

The Center for Medical Mission's *e-Pistle* February 2016

Hi! I hope your 2016 has gotten off to a good start. It is hard to believe it is already the middle of February and I have not communicated with you since November. Since I last wrote, I moved to another state (that doesn't mean much when you live practically on the state line) and have settled into work on my 2016 targets. Guess I'd better explain that crack about moving to another state. In case you are not aware, the city of Bristol's main street divides Tennessee and Virginia. So there is a Bristol, Tennessee and a Bristol, Virginia. After searching for more than eight months for a house in Tennessee, I finally had to give in when I found an acceptable house in Virginia. The reason I need to use the term "give in" is that there is no state income tax in Tennessee, but there is in Virginia. So I did not want to move to Virginia. But it is so wonderful to have a home again and to be settled. I guess I will eventually get used to being a Virginian, but I doubt I will ever like paying Virginia income tax.

Now to those 2016 targets. One of my targets for the year is to update the [handbook that students and residents use to find a rotation site](#). I have the task about half completed, so this will probably be my final ask for your contribution. If you would like your ministry included in the handbook, you need to complete the Survey Monkey questionnaire that gives me the information needed. Future colleagues are frequently "called" during their rotation experience, so I encourage you to take the time to complete the survey if your ministry is equipped to lodge and supervise these young people. www.surveymonkey.com/r/internationalrotations.

Where will you be March 17-20? Those are the dates of our next class for new medical missionaries. I would love to have some medical missionaries who are home on furlough and in this area come serve as resources for this class of 16. I have a couple coming to present "Lessons Learned During Our First Term," but I try to have others come just to sit and talk with the participants over meals and during breaks. They can also participate in answering questions during our Q&A time after dinner. If you are fairly close and would enjoy spending a day with the participants, welcome! Contact me at susan.carter@cmda.org. We will also have two sessions in July during which I will need resource missionaries. Those dates are July 14-17 and 21-24.

Many of you have met or know of Rev. Stan Key. You've been reading his devotionals in this newsletter for years. He has been the spiritual leader during at least two CMDE conferences. I know he and his family will appreciate your prayers. Two months ago his wife Katy went to surgery to have a mass in her lung evaluated. That report was good. However, that afternoon Katy had a very serious stroke resulting in paralysis of her left side. She had a second surgery to remove a piece of her skull to decrease the pressure that had built up. She is having daily rehab, making very small steps in recovery. She faces another surgery to have that piece of her skull replaced. I don't understand all of it, but she suffers terribly from nausea, almost daily, and also has quite a bit of pain. Will you join hundreds of others in praying for Katy as well as Stan and their three girls? This has been a long journey and it continues.

This is longer than I usually write, so I'd better get started on the content of this newsletter. I hope to see many of you at this year's CMDE conference. If you haven't registered yet, please contact [Dr. Collin Sanford](#) as soon as possible.

Susan

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Cura Animarum: Total War by Rev. Stan Key

“The reason the Son of God appeared was to destroy the devil’s work. No one who is born of God will continue to sin, because God’s seed remains in them...” (1 John 3:8a-9, NIV 2011)

How much sin should I tolerate in my life? How much is acceptable? After all, we’ll never be fully free of sin in this world, right? So isn’t natural to conclude that, in small doses, sin is okay? A touch of pride, a smidgen of lust, a small portion of hatred, a sprinkling of selfish ambition...that’s permissible, isn’t it?

