

The Center for Medical Missions'

e-Pistle

February 2018

Welcome to the first 2018 edition of the *e-Pistle*. I hope you will find it informative, challenging and encouraging. I have several more items that I intended to share this month, but the newsletter is already long so I guess I will have to save them until April. That's probably OK since I was going to ask for your help with a couple other items.

I do need your help with one item below. I would like to know which countries license physician assistants. You can read my question below.

Unfortunately, I will not get the chance to greet many of you at the CMDE Conference. I am remaining behind for our [Remedy conference](#) (see below) which will occur during the first week of the CMDE Conference. I couldn't see making the long trip for just four days, though I am sad I will not get a chance to catch up with everyone, particularly those who have participated in our pre-field training. I trust it will be an amazing conference for all and that catching up with friends as well as the training and fellowship will be sweet.

As always, if I can be of service, please ask.

Susan

From Dave Stevens

Be on the lookout for an important survey I'm sending your way via email in the next few days. CMDA's staff in Washington, D.C. have developed unparalleled access to top leaders at the U.S. Department of Health & Human Services and USAID over the last year. Those leaders are eager to create a level playing field for applying for grants for faith-based entities doing healthcare and development outreach overseas. They want to remove barriers and have asked us to help find what those barriers are. The data from the survey will be currency for helping you to get grants for programs and capital projects. These type of grants let me do major building projects, build a hydro plant and conduct community health and development work on a large scale when I was in Kenya. By keeping clear records, we showed we did not use grant money to carry out evangelism and discipleship but used our own funds, though those activities were integrated into our programs. I encourage you to take time to fill out the survey. It is well worth 10 minutes of your time.

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Cura Animarum: Doing the Walk

by Rev. Stan Key

“Enoch walked with God...” (Genesis 5:22, 24, ESV).

Nothing describes the essence of biblical religion more than the call to walk with God. And no one illustrates this better than Enoch. His life story is told in just four short verses (Genesis 5:21-24), and yet his example illuminates the entire biblical drama. Though Enoch’s life was short compared to that of his contemporaries (he lived only 365 years), his impact for good was infinitely greater. What made the difference? Not his education, abilities, good looks, family, wealth or connections. Only one thing distinguished Enoch from everyone else: he walked with God.

- **It was a distinctive walk.** In a long and monotonous genealogical list of names (Genesis 5), Enoch stands out from all the rest. For others in the list, the only thing we are told is that Seth, Enosh, Kenan, Mahalalel, Jared and Methuselah lived a long time, had children and died. That’s it. But Enoch was different. He walked with God. And like Noah (Genesis 6:9) and Abraham (Genesis 17:1), this made his life impact human history!
- **It was a sanctifying walk.** When Adam sinned by eating the forbidden fruit, he was terrified at the thought of walking with God. So when God came for their evening stroll, Adam hid among the trees of the garden (Genesis 3:8). When we walk with God, we cannot walk with sin. The one walk nullifies the other. This explains why God said to Abraham, “...walk before me, and be blameless” (Genesis 17:1).
- **It was an intimate walk.** “Can two walk together, unless they are agreed?” (Amos 3:3). The reason Jesus gave the all-encompassing invitation “Follow me” was so that He could establish friendship with those He came to save. Christianity is a relationship long before it is a religion. The only way to know God is to walk with Him.

- **It was an adventurous walk.** Doing the walk will lead you to places of mind-expanding discovery, heart-throbbing beauty and white-knuckled adventure. No one suffers from boredom when they walk with God. Peter even got to walk on water! So come on, get out of the boat and get started! “...no eye has seen, no ear has heard, no heart has imagined, what God has prepared for those who love Him” (1 Corinthians 2:9, Berean Study Bible).
- **It was a homeward walk.** When you walk with God there is a destination in mind. You aren’t walking in circles! He is leading you home. “Enoch walked with God, and he was not, for God took him (Genesis 5:24, ESV). I imagine it this way: One day as they walked along God turned to Enoch and said, “Hey, we’re closer to my house now than we are to yours. Why don’t you just come on home with me?” And he did.

Over and over in the New Testament, we are invited to do the walk. “Follow me,” Jesus said (Matthew 4:19). And Paul often used this language when he spoke of Christian discipleship. “...walk in a manner worthy of the calling to which you have been called” (Ephesians 4:1, ESV). The joy of salvation is discovered only as we step out by faith and walk with God.

