV/AIDS Cube: A Clear And Simple Education Tool
SIM in partnership with e3 Partners has developed the HIV/AIDS Cube, an easy to use, hands-on tool to teach both literate and non-literate populations the basic information about the disease. http://www.cmda.org/source/Orders/index.cfm?section=CMDA_Online_Bookstore&task=3&CATEGORY=MISCRES&PRODUCT_TYPE=SALES&SKU=MI4016&DESCRIPTION=Miscel

laneous%20Resources&FindSpec=&CFTOKEN=97998056&continue=1&SEARCH_TYPE=find&StartRow=1&PageNum=1

Round 8 Applications to the Global Fund
It is time to consider seeking funding from The Global Fund to Fight AIDS, Tuberculosis, and Malaria. To find a Manual that explains the process go to:
http://theglobalfight.org/downloads/Results/Manual_Final.pdf

Medical Consults
Remember there is help if you are stumped by a patient's condition. Missionary physicians are welcome to use the CMDA consult service monitored by Mary Jane Jewell. To get the process started, send the patient information to md2ndopinion@aol.com. Mary Jane will forward it to an appropriate specialist who will then send his/her opinion by email back to the person originating the request. This service is offered without cost to those serving around the world.

The Church and its Response to HIV/AIDS Booklet
Based on interviews with people on the ground, this booklet brings together the experience of those who are dealing with HIV/AIDS in a church based context. The basic facts about the disease are covered and issues raised by the pandemic are addressed from biblical perspective. The aim of this booklet is to be practical giving examples of what churches can and are already doing to bring a gospel shaped response to HIV/AIDS. Produced by Grace Baptist Mission, in collaboration with Trans World Radio Kenya and iThemba AIDS Foundation, the booklet can be downloaded from
http://www.gbm.org.uk/radio/booklets/The%20church%20and%20HIV%20AIDS.pdf

WHO Disease Risk Assessment and Interventions for Kenya
http://www.who.int/neglected_diseases/diseasecontrol_emergencies/EPR_DCE_2008_1rr%20.pdf

Preparing for the Future: An Orientation to Medical Missions Conference
Do you know someone who is planning on a career in medical missions? If so, you might want to make them aware of our weekend conference, April 18 – 20, 2008. We had a great time at last year's conference and expect this year's to be even better. The conference goal is to introduce issues, outside of medicine, that will influence the success and satisfaction of a first-term medical missionary. Presenters will include Dave Stevens, Gene Rudd, Dan Fountain, Miriam Fountain, Daniel Tolan, and Susan Carter. Conference information and registration can be found at:
http://www.cmda.org/AM/Template.cfm?Section=CMM_Events

CMDA's National Convention – A Life that Counts
If you will be home for home ministry assignment this summer, we've love to have you participate in this year's CMDA National Convention. The conference will be June 18 – 22 in Bloomingdale, IL (outside Chicago). The entire family is welcome. There is a planned program for children as well as adults. You can earn 14 hours CME or 7 hours CDE. See:
http://www.cmda.org/AM/Template.cfm?Section=National_Conferences&Template=/CM/HTMLDisplay.cfm&ContentID=13033

Developing Health Course
For Christian doctors and nurses working overseas or about to do so. Dates of the course are June 29th through July 11th, 2008 at Oak Hill College in the UK. Visit: http://www.healthserve.org/developing_health/ for details. You might want to make your sending organization aware of this if they have medical staff under appointment. I hear really good things about this course – mostly that it is very practical.

Africa is Being Drained of Healthcare Personnel

According to the BBC on January 10, 2008, there continues to be a major loss of doctors and nurses from the African continent. Those of you working there will not be surprised by this statement. But maybe the size of the problem will surprise you. Some African countries have more doctors and nurses working in richer countries than they have at home and that isn't just a few countries. According to a study carried out by the Center for Global Development in Washington, they counted not only doctors who were trained in Africa but also doctors who were born in Africa. The numbers are sometimes astounding. For every doctor in Liberia there are 2 working abroad. It is worse for Mozambique and Angola where 75% and 70% of their doctors are abroad.

The top nine receiving countries are the UK, the US, France, Canada, Australia, Portugal, Spain, Belgium and South Africa. The data gathered came from census records collected between 1999 and 2001.

The report suggests the loss of doctors often went hand-in-hand with civil strife, political instability and economic stagnation.

Angola, Republic of Congo, Guinea-Bissau, Liberia, Mozambique, Rwanda and Sierra Leone all experienced civil war in the 1990's and had lost 40% of their doctors by 2000. Countries such as Kenya and Zimbabwe experienced economic stagnation or worse.

At the same time, countries with greater stability and prosperity, such as Botswana managed to keep many of their doctors, but so did very poor countries such as Niger. Researchers speculated that this could be due to destitute countries not producing large numbers of doctors with the financial capital or connections to leave.

The bottom line though is that the brain drain is a huge threat to Africa.

One of the best ways to keep doctors and other healthcare professionals in the countries that need them is to pay them properly. Every worker in our mission settings should be paid enough to properly care for and educate their children. I'm not sure how to accomplish this but I do know that we serve the King of Kings who owns the cattle on a thousand hills. When was the last time your medicine and supply system was checked for leakage? I'm guessing you would be surprised at the expense that could be saved with tighter inventory controls. What systems are in place to control other expenses? Can these be tightened? These steps could be more important even than

increasing income. If you want to ask questions about this, contact me at susan.carter@cmda.org. Susan

Prayer Request

On April 10, 2008, the heads of several mission sending agencies and denominational mission departments will gather to spend a day at CMDA headquarters participating in a medical mission summit. The full day meeting will include short presentations and considerable discussion time. One of the important discussions of the day will be personnel for the future of medical missions. Dr. Stevens will be sharing the results of a survey sent to 700+ young people who have a Call or are praying about a role in medical missions. Mission agencies which will be represented include: ABWE, AIM, Church of God Anderson, CMF, Cornerstone International, Free Methodist, HCJB Global, Interserve, Cure International, Mercy Ships, United Methodists, PCUSA, Adventist Mission, SIM, Southern Baptists, TEAM and World Gospel Mission. We will be most grateful for your prayers for this Medical Mission Summit. We'll give you a report when it is completed.

Center for Medical Missions
PO Box 7500
Bristol, TN 37621
423-844-1000
www.cmda.org/go/cmm