The Korean conflict (1950 to 1953) introduced Americans to the concept of “limited war.” President Truman determined that the military objective in this conflict would not be the total destruction of the enemy as it had been during World War II just a few years earlier. Rather, the grand objective would be containment of the Communist North Koreans above the 38th parallel. General Douglas MacArthur, the supreme commander of the United Nations forces, objected strongly to this new concept of war. War, he argued, are waged to be won. A stalemate is unacceptable. For MacArthur, a limited war made as much sense as a limited pregnancy! His dispute with the president ultimately cost him his job. Yet many believed that MacArthur, not Truman, saw the truth most clearly. Coming home to a hero’s welcome, MacArthur addressed a joint session of Congress in April of 1951:

One war is forced upon us, there is no alternative than to apply every available means to bring it to a swift end. War’s very object is victory – not prolonged indecision . . . In war, indeed, there can be no substitute for victory. [Quoted in *American Caesar: Douglas MacArthur 1880 – 1964*]

From a political point of view, we may debate the place of “total war” in a nuclear age. The argument could certainly be made that “containing” the enemy is preferable to a global nuclear holocaust. But from a theological point of view, when it comes to the battle with sin, we must never settle for anything less than total victory. Sin, like cancer, simply cannot be contained. It may retreat and lie dormant for a season. But don’t be fooled. It is only waiting for the opportunity to launch an all-out offensive whose intent is to kill and destroy.

The Bible is crystal clear about the toxic nature of sin. It brings death (Genesis 2:17; Ezekiel 18:20; Romans 5:12; Romans 6:23; James 1:15) Satan comes to steal, kill and destroy (John 10:10). With this enemy, there can be no compromise. Jesus did not shed His blood and send His Spirit so that sin would be “contained.” The very purpose for which He came was to destroy the works of the devil! Until this purpose is realized, we should recognize that we are called to “total war.”

*We are flooded with what I have called “gospels
Of sin management,” in one form or another,
While Jesus’ invitation to eternal life now remain
For the most part ignored or unspoken.*

DALLAS WILLARD

POINT TO PONDER: Are you attempting to “contain” and control sin in your life, or are you in an all-out war to destroy it?

PRAYER FOCUS: For God’s power to give you wisdom, strength, courage and power to wage an all-out war against the Evil One who is determined to bring you down.

Healing Wounds With Honey by David Stevens, MD, MA (Ethics)

I had a great chat with Louis Carter at the Global Missions Healthcare Conference. If you don’t know Louis, he

spent time as a missionary in Nigeria, and for last 20 years or so has spent a month or two, three or four times a year at mission hospitals teaching plastic and hand surgery techniques. He is now completing a book on those techniques for the Pan-African Academy of Christian Surgeons.

During our conversation, Louis brought up the wonderful healing properties of raw honey on wounds and ulcers. Today I received a note from Dr. Dan Galat, an orthopedist at Tenwek Hospital in Kenya, relating how Louis' advice saved a patient's life by healing a badly infected huge decubiti a man had. [Read that story and see the pictures.](#)

That grabbed my interest and I started pulling some of the medical literature and was amazed. [One review of the published literature concluded:](#)

Honey has anti-oxidant, anti-bacterial and anti-inflammatory properties. It can be used as a wound dressing to promote rapid and improved healing. These effects are due to honey's anti-bacterial action, secondary to its high acidity, osmotic effect, anti-oxidant content and hydrogen peroxide content. The use of honey leads to improved wound healing in acute cases, pain relief in burn patients and decreased inflammatory response in such patients. However, it has proven to be ineffective in chronic leg ulcers. Overall, studies have been done in favor of the use of honey in medicine. Honey has almost equal or slightly superior effects when compared with conventional treatments for acute wounds and superficial partial thickness burns.

A study from Germany used honey in immunosuppressed children with wounds receiving chemotherapy. In Germany and Australia they have *MediHoney*, which is simply raw honey that has been gamma radiated due to the theoretical concern there might be botulism spores in raw honey. The authors of [Medical Honey for Wound Care—Still the 'Latest Resort?](#) state:

On the other hand, irradiating honey is only a safety measure on the side of caution since we could not detect a single case report in the literature of *C. botulinum* wound infection related to the use of non-irradiated honey in wound care. Surely, we do not criticize the emergency care use of raw honey directly derived from local bee keepers in countries with extremely limited medical resources in which physicians or other health care workers do not have access to conventional wound care products.

