

The Center for Medical Missions'

e-Pistle

January 2010

Happy New Year! I trust you had a wonderful celebration of our Lord's birth and that your new year has gotten off to a great start. We here in eastern TN are finally thawing out after some arctic weather. Of course, it still wasn't as severe here as in some areas of the north. I did have to smile as I was out shoveling snow on December 19th. That was the first time I've had to use a snow shovel in seven winters in TN. Of course, I would not have minded if I still had not had to do it. I only fell twice as I was shoveling the driveway, while short, is on a significant hill. I now have ice grippers that slip on over shoes – like old people use. Oh my!

I trust you will enjoy this month's newsletter. Dr. Stevens continues catching you up on what is happening with healthcare reform. Jonathan Imbody, Vice President for Government Relations recently met with USAID officials and had the opportunity to advocate on behalf of your ministry. I've included a report he gave. This month's devotional is simply a good reminder to each of us as we start a new year.

I've once again included information about our consulting service – md2nd opinion. Several have asked me for this contact recently. Please take note and put the address so placed where you can get to it easy when the need arises. There are a couple other announcements as well.

Finally, we close with an article by Dr. Koteskey regarding expectations.

Please enjoy.

Susan

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Healthcare Reform #3

by David Stevens, MD

I was reminded of the story of Scrooge when on Christmas Eve in the dark of night the Senate passed their version of healthcare reform. It was not present for the American people. The Senate bill is a government grab of health care that was decided in secret negotiations and bursting with higher taxes, bigger bureaucracy, deep Medicare cuts and taxpayer funding for abortions.

- The plan has a \$149 billion dollar tax on “high end” healthcare plans. This might not withstand reconciliation with the House Bill since unions, big Democratic supporters, are up in arms. Many of their health benefit premiums exceed the \$23,000 mark where 40% surtax is levied.
- There will be \$43 billion dollars in new taxes on individuals and employers who do not maintain the type of health care plans that Washington dictates.
- We will see over \$100 billion in new fees and taxes on health insurers that will be passed on in higher premiums.
- \$470 billion dollars will be cut from Medicare.
- The total bill comes in around \$900 billion in new cost, if you believe the numbers. I do not. Taxes start immediately but no benefits kick in until year four, and are not fully realized until year six. In other words, the calculations of \$900 billion in cost are based on 10 years of revenue for around 5 years of cost. Independent sources estimate the actual cost will be \$2.5 trillion over the first ten years of full operation.
- 25% of healthcare expense will come from bureaucracy costs, a great opportunity to find savings. The Senate bill just creates more of it.
 - 43 new or expanded entitlements
 - 111 new offices, bureaus, commissions or programs

The Senate plan creates an Independent Medicare Advisory Board (IMAB) made up of appointed government bureaucrats that are empowered to make arbitrary cuts to Medicare providers that will limit access to care for seniors without legislative approval.

Struggling states are up in arms because they have had no say in being saddled with \$20 billion dollars in increased Medicaid costs due to the Senate bill expanding eligibility. They are especially irate because Senator Nelson, the Nebraska “pro-life” holdout with the 60th vote needed to pass, the bill was bought off with the promise his state extra Medicaid burden would be totally covered by the federal government forever. Arnold Swarznagger, the lone Republican governor supporting the reform bill, changed his position to opposing it. Commenting on the reality that California would have to help pay for Nebraska’s Medicaid costs in the Nelson’s “Cornhusker” deal he said, “Nebraska got the corn and California got the husks!”

A few weeks ago in an interview, a good analogy came to mind. Healthcare is like an ocean liner crossing the Atlantic. Those pushing the present bills are saying the problem is access – we need to get everyone on the ship. They are going to do that by subsidizing or completely paying for some tickets and forcing those with means to buy a full price ticket and get on. As a further incentive, if you do not get on the ship, you pay a hefty penalty.

As the party roars on the deck celebrating getting everyone on board, they are ignoring that the ship is the Titanic, the hull is ripped open by an ocean of cost and the water is rising so quickly, that the ship is going down. Medicare is scheduled to go bankrupt in 2017, but instead of using the supposed savings they are going to get from “fraud and abuse” to shore up the system, they are using it to expand or create new entitlements after the government has already demonstrated it cannot properly manage Medicare or Social Security.