*“He has told you, O man, what is good; and what does the Lord require of you but to do justice, and to love kindness, and to **walk humbly with your God?**” (Micah 6:8, ESV).*

“A fundamental mistake of the church today is that it takes as its basic goal to get as many people as possible ready to die. . .it aims to get people into heaven rather than to get heaven into people . . . They have found ways of being ‘Christian’ without being Christlike.” – Dallas Willard

Point to Ponder: Is the Christian life a destination or a journey?

Prayer Focus: For someone you know who is no longer walking with Jesus.

Will You Help?

When I talk with young people about medical missions, it would be very helpful to me if I had better knowledge of which countries will register physician assistants – either as a PA (clinical officer) or as a registered nurse. I will be so grateful if you will drop me a quick note to tell me what you know about this issue in your country of service. It is OK if I get multiple responses from the same country. I’d rather have that than have people wait thinking someone else will reply.

With hope for many responses.

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Books

Global Surgery

Adrian Park and Raymond Price, Editors

“This text was developed as a book aimed at surgeons and allied health professionals that provides an introduction to the unmet needs, epidemiological, socioeconomic and even political factors that frame Global Surgery. Following upon an understanding of these issues, the text is a practical guide that enables the reader on several levels: to work cross culturally, build relationship and negotiate the logistical challenges of bring surgical care to low resource setting; to develop an approach to the management of various clinical conditions that would be unfamiliar to most ‘Western’ surgeons.”

Medical Missions: Get Ready! Get Set! GO!

by Bruce and Michelle Steffes

These books are quite helpful. If you know anyone who is preparing to serve, either short- or long-term, you might want to share this book. You may purchase this book at www.cmda.org/bookstore or in digital format at either <https://www.cmda.org/library/doclib/steffes-your-mission-get-ready-get-set-go-.pdf> or www.brucesteffes.net.

Family

by Al Weir, MD

“If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever” (1 Timothy 5:8, NIV 1984).

We held our fellowship graduation last night, five fellows completing their three-year fellowship in hematology and oncology, ready to charge into the world to ease the suffering of mankind. And I was their program director, proud of each one, proud of my performance in getting them to this point. A number of faculty members stood and spoke for each graduate, words of praise for their skills as doctors and for their character. But, almost to a person, each faculty also said, “This is your career, your mission; it is vital you do it well, but do not forget to love and care for your families as you do. Your family is the most important mission for your life. Do not sacrifice your families for your profession.” And then I was not so proud.

Have I been sacrificing my family for my profession?

Certainly there is a point where God may ask us to sacrifice our families for His kingdom; countless have done so under ISIS and 20th century Communism. But such sacrificial offering should come only from a direct divine order and with great resistance on our part before surrendering: "I will, for you." Such a mandated sacrifice is totally different from sacrificing my family simply because time with my family might slow me down in "doing God's work" with my profession.

I am guilty of *over work* for God and this is not the same as *over sacrifice*; I have never reached that point. *Over sacrifice* is not possible. We are dead and our life is hid in Christ our God (Colossians 3:3). There is no way to sacrifice too much for Jesus. But *sacrifice* depends on His command overriding our will. *Over work* without a direct command is not His will, but mine, adding labor where Christ has not commanded, labor used to fill a value-void with self-fulfillment.

When I work beyond that which He commands, leaving behind those for whom I am responsible, I may feel better about my personal value, but end up hurting those whom I should value more than myself.

For sure, I am an *over worker*. So what am I going to do about it?
I'm going to focus on my family first unless God calls me out from them.
I am going to say "no" to ministries where God does not call me.
I'm going to say "no" to new work responsibilities where God does not call me.
I am going to come home early rather than "get ahead" for the next day.

I'm going to say "yes" and follow Him if my Lord commands me to do so, even if my family has to wait.

Dear Father,

Thank you above all earthly things for my family. Let me care for them as you have asked.

Amen

New Medical Missions Conference – Remedy

A new CMDA medical missions conference will be held in Orlando, Florida at First Baptist Orlando on March 23-24, 2018. This inaugural event's plenary speakers are Michael D. Johnson, MD, FACS; Rebekah Naylor, MD, FACS; Val Tramonte, MD, and David Stevens, MD, MA (Ethics). In addition to our lineup of plenary speakers, we've gathered together a variety of breakout sessions with some of today's foremost leaders in healthcare missions—both domestically and internationally. This will be an excellent place to recruit future colleagues. Visit www.cmda.org/remedy to learn more and to register.