Studies out of South Africa revealed a huge cost differential between conventional wound care products and raw honey. It only cost 4 percent of conventional therapy.

This second article also describes why raw honey is so effective, as well as its use in wounds, ulcers, catheter entry sites, oral mucositis and gingivitis, herpetic lesions and some ocular surface diseases.

Dan obtained raw honey from local beekeepers, strained it, diluted it with saline and then soaked gauzes in the mixture to pack the large ulcer. One article recommends packing wounds every 12 to 24 hours until the exudate diminishes and then notes packs can be left in one to seven days.

Wish I had known about honey when I was using Milton's solution, wet to dry gauzes and other not-so-effective treatments for wounds and ulcers. I encourage you to read these articles and others you may find, get some raw honey and give honey a try. It is good for a lot more than sweetening your tea!

Wellness Retreat for Medical Professionals

Life is challenging.... Caring for others may have taken its toll on your soul, marriage, relationships and well-being. ALONGSIDE can help.

At ALONGSIDE, we have been caring for people in ministry for more than 15 years. We offer three-week counseling retreats where people can refocus, recharge and be renewed for ministry. People's reasons for attending ALONGSIDE are unique, but it often includes burnout, depression, marital difficulty, relational issues, trauma and more. Recently several medical professionals, who face similar concerns, have noted that they needed "an ALONGSIDE for them."

Coming *alongside* YOU

June 28 - July 2, 2016, we have created a seven-day program specifically geared for medical professionals. Each day will start with a relevant topic followed by group and individual counseling (couples together). Our counseling staff are fully licensed, professionally trained counselors with decades of experience. They have frequently sat with medical missionaries and know some of the challenges you face as a physician. We will be joined by Dr. Stanley Haegert, MD, and his wife Deb who have been in practice for more than 30 years in the U.S. and on the mission field. They are frequently asked to conduct seminars on promoting physician wellness.

Investment

Investment in your well-being/marriage/sanity. To gain the most from this experience, we recommend fully unplugging from your practice and other commitments for the duration of the program. While there will be 10 hours of wellness seminars, five group counseling sessions and five individual counseling sessions, there will be time to unplug, relax and enjoy the beautiful 125-acre campus of Alongside. Cost for program and luxurious six-night accommodations: \$2,300 per couple or \$1,750 per individual

For more information or to register, visit www.alongsidecares.net or email john@alongsidecares.net.

Medical Ministry Opportunity

Serving the cause of medical and dental students worldwide via the International Christian Medical and Dental Association

Name of the position for which applications are being solicited:
Student Junior Graduate Executive Officer (SJGEO)

Appointment:
The SJGEO is appointed by the Chief Executive Officer

Role/functions are:

- a. Responsible for sharing and furthering the vision and mission of ICMDA amongst the Students and Junior Graduates (For Vision and Mission of ICMDA see appendix).
- b. Comes under the line management of the Chief Executive Officer.(See Organizational organogram)
- c. The world is divided into 12 regions. Each region will have many area representatives or AR's. From amongst the area representatives, a few Regional representatives will be selected or RR's. The Area representatives and Regional representatives report to the SJGEO. However since the Area representatives and Regional representatives work with the Regional Secretary, liaison with Regional Secretaries to ensure appropriate selection, leadership development/training and support of all Regional/Area Representatives is needed.
- d. Respond to identified needs of RR's/AR's and act as line manager of RR's/AR's.
- e. Participate in regional meetings where possible to maintain dynamic contact with student leaders.
- f. Provide feedback to the CEO about strategies which could further student leadership development.
- g. Work with Associate SJGEO's who will work with SJGEO but report to the CEO.