Public opinion against both the Senate and House bills continues to increase. A recent CNN Opinion Research poll found that only 36% of people favor the plan, while 61% oppose it.

One of the few hopes of reversing this legislative juggernaut is in the reconciliation process between the Senate and House bills, but the Democratic leaders are employing another trick and sidestepping that process. They are aborting the normal conference committee process that would include both party leaders from the House and Senate claiming they must avoid delays and exposure of the negotiating process. Instead they are meeting in the White House with the President and essentially creating a new bill, which may be substantially different from what has been passed already.

It is politics Chicago style, unseen in Washington in many decades.

The other hope of starting over with true reform is the election Tuesday January 19th to fill Senator Kennedy’s seat in Massachusetts. In this state where registered Democrats outnumber Republicans 3 to 1, the race is neck and neck. The race is all about the 41st vote that would enable a filibuster of the health bill. Some Democrat leaders are advocating that if he wins they will block his certification till after the healthcare bill is passed!

Let’s step back from the current situation and discuss another of the seven “rulers” for measuring true reform.

1. Affordability
2. Accessibility
3. Quality
4. Fair
5. Ethical
6. Prevention Focused
7. Personal responsibility

Good healthcare reform must be ethical, Yet the Senate bill uses accounting gimmicks to claim it does not use federal money to pay for abortions though the subsidies it provides for insurance (subsidies continue up to \$88,000 for family income) does support abortion services. They simply segregate the premiums that the insured will pay as their small user fee portion and state that those will be used for paying for abortions claiming this is “their money not government funds.” That is like saying that the a portion of the money you paid in taxes last year is still yours if it is put in a special government account. This is a huge shift in the abortion landscape and a boom for abortion providers. Besides using your and my tax dollars to kill human beings, no one has shown a case where a woman could not get an abortion she wanted due to finances.

President Obama, in 2007, speaking in a Planned Parenthood event said, “In my mind, reproductive care is essential care, basic care. So it is at the center, the heart of the (healthcare) plan I propose. Compelling private insurers to include abortion is absolutely vital”v

There has been concern about health reform promoting and allowing physician assisted suicide. The house bill funds advanced directives counseling by paying doctors for doing them. Not a bad idea. But it goes further and gives directions on what and how the topics should be addressed. About the same time this came out, the Veteran Affairs issued a booklet on end of life counseling created by Arthur Pearlman, the same person that argued for physician assisted suicide legalization before the Supreme Court. Leading questions in booklet checklists asked patients, “Is your life worth living if you are in a wheelchair, on dialysis, a burden to family or an economic burden?” Another option to check was, “I would rather die than have treatment.” Government bureaucrats are well aware that the cheapest form of healthcare at the end of life is a handful of lethal pills.

Right of conscience protections is also gutted in the Senate bill. Present laws provide broad protections on all healthcare professionals for a wide range of issues – abortion, capital punishment, sterilization, birth control, abortion referral, etc. The Senate bill only provides protections for physicians from doing abortions and physician assisted suicide. There is no protection for nurses that would be forced to assist in an abortion as happened in a major New York hospital this fall, or an IVF specialist that doesn’t want to create a child for a homosexual couple or a pharmacist that refuses to dispense the morning after pill.

Good healthcare reform must promote health and life, not death. It must protect the most vulnerable and allow healthcare professionals to have the same constitutional rights of the first amendment as others Americans.

Well by next month, healthcare reform will be passed – the President wants it on his desk before the state of the union address – or we will be starting over because they will lack by one vote the ability to pass it in the Senate. I’m praying for the latter. We need healthcare reform, but what is proposed will harm healthcare delivery in the US, not help it.

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CMA Discusses Faith-Based Issues with Obama's AIDS Ambassador

Excerpt from [Reuters](#) "Interview-U.S. AIDS chief sees new goals in global battle," January 5, 2010--The United States is retooling its global multibillion-dollar fight against HIV/AIDS to transform healthcare in some of the world's poorest countries, the U.S. AIDS chief said on Tuesday.

