The Center for Medical Missions
e-Pistle
January 2007

I hope your new year has gotten off to a great start. It is hard to believe we are already 22 days into 2007. Things are busy in the Center for Medical Mission office. We continue planning for the pre-field orientation conference that will be held here in April. You will learn about it as you read through this e-Pistle. We're also stepping up our work with young people called to medical missions. There are multiple opportunities for medical missionaries to speak with these young people. If you have a gift for sharing stories from the field and a heart to see more workers in the field, please let us know when you will be in the states and we will try to connect you with student groups.

Dr. Stevens has written about the importance of good communication skills this month. You'll have to wait until February to get the conclusion, though. There is some rich information in this article. I hope you will take the time to read it.

Rev. Stan Key has shared another devotional thought with us. Barrabas, MD's article begins sharing thoughts about a health strategy for reaching those in creative access countries. Remember, he includes his secure email contact so if you want to communicate with him, please do so.

I have included the announcement of ICMDA's inaugural Dignity and Right to Health Award. This announcement was made December 1, 2006 on World AID's Day, but this is the first chance I've had to include it. Next month I will let you know how you can nominate someone for this award.

Finally, Dr. Harold Adolph shares some thoughts about finding personnel for work in mission hospitals. We hope it will be an encouragement for you.

Remember, Daniel and I are here to serve you. If you have a question we can answer or some other way to assist, please don't hesitate to ask.

-Susan Carter
Director of the Center for Medical Missions

Communication: The Essential Leadership Skill **Section: VII, Useful Skills**

By David Stevens, MD

Without good communication skills, it is impossible to be a good leader. The problem is amplified when you are working cross-culturally in your healthcare outreach. Words and

gestures have different meanings or nuances that make good communication a long-term learning process! In our tribal group, pointing with the finger was considered rude so you pointed with your lips. I still get a laugh in the U.S. when someone catches me doing it when my hands are full!

The good news is that you can learn to be a good communicator if you follow a few basic principles and practice them. If you do, you will avoid many of the problems that follow poor communication – misunderstandings, distrust, failure to accomplish important tasks or goals – and much more.

Have you ever turned the wrong way down a one-way street? Bedlam results. The same is true if you treat a two-way street as a one-way thoroughfare. Unfortunately, many communicators do not realize that communication is a two-way street. It involves the sender of the message and a recipient as well. (If you have kids or a spouse, you should know this already!)

If I am sitting in the den reading a paper or a good book, I often tune out everything else going on around me. Jody, my wife, calls me for supper and I don't even hear her. Or I say, "In a minute, honey," get lost in what I am reading and five minutes later she is calling me again. Sometimes the targets of the communication are not listening, do not correctly hear or misinterpret what is said.

#1 – The first principle of good communication is to evoke not just a response, but communication back to you that lets you know that the recipient heard the message, understood and accepts it and, if appropriate, will act upon it in a timely manner.

How do you do that in a hospital, clinic or community health setting? Provide a method and expect a response to your communication if it is an important one. Let's say the hospital is struggling financially and you are going to have to let staff go. You could make an announcement over the public address system, write a memo or call a meeting of all the staff to break the news. Which option allows timely feedback? Obviously a meeting is the best option because it gives an opportunity for feedback to you from the participants. There can be clarifying questions. You can get a feel of how they are accepting the message and adjust your communication real time. Which brings us to the second principle.

#2 – Use the appropriate communication method that best facilitates accomplishing your communication goal.

I do many e-mails everyday. It offers the quickest turn around and is cheap. (Thank God my mom insisted I take typing in high school!) But, it is a lousy form of communication for dealing with major issues, sensitive communication or conflict. I was talking to some missionaries the other day who shared that their mission had decided to sell their headquarters and were considering merging with another organization. It was startling information that could significantly affect each individual, yet it was communicated via an e-mail to missionaries around the world. If you received that information, you would have many questions, wouldn't you? These missionaries did, but they were not able to ask them. The mission picked the wrong method to communicate important information.