Empower the Future at CMDA

by David Stevens, MD, MA (Ethics)

I half jokingly tell visitors, "I'm in charge of CMDA, but that doesn't mean I know everything that is going on!" It is so true. Yet, you know a lot less about CMDA than I do, so in this issue of the *e-Pistle*, I want to share a little about where we are currently and where we are going in the future, especially in missions.

CMDA has 45+ ministries, around 60 full-time staff and about 55 part-time staff. One reason we can do so much is that we have around 2,500 people, most of them healthcare professionals, who volunteer with us each year. Over half of those do so in missions. [Global Health Outreach](#) had more than 1,000 volunteers participate on 44 teams last year. The [Continuing Medical and Dental Education](#) Commission had over 100 members and teaching faculty volunteers and another 30 to 40 involved in children and spousal ministries. The [Pan-African Academy of Christian Surgeons](#) is a large commission and also mobilizes around 200 surgeons to help teach in 11 residencies in Africa. [Medical Education International](#) sends around 200 healthcare professionals in small teams to mostly difficult-to-access countries to share their expertise and their faith. Of course, you are familiar with the [Center for Medical Missions](#) (CMM), but you may not know that it does much more than just send you the *e-Pistle* every other month. CMM's goal is to throw fresh fuel on the fire of students and residents' call, walking with them throughout their years of training. CMM has trained 368 new healthcare missionaries who have launched overseas as long-term missionaries. Each September, around 100 executives from mission organizations with health ministries attend CMM's Healthcare Leadership Summit to network, cross-pollinate and brainstorm together. Many students and residents serving on short-term trips or overseas rotations receive financial scholarships through CMM.

Of course, we promote healthcare missions on the 281 campuses where CMDA has student chapters. During one spring break a few years ago, more than 300 students from CMDA chapters in the Midwest participated on international short-term mission trips with teams formed and led by local physicians.

CMDA's [Commission on Human Trafficking](#) advocates with the government and professional organizations for more training for healthcare professionals in recognizing and rescuing trafficking victims. You can also complete our [online continuing education course](#) to help fight human trafficking.

Yes, we are passionate about healthcare missions, but CMDA does more than just missions. I won't go into all of that in any detail, let me mention a few of our lesser well-known outreaches: a malpractice ministry for physicians being sued, book publishing, an ethics hotline for bedside consults, a placement service for members to find practice sites and a new coaching ministry.

I learned during my missionary days how to pinch a penny and get lots of mileage out of it. Each dollar we receive represents a stewardship responsibility to the donor. A year or so ago, I realized we had pinched as hard as we could. To take CMDA to the next level of effectiveness, we need to prime the pump with a \$10 million campaign we are calling *Empower*. It is focused on taking every aspect of each of CMDA's ministry to an entirely new level.

One of the most important things we want to do is increase our membership. Membership is influence into individual lives through a relationship. We are actively working with around 30,000 students and graduates. About 18,000 of those are CMDA members. Yet, we estimate there are 100,000 graduate healthcare professionals who could sign our statement of faith and become members. The *Empower* giving will fund a five-year campaign to double our membership.

Let me share what I envision for enhancing healthcare missions around the world.

- **Triple our "big box" mission conferences for recruiting new missionaries** – We know most of the Louisville attendees come from within a four to six hour drive. In March 2018, we are hosting the first *Remedy* mission conference in Orlando with an initial goal of 600 in attendance. We want this conference to grow as large as GMHC. We are already exploring a third conference on the East Coast and a missions conference has already begun on the West Coast.
- **Expand the Center for Medical Missions (CMM)** – I will complete 25 years as CEO of CMDA in 2019, and I plan to step down and focus my efforts into the Center for Medical Missions. Yes, back to my "first love." I want to build a team to provide coaching, mentoring, consultation to hospitals and clinics and ongoing training in the "soft skills" that healthcare missionaries need to be successful. Those include project development, strategic planning evangelism, management, administration, good governance, financial management, marketing, conflict resolution, burnout prevention and much more. Some of this will be done online with on demand training videos.
- **Healthcare Mission Research** – Despite being trained to use data in our medical decisions, there is very little data looking at what works and doesn't work in healthcare missions. That is beginning to change, but more needs to be done.
- **CMDA Missionary in Residence** – We have budgeted to build housing for a CMDA missionary in residence to work with CMM.
- **Scholarship Funding** – We are planning to raise \$500,000 to expand our endowment funds for resident and student scholarships.
- **Umbrella Grants** – Dealing with governments, parastatals and foundations requires time and expertise, but what if CMM could handle proposals and administration of umbrellas grants and medical mission outreaches could be sub-grantees?

