

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

Welcome to this month's e-Pistle. I hope you find it helpful.

If you've been to CMDA's website in the past couple weeks looking for the compilation of Dr. Steven's management articles, you did not find it. We have removed it as the articles are going to be the content of a new book. Dave's goal is to have the book ready by this year's Global Missions Health Conference. I've been given the task of developing an appendix of resources. If you have any suggestions, I'd love to hear them so send them to me at susan.carter@cmda.org.

Included in this month's e-Pistle are:

[Helpers of Health](#) by David Stevens, MD

[Christianity Today: Cost-Effective Compassion](#) by Bruce Wydick

[Cura Animarum](#) by Rev. Stany Key

[The Attack of Satan on a Mission Hospital](#) by Harold Adolph, MD

[Conflict](#) by Dr. Ron Koteskey

I trust you will find it informative and encouraging.
Susan

Helpers of Health - Section X: Community Health & Development

by David Stevens, MD

A good community health program can save many more lives than curative services. I saw it happen as a young missionary doctor. When I arrived in Kenya, half of our admissions and half of our patient deaths were from preventable diseases. In those days, it was not unusual to do two to three cut downs a day on severely dehydrated children after multiple attempts to get IVs in them. We had an entire ward full of children with severe measles. A quarter of them died from complications. Next to it was a ward packed with TB patients getting their daily injections for a month or longer.

I saw diseases I never treated in training. I can still hear the paroxysms of whooping cough and see the convulsive spasms of tetanus. It broke my heart to see neonates die because their umbilical cord had been cut with the dirty garden knife. Severe worm manifestations were so common that we frequently operated to remove a large wiggly bolus of roundworms that had caused a bowel obstruction.

Add to that list marasmus, kwashiorkor, severe scabies, deaths from rabies, anthrax from eating raw liver from cows that died from the disease, leeches on the eyeball, malaria, dengue fever, hydatid cysts, amebic abscesses and a host of other preventable diseases. As we treated a never-ending parade of pathology, it soon became obvious that not long after we sent a patient home, that same patient was back with the same or another preventable disease. Sooner or later, something would take their life.

The problem seemed insurmountable. We were a 125-bed hospital for 300,000 people with three doctors and six trained nurses. We were so overwhelmed that the nurses were covering the hospital at night in addition to doing all the routine deliveries. We were on a treadmill that was going faster and faster in a country with the highest population growth in the world. We were going to finally fly off the end of the speeding belt and hit the wall if we didn't do something.

Fast forward just six years. Hospital statistics and disease patterns were dramatically changing due to a grass roots community-based healthcare program funded with secular money and requiring only one missionary nurse's full time involvement. The program was so innovative and successful that the American ambassador as well as healthcare professionals from 18 different countries visited us to learn the secrets.

I say that not to blow anyone's horn but to make this point. I don't know the particulars of your present or future situation, but I know you can help people to be much healthier with a minimal investment of staff. Whether you are envisioning beginning a program or already have one started, I'm going to share some principles that can turbocharge your program. I want you to know how a community health program can be your greatest tool for evangelism and church growth, and you don't need a MPH to do it. You will learn how to motivate volunteers to help them to be successful throughout the long haul and find out the secret of getting other people to fund your project.

Let's start with building a strong foundation:

1. Get Stakeholders' Buy In: There is often tension between those involved in curative and preventative outreaches. I know them well. Some hardcore community health purists maintain that prevention is more cost effective, requires fewer resources and is a better way to impact the community, all of which are true. But then they assert that curative outreaches should be abandoned. Of course, that is ridiculous. Community health can't cure appendicitis or prevent 100 percent of diseases. Both preventative and curative services are needed just like two arms are needed to carry a log. They complement and enhance each other. Curative and preventative outreaches need each other. Either alone is like a one armed wallpaper hanger.

Start out by seeking an understanding of an equal partnership. In the early stages, it is common for the overworked curative side to get strapped for staff and then demand the nurse or doctor involved in community health come back to help meet the urgent need "temporarily." Head this off at the pass by agreeing to

take that option off the table before the issue even arises. Community health needs a full time champion fully dedicated to making it happen.