Selection Criteria:

- Needs to know the Lord and be a known Christian leader.
- Needs to have roughly an average of about 1 day a week for work of ICMDA. (Includes time for international travel).
- Needs to be a qualified doctor/Dentist
- Age- Preferably between 30-40 years of age.
- Some ICMDA and some international experience.
- English fluency

Salary: A small salary will be offered for one day a week salary support. A small budget will also be provided for travel and office support.

Participate in Executive meetings and annual Board meetings:

Though the SJGEO is not a Governing Board member, he will be expected to attend Board meetings/executive meetings as a member of the staff.

Vision and Mission of ICMDA:

- “A Christian witness through doctors and dentists in every community in every nation”
- The ICMDA exists to start and strengthen Christian national medical and dental movements through:
 - **CALLING**
 - **EQUIPPING**
 - **FELLOWSHIP**
 - **SERVICE**
- **CALLING** - Enabling national movements to dialogue on relevant issues in their secular or other-faith contexts from a foundation that is biblical and ethical
- **EQUIPPING** – Training and building the perspectives, Christian understanding and witness of doctors, dentists and students for leadership
- **FELLOWSHIP** - Bringing together members in fellowship at regional, international and other levels to support each other through mutual encouragement, prayer and learning
- **SERVICE** - Initiating and strengthening missions to all, especially to vulnerable communities through partnership among national movements

Interested applicants may apply as follows:

- A one page bio-data/passport size photograph
- A letter of commendation from any one of the following: A leader of the National CMF, a leader in ICMDA, OR a senior pastor well known to the candidate.
- A 10 sentence paragraph on “Why I want this SJGEO role”
- Personal testimony of their Christian journey.
- Send all of this electronically to the CEO, ICMDA at- vinod.shah@gmail.com before the 15th of March 2016.

While You Are Away...Medicine is Radically Changing by David Stevens, MD MA (Ethics)

If you saw Dr. Paul Regan, a doctor from Oregon, talk, you would think, as I did, that this gentle, kind and soft-spoken family practice physician is the kind of doctor you wish you had. That is until you listened to what he was saying.

I was sitting in the front row of a committee hearing of the Tennessee legislature and Dr. Reagan was explaining how upset some of his patients had been with him that he could not help them kill themselves. It was against the law in his home state at that time. He then went on to relate that since Oregon legalized physician-assisted suicide (PAS), his patients are now delighted that he can help them end their lives with “dignity.”

Next to me was sitting a retired long time Tennessee Senator and former candidate for governor, John Jay Hooker. He had held his family Bible in his hand as he gave testimony earlier and with great oratory asserted that there was nothing in the Good Book against people taking their own lives. He then quoted the state constitution maintaining that killing yourself was a basic liberty right enshrined within the constitution.

After more than two hours of testimony from these men and others, I had only 10 minutes to present the other side.

Compassion & Choices (Who can be opposed to those concepts?) is a highly organized and well-funded non-

profit group. George Soros, an 86-year-old liberal business magnate, has poured millions into legalizing physician-assisted suicide in the U.S. Compassion & Choices' paid staff is made up of lawyers, doctors and other professionals. They also have thousands of volunteer advocates. The PAS movement is relentless. No matter how many times they lose battles, they come back again and again until they finally win, as they have in Oregon, Washington, Vermont and now California. They lobby legislators, they manipulate the media with great finesse and they have letter writing campaigns to newspapers. They bring court cases or start referendum initiatives if they can't move the legislature.

Why am I writing about this in the *e-Pistle*? Because the dominoes are falling faster! California, the biggest plum ("How California goes, soon the country goes!"), fell last summer after a 15-year battle. In 2015, there were attempts to legalize physician-assisted suicide in 30 states. This is a "David (pardon the pun) and Goliath" battle. CMDA has what is equivalent to one and a half full-time staff members who deal with public policy issues and the "half" is the total time both CMDA's Vice President for Communications and I have to put into these state battles. That is why we have been empowering CMDA members to be volunteer state directors to fight this battle with our assistance. I'm happy to report that we now have 30 states covered and are working toward all 50. These men and women are making a difference already. Yet, I often feel like the little Dutch boy with his finger in the dike. As soon as I put a finger in one hole, another hole or two begin to leak!