E-mail and other written communication do not show body language, tone of voice or allow immediate feedback. The more critical or concerning the communication, the more personalized it needs to be. If nothing else in this situation, the mission should have made their announcement to the largest gathering of staff and missionaries they had each year, followed up with an audio or even video attachment to an e-mail sent to their distant staff. This puts a person – their expressions, tone of concern, and their presence – into a sensitive communication. That person should have offered to answer questions and clarify the communication. Bottom line, tailor the communication vehicle to the weight of the communication being given. If you are putting out the call schedule for next month, it can be written. If you are assigning one doc to take twice as much call as anyone else, you better talk to him in person.

Fight the tendency most people have to avoid conflict by impersonally delivering bad or disturbing news. Even good leaders will avoid this snake, but be aware that it always comes back to bite you.

Oh, did I mention that the communication from the mission organization was not even sent by the President? To make matters worse, he gave that assignment to someone else and left the country on a previously scheduled trip, so he was not even available, which brings us to the next principle.

#3 – The appropriate person should deliver the communication.

If you are a physician, you never tell the nurse to go tell the patient, "The doctor told me to tell you that you have incurable cancer and will likely die in six months." The doctor has to convey that significant information by their self, face to face with appropriate time for discussion and questions.

Using the appropriate person works in the reverse as well. Do not diminish the authority of the person that should give the communication by stepping in inappropriately. Recently I became aware that staff in one of my departments were seen leaving work at all times during the day and sometimes early from work. I could have gone down to that department, called a meeting and read them the riot act. Instead, I called in the department director to find out what was going on. Sometimes the staff members were going out on legitimate errands that sometimes prevented them from keeping to their work hours. I asked the director to deal with it. That strengthened his authority and gave him an opportunity to monitor the ongoing situation. I held him accountable and he held his staff to the rules. To leave a document trail, he wrote each staff member a note and then met with them as a group to further reinforce his communication and to listen to and answer their questions. Behavior changed, the appearance of wrongdoing was ameliorated by letting the receptionist know where they were going and everyone was happier.

#4 – Work hard to be empathetic with your listeners.

Where are the persons you are trying to communicate with at right now on this issue? How can you bridge from where they are to where you want to take them? For example, let's say you are having a major problem with keeping your facility clean. Kids are playing in and ruining the bushes, the latrines are a mess, trash is strewn around and that's not the worst of it. The memos

telling the staff to keep the hospital clean have not worked. No one likes cleaning up other people's trash or feces.

True, but how can you get your staff to take ownership of the problem? You call a meeting and start from a different place. You say, "Last week my wife and I had a wonderful dinner over at nurse Koech's home. She cooked a wonderful meal and her house and garden were so neat and orderly. We were impressed and I bet each one of you would have prepared food and cleaned up just like she did if you had invited us over to your home. In the same way, when we are working in the hospital, it is our house. We live and eat in the hospital for a good part of the day. I suspect like me, you have been embarrassed when officials or friends come by and see how messy and dirty 'our house' is. It is hard to keep our house clean when we have so many patients, but working together we can have a clean hospital that we all can be proud of. Here is the plan I have laid out to do just that. Let's discuss and improve on it and then…"

Get the idea? Your communication is more likely to be received and acted upon if you start from where the listeners are or from what they already know and believe. That is why you talk differently to children than adults. It is why you use simpler words with someone uneducated than with a colleague. Your communication should start from where the listener is in their knowledge, experience and beliefs.

Cont'd next month

Cura Animarum

By Rev. Stan Key

Malcolm Muggeridge was for Great Britain something of what Walter Cronkite was for America: a nationally known and respected journalist and newsman. When Muggeridge became a Christian, his testimony touched the lives of millions. Allow me to share a wonderful passage from his book, Jesus Rediscovered, written in 1969.