The community health side of the equation needs to recognize that the hospital or health center's good reputation is an enormous asset to what they are trying to accomplish. It saves years of time building credibility and trust in the community. In most instances it is a great advantage to be seen as an extension of that known ministry. It also makes it much easier to get funding as the program isn't seen as a risky startup without a history.

Don't forget to get support from other stakeholders. The national church is a major exponent. Take the time to discuss your plans and dreams with the national church leaders. Seek their advice and input. Deal with the sticky issue of whether this is going to be a church program limited to their members or a true community-owned program. Make the point that even the community health group you are starting is merely a facilitator and doesn't own the program. The local people do. They are the ones doing most of the work. Remind church officials that the program can be a phenomenal church growth tool, and they don't have to own or limit it to get the benefit they desire.

Depending on you location situation, you may need to secure the support of government officials. If nothing else, make a courtesy call to those overseeing your proposed service area. You are going to need their goodwill and cooperation.

I've learned that the key to keeping all your stakeholders happy is to give the credit away. Use every opportunity to laud your stakeholders as the program succeeds. You will get a huge return on your investment if you use public meetings, letters and phone calls to make them look good. It doesn't take much time; the more credit you try to give away, the more it boomerangs back as others say good things about you.

To be continued

Christianity Today: Cost-Effective Compassion

by Bruce Wydick

Here is a link to a very good article in Christianity Today that narrates the top 10 cost-effective avenues of ministry to the poor. I found it quite interesting and thought provoking.

<http://christianitytoday.imirus.com/Mpowered/imirus.jsp?volume=chto12&issue=2&page=28>

Cura Animarum

by Rev. Stan Key

EMPTY

It seems I never have enough
Of money, cars and other stuff;
And so in frantic, vain pursuit
I plunder malls and search for loot;
Hoping desperately to find
Some satisfaction, peace of mind.
But all I learn at end of day:
The hunger never goes away.
And if I try to fill the hole
That gnaws within my empty soul,
With entertainment, thrills and such
I find it doesn't matter much;
All my labors are in vain
Nothing stops the aching pain.
All the options I have tried
Accentuate the void inside.
I'm tired, Lord, and hungry, too
I've tried it all... except for You.
If You would come and take my hand,
And lead me on to Canaan land,
I'd like to taste that milk and honey
Even though I have no money.
I've heard the food in that fair place
Is free for all who come by grace.
My palate, Lord, has been abused,
My taste buds are a bit confused.
Give me a taste for living bread
For in Your Word, You boldly said:
"Those who eat of worldly fare
Will find no satisfaction there.
But he who eats of Me will find
Full contentment, peace of mind."

The Attack of Satan on a Mission Hospital

by Harold Adolph, MD

When we join the family of God through faith in the finished redemptive work of Christ, confess our sin, accept His lordship of our life, become justified, sanctified and receive the gift of the Holy Spirit, we also accept the reality that the grand adversary of God

becomes our enemy too. That is why we are enjoined in Ephesians 6:10, 11 to be strong in the Lord and in the power of His might by putting on the whole armor of God that we may be able to stand against the wiles of the Devil.

We know that Satan is hostile to everything good. He is the accuser of Christians, a deceiver, the great dragon, the father of lies, the god of this world, a murderer, the tempter. So if God calls us to work under His direction in a forward front line battle situation we could reasonably ask what that might look like in a real medical mission setting.

For us the spiritual warfare looked like this over an intense period during our eight years of overseas service in this location.