I know you have your hands full with the many challenges you face, but we need your fervent prayers. Already in Canada, where the Canadian Supreme Court found a right to both PAS and euthanasia in their constitution last year, they are forcing doctors to recommend PAS as an option for anyone "suffering" and demanding doctors refer if they are not willing to give a lethal injection or prescribe an overdose of barbiturates. The Canadian Christian Medical and Dental Society has taken the issue to their country's High Court.

This is a fight for the very foundation of medicine, the trust that underlies the doctor-patient relationship. How can you trust a doctor who can both cure and kill you? This is not about giving patients "the right to die," but instead it's about giving doctors the right to kill. Suicide is not illegal or difficult (but always tragic).

It is dangerous to let physicians be judge, jury and assistant executioner. It is dangerous for patients who are often depressed when they have a terminal disease. It is dangerous for families because tired caregivers or greedy relatives can influence a loved one to take this step. It is dangerous for society, because once you say that the solution for suffering, which is total subjective, is a handful of lethal capsules, how can you deny it to anyone who demands it, to the chronically ill, to disabled newborns or to the mentally ill? Those groups already have this new "right" in Europe.

Focus your prayers on Massachusetts, New York, Maryland and New Jersey, because they are the states most at risk right now for legalization. If you want to know more about this issue, visit www.cmda.org/pas or visit www.ethicalhealthcare.org.

Add to this concern the even greater concern that we could lose our healthcare right of conscience (our religious liberty) this year.

You probably haven't heard of the legal case *Storman v. Wiseman*, which has been in the court system for a number of years. Depending on what the U.S. Supreme Court does, that case could change it all. The case was brought by pro-life pharmacists who didn't want to dispense the morning after pills (*Plan B* and *Ella*) that the FDA admits on the packaging can prevent the implantation (therefore causing death) of developing human beings. *Ella*, a prostaglandin blocker like RU-486 (the abortion pill), can also interrupt an established pregnancy.

This case was first heard before a federal district court in Washington State and they overruled the state government that was threatening to take away pharmacists' licenses if they didn't comply. The state appealed to the Ninth Circuit Court of Appeals—by far the most liberal federal appeals court in the country—and the court overturned the original ruling. In its rationale, the court said healthcare professionals have a professional obligation to provide all legal treatments and procedures whether they are religiously or morally opposed to them or not. If that ruling stands, healthcare right of conscience is eliminated and federal laws/regulations that protect healthcare professionals are invalidated.

The case has been appealed to the U.S. Supreme Court. CMDA worked with Alliance Defending Freedom to file

two amicus curiae (friend of the court) briefs. One is from CMDA refuting the foundational scientific assertion in the Fifth Circuit ruling. Their assumption, which is contradicted by all embryology texts, is that human life doesn't begin at conception; thus, there is no moral issue to deal with.

We also had more than 4,000 CMDA healthcare professionals sign a separate brief outlining how this ruling will impact healthcare and our patients if it is not reversed. In a CMDA survey, 95 percent of those Christian healthcare professionals who responded said they would quit healthcare before violating their religious or moral beliefs.

The next step is for the Supreme Court to decide to take the appeal in the next few months. If they do, the case will likely be heard this fall.

As a side note, new regulations proposed by the U.S. administrative branch also assume there is an obligation by healthcare professionals to provide all legal services. The regulations have to do with medical services for transgendered people, and it mandates that if you do a hysterectomy for any woman, you must also do a hysterectomy for a transgendered woman as part of the sex change surgery process she desires.

I would have rather shared practical advice this month to help you in your daily work as a healthcare missionary, but you need to be aware of these enormous challenges you will likely face when you are on home assignment. More than 40 percent of Christian healthcare professionals have been pressured to compromise their beliefs, and one out of four have been discriminated against in employment, training opportunities or promotions.