> *I may, I suppose, regard myself, or pass for being, a relatively successful man. People occasionally stare at me in the streets – that's fame. I can fairly easily earn enough to qualify for admission to the higher slopes of the Internal Revenue – that's success. Furnished with money and a little fame even the elderly, if they care to, may partake of trendy diversions – that's pleasure. It might happen once in a while that something I said or wrote was sufficiently heeded for me to persuade myself that it represented a serious impact on our time – that's fulfillment. Yet I say to you – and I beg you to believe me – multiply these tiny triumphs by a million, add them all together, and they are nothing – less than nothing, a positive impediment – measured against one draught of that living water Christ offers to the spiritually thirsty, irrespective of who or what they are.* (Pages 77-78)

If you are weary of drinking from wells that simply do not satisfy the thirst in your soul, then you have come to the right place! Jesus offers living water to those who are thirsty. Listen to his

promise: *"Whoever drinks the water I give him will never thirst. Indeed, the water I give him will become in him a spring of water welling up to eternal life"* (John 4:14). Come. Drink deeply. He alone can satisfy your soul.

Medical Missions to Unreached People Groups: The Luke Ten Strategy

By Barabbas, M.D. chuche@nomadmail.net (secure email)

For the past several months I have mostly written about church planting basics and theory. Now let's talk about something practical.

The first health strategy to learn is "The Luke Ten Strategy." I call this a health strategy and not a medical strategy because it can be done by non-medical persons. For this reason, it is a good strategy for empowering the church. The strategy comes straight out of Luke Ten and is very simple:

> *After this the Lord appointed seventy-two others and sent them two by two ahead of him to every town and place where he was about to go.* [Step One] *He told them, "The harvest is plentiful, but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field.* [Step Two] *Go! I am sending you out like lambs among wolves. Do not take a purse or bag or sandals; and do not greet anyone on the road.* [Step Three]
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> *When you enter a house, first say, 'Peace to this house.' If a man of peace is there, your peace will rest on him; if not, it will return to you.* [Step Four] *Stay in that house, eating and drinking whatever they give you, for the worker deserves his wages. Do not move around from house to house.*
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> *When you enter a town and are welcomed, eat what is set before you. Heal the sick who are there* [Step Five] *and tell them, 'The kingdom of God is near you.'" Luke 10:1-9* [Steps Six and Seven]

The first step in this strategy is to put disciples together into ministry teams. In a restricted country we are utilizing this strategy and have taught it to the first group of disciples. By their next meeting, everyone had gotten a partner or two until they were in seven ministry teams. Within months, several of these groups of Muslim-background disciples had started their own house church. Synergy among disciples is vital.

Step two is prayer for more laborers for the harvest. Traditionally we think of this as a need for more apostolic workers from the west. But it is preferable to pray for laborers from within your people group. If you could lead one person to Jesus every two weeks, then you could have five hundred converts in ten years. That would be great! But, if you turned each new disciple into a disciple-maker, and each of them could make another disciple in two weeks, then you would have five hundred disciples in four and a half months. The resources, including men like Paul, Peter and Apollos, are in the harvest.

The third step is to teach the disciple-making teams how to enter the community. The direction from Jesus was simply to "Go!" But he also taught them to expect danger, to depend upon their faith for the supply of their needs, and not to be distracted.

The fourth step is to find the "man of peace." Teach the teams to expect this divine appointment and utilize him or her as a resource for reaching the community. Have the teams look for signs of illness everywhere they go, and ask the person of peace if they know of anyone that is sick. Have the man of peace make introductions to those who are ill.

The fifth step is to heal the sick and here is where medically trained people can be of the most benefit. We are completely comfortable around illness but that is not the case for non-medical folks. They are intimidated by it all. So, teach the disciple-making team how to bring a gift of flowers, fruit, or soda. Teach them to enter into homes humbly and as servants to the family. Teach them a few polite questions that they can ask and teach them how important it is to just let a sick person talk about their illness. Those making the visit are not medical personnel and no medical treatment need be given.

After a long visit, have the team ask for permission to pray for the patient, just as I am sure many of you do in your work. The book of James instructs us to anoint the sick with oil (James 5:14) and I recommend following this directive.

Remember that this may be the first point that the team is showing themselves as disciples of Jesus. It is a critical juncture, but it must be done in faith.

Have the team return to the home on the next day with another gift. Upon their return it is likely that the patient will be well or will have had significant improvement. If this is the case, then the team should explain how faith in Jesus results in great power. If the patient has not been healed, then the team should return daily, bringing a small gift and continuing to pray in the name of Jesus.