Mission organizations are most often led by theologians. Yet asking non-healthcare knowledgeable leadership to manage healthcare outreaches is like someone asking me to run

a commercial bank! That wouldn't work very well. CMDA is not a sending organization, but we want to come alongside those that are and help them to grow and be more successful in their healthcare ministry.

I believe healthcare missions is the key to completing the Great Commission. To get that task completed, we need to recruit and retain healthcare missionaries, run our ministries effectively, fund them well and employ great strategies.

Training Opportunities

Christian Health Service Corps offers courses on global health and tropical medicine, community health evangelism, and disaster and refugee response. Courses are one to two weeks long and held at CHSC headquarters in Northeast Texas. CME/CEU is offered for most courses. Find dates and information at <http://www.healthservicecorps.org/training/>. Contact Laura Smelter MD, Director of Training (laura@healthservicecorps.org, 903-962-4000), with questions.

Equip International also offers courses for physicians, physician assistants, nurse practitioners and nurses.

- **Missionary Medicine for Physicians (MMP)**

MMP is designed specifically for physicians, physician assistants and nurse practitioners—this five-day course provides diagnostic and treatment principles for those who choose to work in remote, developing areas where sophisticated instrumentation and lab tests are not available. A valuable course for short- and long-term medical missionaries.

- **Missionary Medicine Intensive (MMI)**

In this two-week course, students will gain the knowledge and hands-on experience to diagnose and treat illness and injury in remote locations. MMI is one of our most popular courses; attended by lay people, nurses and other healthcare providers. Utilizing clearly defined procedural techniques, students will leave with the skills to save lives and bring healing to hurting communities. The course will place special emphasis on tropical illnesses. Recommended for short- and long-term missionaries, mission team leaders or indigenous missionaries. No prior medical training required!

- **Community Health Evangelism (CHE)**

One of the best strategies for proclaiming the love of Jesus among the poor, CHE is being utilized by hundreds of Christian churches and organizations in over 125 countries around the world! CHE teaches local community leaders how to identify their own needs and how to mobilize the community to use local resources to achieve positive—sustainable—results. Lives and communities are transformed from the inside out as people come to Christ and work together to address local needs. Interactive, practical and life changing,

we highly recommended for all short- and long-term missionaries!

Home Ministry Assignment

by Dr. Ron Kotesky

Andrew, a third culture kid (TCK), wrote, "I'm really struggling with HMA. It's just so hard. Fish bowl. Being on. Travel. Exhaustion.... we are going for 6 months. Starting in summer. I dread these times. For me after 26 years as MK and missionary, I struggle most with leaving my family, raising support, and keeping my family and myself healthy."

Furlough & HMA

Until the middle of the 20th century, missionaries often returned to their passport country on a regular basis. The usual pattern was four years on the field followed by one year of "furlough" at "home," and this was repeated as long as they served overseas. They usually literally went "overseas" because they often traveled by cargo ship. There was no other way to get there.

When they went to the field, and when they returned home, they were in transit for several weeks, often with other missionaries on the ship. They had time to talk with the other missionaries in this small group of a dozen or so people. So they arrived home debriefed and somewhat rested.

Today missionaries can board an airplane and be "home" within 48 hours from nearly anywhere in the world, but with no opportunity to rest and debrief. It is called Home Ministry Assignment with deputation to raise funds and prayer support. They may be expected to "hit the ground running" with meetings scheduled the weekend after they arrive.

Missionaries will probably always be asked, "How is your vacation going?" by someone at a meeting, but agencies should be understanding enough to have their missionaries take at least six weeks off (preferably three months) after they arrive home. This time allows the missionaries to get settled in, rest and greet friends and family at home.

Family (Children) & Spouse

Raising funds and having prayer partners often mean that one parent is gone much of the time, so their family life is different from what it was on the field. If the children are in school it may mean that they have a different school on each HMA, and they may have difficulty adjusting. In addition, if it is a short HMA, it may mean changing schools as well as cultures during the academic year.

These times of separation may put a strain on marriage relationships. If one spouse travels while the other remains at home to care for the children and the house, the one at home may

feel abandoned and exhausted while imagining how easy the traveling one has it. Likewise, the one driving mile after mile may feel exhausted and think about how good the one at home has it. In addition, the TCKs often do not know their biological relatives, and they may feel odd calling these people “Aunt” and “Uncle” when they have left many aunts and uncles in their host country.