Here at CMDA, we continue to battle for you. Join us in this battle with your prayers.

Same-Sex Marriage by Dr. Ron Koteskey

The U.S. Congress passed the Defense of Marriage Act in 1996, and Section 3 defined marriage for the purposes of federal law as "a union of one man and one woman." Of course, this had been the usual definition for thousands of years, since Genesis 2:24 said, "...a man will leave his father and mother and be united to his wife..." (NIV 1984).

In 2013, the U.S. Supreme Court ruled that Section 3 violated the Fifth Amendment. Then in 2015, it ruled that refusing marriage or refusing to recognize marriage to same-sex couples violated the Fourteenth Amendment.

Some citizens were elated that their battle to make such marriages legal and available was successful. Others were aghast that such a thing could happen in their own culture. Missionaries may now find themselves in difficult situations. Some nationals believe that America is a Christian nation and wonder how it could allow same-sex marriages. They may also wonder if such marriages should be allowed in churches in their own countries that also allow such marriages. Other nationals in countries in which homosexual behavior is a crime may wonder if their laws should be changed. Before considering these questions, one needs to know what the Bible says.

What does the Bible say?

The Bible is not silent on the subject of homosexual behavior. The first mention of it occurs in the early chapters of Genesis during the time of Abraham. Abraham's call to a different culture is in chapter 12, and Sodom is mentioned in chapter 13 where the Bible states, "Now the men of Sodom were wicked and were sinning greatly against the Lord" (Genesis 13:13, NIV 1984). Sodom's wickedness is reiterated, and Abraham pleads for Sodom in chapter 18. The nature of their sin becomes clear in chapter 19 where men from all over the city ask Lot, "Where are the men who came to you tonight? Bring them out to us so that we can have sex with them" (Genesis 19:5, NIV 1984). This event is the reason that the word "sodomy" is often used to describe homosexual behavior between men.

Such behavior appears again in the Old Testament in Leviticus 18. After several verses defining incest, verse 22 states, "Do not lie with a man as one lies with a woman; that is detestable" (Leviticus 18:22, NIV 1984). Leviticus

20:13 goes on to say that in such cases, both men must be put to death.

In the New Testament, the first chapter of Romans also deals with the topic. “Therefore God gave them over in the sinful desires of their hearts to sexual impurity for the degrading of their bodies with one another...God gave them over to shameful lusts. Even their women exchanged natural relations for unnatural ones...Men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men...” (Romans 1:24-27, NIV 1984).

Whatever became of sin?

Karl Menninger, one of the founders of the Menninger Clinic, noted that by the 1960s the word “sin” rarely occurred in American culture. Actions were described as being disgraceful, evil, corrupt, prejudicial, harmful and so forth, but they were seldom called sinful.

In 1973, Menninger published his book *Whatever Became of Sin*. He noted that particular sins may become crimes, mental illnesses or just accepted in society as normal behavior. Apparently homosexual behavior has been regarded as each of these in much of Western culture.

When an action is labeled as a sin, the problem is dealt with by the church and people such as priests, pastors and youth ministers. These individuals offer opportunities for confession, repentance and forgiveness leading to salvation. If sinners take advantage of these opportunities, they have a new life in Christ. Sinners who reject these opportunities remain in their lost state.

Became crime?

Many sins have become criminal as well as sinful. For example, the sins of stealing and murder became crimes, as well as sins, when cultures passed laws against them. When treated as crimes, the state deals with them through the justice system in which police officers, prison guards, attorneys, judges and parole officers deal with them instead of the church and the clergy. The officials of the justice system arrest, incarcerate, counsel, parole and treat.

Many countries passed laws to make homosexual behavior a crime as well as a sin. Nearly all states in the U.S. passed sodomy laws. Therefore, homosexual behavior was handled by the justice system.