The Luke Ten Strategy was given before the church existed or salvation through the blood of Jesus was available. The statement, *"and tell them, 'The kingdom of God is near you'"* was the good news at that time. When we follow this strategy today we are able to give the complete gospel - that the kingdom of God has now come. Through this message disciples are made. The task of the disciple-making team is to gather these disciples into groups and empower them by also teaching them The Luke Ten Strategy.

Opportunity to Serve

Mercy Ships is seeking a volunteer physician to work in our outpatient clinic for children of 12 and under in Freetown, Sierra Leone from early January 2007 through December 2007.

The outpatient clinic's mission is to serve as a primary care facility for the children of the Aberdeen community as well as in the Greater Freetown area. The general practitioner and

national nurses provide initial diagnosis, basis medical care, and immunizations. Most illnesses seen at the clinic are readily preventable and so, health education is an important part of the staff's mandate.

Criteria:
The ideal candidate should have a valid license, at least 2 years post graduate experience in pediatric or General/Family practice, is committed to serve the forgotten poor by following the example of Jesus, and could commit to serving with us for 6-12 months.

Experience in a cross-cultural setting would be helpful but is not required.

You must be able to cover travel costs to and from Sierra Leone and have health insurance.

TERM: 6-12 months

CONTACT DETAILS:
For more information, please contact our website www.mercyships.org or call Human Resources at 903-939-7000

Involved in Administration/Management? We Need Your Help!

One of the objectives of the Center for Medical Missions is to develop a management resource area on our Web site. I'm hoping you will take a few minutes to share some of the resources you've found most helpful in order to create an appropriate resource for medical missions. These could be books, courses, Web sites, etc. If you would share those with me, I will start getting them posted so that others might benefit as well.

Thanks so much for your help! Send submissions to susan.carter@cmda.org.

Inaugural Winner – ICMDA's Dignity and Right to Health Award

The HIV Initiative of the International Christian Medical and Dental Associations is proud to announce that the winner of its inaugural Dignity and Right to Health Award is **Dr. Biangtung Langkham**, who has been involved in early responses to the twin epidemics of drug use and HIV in his hometown of Churachandpur, Manipur, India since the early 1990s. Starting within the Christian community in Manipur, he has gone on to work across tribal and religious boundaries, facilitating local community based responses to HIV and substance misuse. The SHALOM project, as it came to be known, was tackling issues of harm minimization and community empowerment in HIV prevention a good decade or more before such approaches became commonplace. SHALOM is also involved in providing care for those living with HIV and AIDS. SHALOM continues as a model faith based organization (FBO) response to AIDS in the region, and continues to work effectively with all communities.

Dr. Langkham was subsequently involved in facilitating other responses across the Northern India in as part of Emmanuel Hospital Association's (EHA) response to HIV/AIDS in India. These include programs in Mizoram, in four other north Indian states, an Indio- Nepal Border town and New Delhi.

Since 2001 Dr. Langkham has been based in New Delhi, as Regional Director EHA North East and Coordinator for HIV/AIDS services of EHA. In the last two years he has also served as the Project Director of Project ORCHID, EHA on behalf of the India AIDS Initiative of the Bill and Melinda Gates Foundation, where he has overseen a response to HIV prevention among drug users on a scale not previously seen in Asia. He has also been involved providing support to the National AIDS Control Plan (NACP). He has provided similar support for TEAR Fund and other faith based organizations in developing their plans for India and neighboring countries.

The award recognizes Dr. Langkham's major contribution in mobilizing Christian communities to respond compassionately to individuals excluded by society (HIV infected drug users and sex workers) on a scale that has the opportunity of bringing the epidemic under control.

Dr. Michael Burke, Chair of the ICMDA HIV Initiative said, 'The Dignity and Right to Health Award is an international symbol of the global response to HIV. It is an activity of the International Christian Medical and Dental Associations HIV Initiative. The award provides an essential opportunity to recognize, support and publicize the most outstanding role models and champions acting to stop this global epidemic. It is well positioned to become an important symbol for ensuring that voices from diverse communities and countries are acknowledged and championed.'