- Two missionaries were threatened with death and one was given 48 hours to leave the country. Another felt threatened and left the country.
- One surgeon in training developed a mysterious illness which was never definitively diagnosed. The surgeon was unable to work for four and a half months.
- A surgeon had to be reassigned to another ministry because of intense slander.
- A doctor developed severe hepatitis and left early for furlough.
- Two other doctors said they were ready to give up and not return.
- Severe political unrest was nationwide and the national hospital workers union effectively closed all the hospitals except ours until they joined the strike.
- Because the situation was becoming very precarious for the expatriate staff, we set up a system of accompanying all the nurses to and from the hospital. Because of arson in the past we had a system organized to put out fires involving the entire expatriate staff.
- The attrition rate for the 30 missionary nurses was more than 80 percent.
- The hospital had struggling generators, the water supply was sometimes tenuous and we were only one sterilizer away from closure.
- The hospital debt had reached \$1.25 million as we were required to give free treatment to all patients living within a 60 mile radius.
- In two years, the hospital had four chief medical officers, four hospital administrators and five international mission team evaluations.
- The old operating room had large cracks in the floor that made patient transport difficult and dangerous to manage.
- Army ants came up through those same cracks and attacked the operating room staff regularly requiring them to leave urgently and rapidly at unspecified and inconvenient times.
- A total of 100 new surgical patients presented themselves each day for treatment in the clinic and emergency room.
- Evangelism and the showing of the Jesus Film had strong opposition.

I ruptured my right kidney playing the dangerous game of tennis and experienced an unpleasant evacuation to London by commercial flight. The trip was made overwhelmingly valuable when God chose to speak to me. God said, "You think you

have had a lot of pain with this ruptured kidney, but the pain of hell is much worse and lasts forever and forever. If only one patient or relative accepts MY salvation and is saved from hell, it will be worth it." It was the message I needed.

At the final mission evaluation of the hospital a decision was made to close the ministry. In this setting of satanic attacks it was obviously an attractive choice!

But God changed the decision at the last minute by sending a legacy of \$100,000 from one of my former patients. It was agreed by those deciding to close the hospital that God would not send an unalterable large gift of money for an institution that He wished to close.

Eighteen years later the hospital has a great staff and is thriving in spite of many challenges. It is about to join PAACS, CMDAs' five-year surgical training program for Christian African Doctors.

If you compare our experiences at this hospital with the apostle Paul's accounts of 2 Corinthians 11:25-12:10, you can see that Paul's experiences of beatings, imprisonment, being shipwrecked three times, persecutions and distresses far surpassed that of ours by a significant degree!

We do well to remember how God helped the apostle Paul on two other occasions when an angel of God stood beside him one night and said don't be afraid. On another time Paul was told not to be afraid, to speak out and not to be silent because many people in the city where Paul was belonged to Jesus! (Acts 27:23, 18:9-10)

Because God provides, protects, guides and does the impossible, you can also trust Him in your specific situation, both now and in the future.

Note from Susan: If you have a medical mission story that will encourage or challenge others, I'd love to share it here in the e-Pistle. Please send it to susan.carter@cmda.org.

Conflict

by Dr. Ron Koteskey

No one has to convince missionaries that conflict exists in missions. It has been a part of missions since the very beginning in the early chapters of the book of Acts. Not only has there been conflict, but the basic issues are still the same with cultural conflicts bringing disagreement between missionaries and headquarters as well as conflicts between individual missionaries on the field. Why do we have conflict? What should we do about it? What steps can we take to resolve it? What if it cannot be resolved? Let's consider some of these questions.

Why do we have conflict?

Conflict is normal whenever people who hold different opinions are in a close relationship. Conflict occurs whenever people who care have different opinions on important issues. The more the people care and the more important the issue, the more intense the conflict. Conflicts are simply a fact of life, and they are destructive only if not handled correctly.

Let's take as an example the conflict that arose in Acts 15. Paul and Barnabas returned from their first term of service to the local church that had commissioned them in Antioch. They held a mission conference and told about all God had done through them. Everything went well for a long time until men from the culture where headquarters was located visited the church in Antioch.

These men began teaching that unless the men who had responded to the message preached by Paul and Barnabas were circumcised, they were not saved. The issue was whether or not this "custom taught by Moses" was a cultural issue or a salvation issue. Thus we have a situation in which missionaries who cared deeply (Paul and Barnabas) disagreed with others on an important question (salvation). This brought the missionaries into "sharp dispute and debate with them" (Acts 15:2, NIV 1984).

What should we do about conflict?

The conflict needs to be resolved as quickly as possible. In Matthew 5, Jesus noted that if you are offering your gift to God at the altar and suddenly remember that there is an unresolved conflict with another believer, you should leave your gift there, go settle the conflict, then return to offer your gift to God. We are to settle matters quickly, but we should carefully pick the time and place to be reconciled. Sometimes the conflict is still at a high emotional pitch, and it would be best to wait a while before approaching the other person. If other people are around, it is best not to involve them in the dispute. The important thing, though, is to resolve the conflict soon because the feelings aroused by unresolved conflict soon become established and are more difficult to change.