Some missionaries try to diminish these problems by homeschooling and taking the whole family when traveling. Some even buy RVs so that they can take the family everywhere, and they always sleep in the same beds. Other missionaries decrease these problems by buying a house in their passport country, and then they concentrate on raising funds in smaller areas so they do not need to travel great distances. They spend each HMA in the same place, so the TCKs have a set of playmates and friends every time they change between host and passport countries.

Missionaries may ask their children to help them raise funds by “performing” through music or skits. People in the congregation often think it is cute when the children are small, but the children themselves may dislike performing and begin to rebel or develop bad attitudes. Parents must be very careful when doing this.

Family (Extended) & “Friends”

While families are serving overseas, cousins may have married so that missionaries do not know their new in-laws, and loved grandparents may have died so that missionaries may be grieving when other family and friends are past that. Siblings who did not want to say “no” when asked years ago may have taken a “share” in missionaries; however, they have not given the money promised, so the relationships are awkward.

Missionaries may find that they do not fit into the groups they left at home. The faces in the group look the same, but those at home as well as the missionaries themselves have changed, and they no longer have much in common. Those back “home” seem to be materialistic and superficial. They would rather talk about who won the football game last weekend than people giving their life to Christ. Missionaries may feel marginalized, lonely and isolated. They may have to initiate conversations rather than responding to statements from people at home.

Missionaries looking for new friends may find that deep relationships are difficult. Both they and the new “friends” they are trying to make know they will soon be parting again and neither want to invest in short relationships. These are difficult situations, but some of these suggestions may help.

- Fellowship with other missionaries on HMA may be helpful when they meet at conferences.
- Retired missionaries in the community will know what those on HMA are going through, and they may want friendship as well.

Food & Health

Eating may be a problem during HMA. Some missionaries talk about “fast food furlough fat.” Fast food is not the only cause of weight gain. Here are some additional items making food a problem for missionaries.

- People at home often offer visiting missionaries their best, richest foods.
- Missionaries do not want to offend the cooks by not eating very much.
- Many churches have potluck meals with everyone wanting the missionaries to at least taste their best food.
- Missionaries may find it hard to burn all those calories as they sit for hours while driving to their next destination. Although nothing is perfect, one good way is to explain that too much food leads to problems and then eat very small servings.

In addition to food, missionaries may find it difficult to maintain health in other ways while doing deputation.

- Getting rest. In the Ten Commandments, God asked for a day of rest during each week, and most people do this on a weekend; however, Saturdays and Sundays are not good Sabbaths for missionaries on HMA since those are usually travel and speaking days. Picking another day may help. Although some on HMA specify a day, some may simply keep close records and make sure they get one Sabbath a week.
- Exercising regularly. Although not mentioned as much as food and rest, Paul wrote that physical training is of some value (not as valuable as godliness, which is valuable for both this life and the next). Missionaries on deputation may find it hard with their variable schedule, but they can keep a daily written record of times when they have walked, run or played their favorite sports past the point of perspiration for at least a half hour several times a week.

Frustration & Surprises

Missionaries on HMA often feel frustrated about some things, and those on their first HMA may find some surprises. Here are some of the frustrations they may feel.

- Given three to five minutes to share what they have been doing the last four years.
- Being away from the work God had called them to do.
- Feeling guilty about all the responsibilities they left for someone else to do.
- Grieving for all the things and people they left behind.
- Visiting one of their sending churches where the leader does not recognize them.
- Fearing they will do some simple thing, such as buying gasoline, incorrectly.
- Funding coming in very slowly.

- Not understanding what is being asked for in a form they are filling out.

Missionaries who have served several terms overseas know about many things to expect, but they may find some surprises. Those on their first HMA are even more likely to be surprised.

- They are asked, “How is your vacation coming?”
- Even though they are “home,” they feel like they are living in a strange country.
- They become critical or even angry with people at home.
- One on HMA said, “My church is comatose and doesn’t even know it!”
- Another said, “I don’t feel at home. I feel different.”

Other Concerns

Missionaries on HMA may feel like they are “living in fishbowls with a different group of people staring into the bowl every week. Movie stars and popular musicians live that kind of life where everyone is watching, and they are disappointed when no one is watching because they assume they are no longer popular.

Missionaries may not like “being on” all the time and may not enjoy living in a fish bowl. This may be true of TCKs, especially if they are asked to dress in national’s clothing. Teens may be quite sensitive to this.

TCKs graduating from high school returning to their passport country for the last HMA may find this a difficult transition. They often profit greatly from attending one of the one-two week TCK transition seminars offered by the member care providers listed on <http://www.missionarycare.com/links.html>.

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



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