Next month we will tell you how you can nominate someone for next year's award.

CONFERENCE ANNOUNCEMENT

Does your mission have medical personnel under appointment or preparing for missionary service? You might want to mention the following opportunity to them. The conference we held last year received great reviews.

CMDA's Center for Medical Missions is organizing a conference entitled, "Preparing for the Future: An Orientation to Medical Missions."

The conference will be held at the CMDA National Headquarters in Bristol, Tennessee on April 20 –22, 2007. The first session will start at 5 pm on April 20th and the conference will end at 1 pm on April 22nd.

The purpose of the conference is to provide orientation information specific to healthcare in missions. Most mission sending agencies provide excellent orientation to general aspects of missions but this conference is designed to address areas not covered. Examples would be, "Integrating spiritual and physical healthcare in non-western settings"; "Cultural, political and

environmental forces in developing world health systems"; "Dealing with suffering, death and dying in third world versus western society" and other important issues central to your success as a medical missionary.

Registration and information is on-line at:
http://www.cmda.org/index.cgi?CONTEXT=cat&cat=100265.
A discounted conference fee is available for residents and students. Total registration is limited.

CONFERENCE ANNOUNCEMENT

By Harold Adolph, MD

The Bible clearly states that a beautiful palace does not necessarily mean a good king. Likewise, good buildings do not necessarily make a good hospital. A hospital must have good doctors, nurses and other staff. Everyone knows mission hospitals have a shortage of doctors. Lifestyle, time off, burn out, political challenges and the true value of mission service are all implicated.

Dr. A. W. Tozer's book, The Real Christian – We Can Afford to Wait, reads like this as it describes a Christian servant:
• He feels supreme love for the One whom he has never seen.
• He talks familiarly everyday to Someone he cannot see.
• He expects to go to heaven on the virtue of another.
• He empties himself in order to be full.
• He admits he is wrong so he can be declared right.
• He goes down in order to get up.
• He is strongest when he is weakest.
• He is richest when he is poorest.
• He is happiest when he feels worst.
• He dies so he can live.
• He forsakes in order to have.
• He gives away so he can keep.
• He sees the invisible.
• He hears the inaudible.
• He knows that which passeth knowledge.
Building a mission hospital and securing excellent staff puts you right there.

Instead, the questions asked of recruiters for mission hospitals often run more like this:
• What is the security like? -Only 10,000 angels are available.
• What will the schedule be like? -24-7-52.
• What is the guaranteed monthly salary? -The honest answer is not welcomed.
• What is the bottom line? -It is a definite financial risk for now.
• What are the chances of success? -Very little in your own strength.
• What equipment is available? -Probably things you've never seen before and perhaps hope you won't see again.

• Who is available to help? -Your nearest consultant may be more than several days away.
• Can I operate within my field of expertise? -If your field is very wide.

Is this why mission hospitals are lacking new recruits? The truth of the matter is that the God who created the universe, and has kept it through all time, can be trusted to provide both the personnel and finances to equip His ministry.

For six years, I have been praying for good staff and God continues to answer my prayers even beyond my imagination.
• God took me to a funeral. -Gave me an orthopedic surgeon.
• God sent a devoted Christian nurse. -Used her to bring many Christian staff.
• Many years ago I cared for an infant with abdominal pain and distension. -God brought him again as a general surgeon.
• God built the hospital. -Gave a gifted Ethiopian with special ability in maintenance, electricity, computer science and carpentry.
• To date, God has given 140 staff.

So we do not look at what we can see right now-the trouble is all around us-but we look forward to the joys in heaven, which we have not yet seen. The troubles will soon be over, but the joys to come will last forever. Everyone can see that the glorious power within must be from God and is not our own.

God is the one who presents us with opportunities disguised as impossibilities. If you accept the challenge even when it does not make any sense, if you go ahead even when you cannot see the invisible resources God has in personnel and finance, you can expect to see daily miracles that will astound you! You won't need to read about others who trusted God and were met with miracles beyond their comprehension. You will know them for yourself.

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