What steps do we take to resolve it?

Jesus gave a three-step procedure to use in resolving conflict in Matthew 18. In American culture, as in much of Western culture where we tend to think linearly, it is usually most appropriate to take these three steps in sequence. However, if the conflict is with someone of a different culture, be sure to consult with someone raised in that culture before trying to resolve the conflict. These steps in this order may not be culturally appropriate in that situation, and the conflict may only be worsened if you do all of them in this order. The steps Jesus gave are:

- Approach the person alone. Often the two of you can resolve the conflict by yourselves and your friendship will be stronger than ever before. Of course, you must choose the time, situation and manner of approach carefully.
- Find a mediator. If a direct approach does not work, or if it is not appropriate in the culture, you should choose a mediator. Again, choose a mediator carefully,

one that you believe both parties will see as unbiased and in which both will have confidence.

- Take it to the church. If neither you nor the mediator can bring about resolution, the issue should be brought before the larger body. After the church comes to a decision, both of you are to accept the decision. The church is instructed to treat either party who does not abide by the decision as being outside the church.

Let us return to the conflict in Acts 15. Paul and Barnabas were in “sharp dispute and debate” with the visiting teachers, but were unable to settle the conflict alone. They apparently called in mediators there in Antioch, but they were also unable to settle the conflict. So Paul, Barnabas and some other believers were sent to headquarters in Jerusalem to settle the conflict.

How do we go about resolving it?

Assuming that the issue is an important one and that you have carefully chosen the time and situation, here are some guidelines found in Acts 15 that will help you resolve the conflict, whether it is two of you alone or it is a whole body of believers.

- Give both sides a chance to present. Paul and Barnabas presented their position, and then the Pharisees presented their side.
- Give time for adequate discussion. This was a crucial issue (salvation) so there was “much discussion.”
- Be quiet. Note that “the whole assembly became silent” as they listened to the discussion. Too often in such situations there is an undercurrent of whispering in the crowd.
- Listen. “They listened.” There is a big difference between being quiet and really listening. Put yourself in the other’s place and really try to hear and understand what the other side is saying. Too often we “turn them off,” let our minds wander, think about what we are going to say in reply or just doze off in a long discussion.
- Allow others to finish. “When they finished, James spoke up.” Do not interrupt until others have finished.
- Keep to the issue. The issue here was whether or not circumcision was necessary for salvation. Imagine all the other issues that could have been proposed from the books of the law! Also discuss the issue, not personalities.
- Express feelings appropriately. There is no report of verbal attacks or counterattacks during the discussion.
- Apply Scripture. There may be differing interpretations, but certainly at least look at what the Bible has to say. In this instance, James quoted from Amos 9.
- Propose a solution. James said, “It is my judgment, therefore, that...”
- Settle on essentials. They all agreed on several items and wrote a letter.
- Accept the decision. When the delegation delivered the letter back to the church at Antioch, “The people read it and were glad for its encouraging message.”
- Reaffirm your friendship. “After spending some time there” for fellowship, they were sent off “with the blessing of peace.”

What if the conflict is not resolved?

Sometimes conflicts cannot be resolved, and the options are either “agree to disagree” or part company. Just after the good conflict resolution in Acts 15, we find an irreconcilable conflict between Paul and Barnabas. In planning to go back for another term of missionary service, Barnabas wanted to take John Mark with them. Paul did not, and they had “a sharp disagreement.” Apparently Paul was task-oriented and did not want to take a chance on someone quitting, but Barnabas was people-oriented and did not want hurt feelings.

We are not told how they tried to resolve the conflict, but they were not able to do so and “they parted company.” Of course, God works in all things to accomplish his purposes. He sent Barnabas and Mark to Cyprus, while Paul and Silas went to Syria. Note that later Paul changed his mind about Mark and asked to have him visit (2 Timothy 4:11). God uses our conflicts to advance his work.

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

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