Became mental illness?

Some sins became mental disorders, as was the case with homosexual behavior. When that happened, the medical system in which psychiatrists, psychologists, counselors and clinical social workers became the ones to deal with such behavior. They treated these mental disorders with mental hospitals, drugs and therapies of all types.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association is the standard in the U.S. When it was first published in 1952, “homosexuality” was listed as one of the 106 mental disorders. Thus, when Menninger wrote his book, homosexuality was not only a sin and a crime but also a mental disorder.

Became alternate lifestyle?

During the last half of the 20th century, some cultures revised definitions of homosexuality as a crime and/or a mental illness. In the U.S., most states decriminalized homosexuality during this time, and the last 14 states did so when the Supreme Court declared sodomy laws unconstitutional in 2004.

Many of the countries in the Western world have also decriminalized homosexual behavior; however, in 2013, it was still a crime in 77 countries—mostly in Africa, the Middle East and South Asia.

Homosexuality remained a mental disorder in the DSM for more than three decades before a committee in the American Psychiatric Association removed it in 1973. The American Psychological Association followed in 1975, and the World Health Organization in 1990. Homosexuality was changed into just a sexual orientation, not a

mental disorder.

Issues to Consider

For thousands of years, people usually remained in their own cultures most of the time, and cultures changed very slowly. However, changes in technology interaction and integration between people and governments of many nations have led to globalization and rapid changes in cultures.

First—Many cultures are changing rapidly. Sins may become crimes or mental disorders, then not crimes or mental disorders, and then crimes or mental illnesses again. For example, India de-criminalized homosexual behavior in 2009 and re-criminalized it in 2013. Thus, about 16 percent of the world's total population saw the law changed twice in only six years.

Second—Western culture is becoming less Christian. Christianity and the Bible influenced many Western nations as they developed. This influence continued from the founding of the U.S. to shortly after the middle of the 20th century, as shown by the following acts of Congress in the 1950s. Congress passed the following legislation between 1954 and 1957.

- Added the words “under God” to the pledge of allegiance.
- Approved the addition of the Congressional Prayer Room which includes the words, “This nation under God” across the top of the stained glass window.
- Approved legislation to require all paper money to include “In God We Trust” (it had been on all coins for more than a century).

Third—A U.S. Supreme Court ruling does not change what is sinful or not. Such a ruling does not change God's definition of marriage. Such rulings change what is legal or illegal in a culture, but they have nothing to do with what is sinful or not, what is moral or immoral, etc. Same-sex couples may legally marry, but homosexual behavior is still sinful. Unfortunately, even different Christian groups do not agree on what is sinful. Most Roman Catholic and Evangelical Protestant groups maintain that homosexual behavior is sinful. Liberal Protestants often do not.

Fourth—God still forgives people who sin, even sexual sins. The early verses of John 8 tell about the woman caught in the act of adultery. The teachers of the law pointed out that the Law of Moses gave them the right to stone her to death. However, Jesus' insightful response resulted in everyone leaving. Then Jesus told the woman He did not condemn her either, but she should go and leave her life of sin.

What can one do?

Missionaries serving in countries where homosexual behavior is illegal are unlikely to face major questions about issues regarding same-sex marriages. However, if nationals keep up with events in the U.S., missionaries may face questions about how this can be true in a “Christian” nation. Of course, information about cultural changes presented earlier may help answer that.

Missionaries serving in countries where same-sex marriages are legal may need to explain the differences between something being legal and something being sinful. Ideally, behaviors that are morally wrong would be illegal, but in reality, we live in a world where that is seldom true. This is especially difficult when Christians disagree, and it is probably best to encourage nationals to read their Bibles to find out what is sinful.

In either case, missionaries must remember that all individuals, including homosexuals, still need love, and sinners still need forgiveness as well as changed lives. Missionaries can still pray for those they are serving and disciple those who repent and believe.

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

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