Eric Goosby, whom President Barack Obama named last year to take over the Bush administration's signature foreign aid initiative, said U.S. AIDS relief efforts must change to face a broader health crisis stretching decades into the future.

"We've created a very good start at what was an emergency response. We now need to move that emergency response into a sustained response," Goosby said in an interview.

Former President George W. Bush launched the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, pledging an initial \$15 billion to fight AIDS around the world. In 2008, the Democratic-controlled Congress authorized an additional \$48 billion to fight AIDS, tuberculosis and malaria, and PEPFAR now operates in some 87 countries around the world, most of them in Africa but also including China and Russia.

Despite treatment successes, Goosby said in many target countries medical systems cannot cope with the long-term burden of AIDS and other diseases, requiring new strategies to bolster healthcare programs now often run by nongovernmental organizations (NGOs). Some critics have voiced fears that the changes will undercut one of the most successful public health initiatives ever launched, and one to which the United States has already committed more than \$25 billion. Altogether, PEPFAR is credited with helping to cut AIDS deaths by 10 percent in targeted African countries and saving more than a million lives, largely through supplying the anti-retroviral (ARV) drugs that can slow but not cure the disease.

Jonathan Imbody, CMA VP for Government Relations: In a private meeting last week with President Obama's Global AIDS Coordinator Ambassador Goosby (who is a well-respected physician) and leaders of a few other nonprofit organizations, I highlighted the unique role played by faith-based organizations in combating AIDS, and the policy implications of that role. I pointed out that the World Health Organization (WHO) [estimates](#) that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations. I noted that the Gallup World Poll [found](#) that in 19 sub-Saharan African countries, Africans say they trust religious organizations more than all other institutions.

I explained that the same faith that motivates physicians to serve the poor in difficult and remote areas also motivates physicians to follow faith-based moral standards. This is particularly applicable in AIDS work with faith-based professionals and institutions that emphasize abstinence education and/or retain moral objections to providing or prescribing contraception in certain or all cases.

To illustrate the impact that conscience rights can have on health care, CMA's [national polling](#) for our Freedom2Care coalition reveals that 95 percent of faith-based physicians will leave medicine before compromising conscientiously held moral standards. When reauthorizing the [President's Emergency Plan for AIDS Relief \(PEPFAR\)](#), Congress recognized the integral role that faith-based institutions play in combating and treating AIDS and provided a "conscience clause" (see below) to enable a wide range of faith-based institutions to participate in PEPFAR.

However, this principle must be observed not only on paper, but also at the ground level where requests for proposals (RFP's) are written, and in grant review panels. Otherwise, bureaucrats can design grant projects to require duties objectionable to many faith-based organizations and thus deliberately disqualify faith-based participation. Discrimination can

also occur during the grant evaluation process. As CMA and other faith-based groups address these issues, we would appreciate your prayers for favor and justice.

PEPFAR "Conscience Clause": (h) Eligibility for Assistance- Section 301(d) of such Act is amended to read as follows:

(d) Eligibility for Assistance- An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961, under this Act, or under any amendment made by this Act or by the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, for HIV/AIDS prevention, treatment, or care--

`(1) shall not be required, as a condition of receiving such assistance--

`(A) to endorse or utilize a multispectral or comprehensive approach to combating HIV/AIDS; or

`(B) to endorse, utilize, make a referral to, become integrated with, or otherwise participate in any program or activity to which the organization has a religious or moral objection; and

`(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to meet any requirement described in paragraph (1).'

Action:

If you are a faith-based professional working in or interested in the field of AIDS prevention and treatment and would like to participate in a voluntary listserv to discuss issues, receive alerts to opportunities and exchange information with your colleagues, please contact the [CMA Washington](#) office and we will set one up for this purpose. (The listserv allows options to provide updates sent to your email instantly or daily, or only when you choose to check the listserv online.)

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Cura Animarum

by Rev. Stan Key

Two shoe salesmen were sent overseas by a shoe manufacturer into a rather primitive area to sell shoes. Both wrote letters back to their employer. The first one wrote: "I have terrible news. No one in this country wears shoes! This is an impossible situation. You must have been crazy to send me to a place like this. I am coming home."

The second salesman wrote a very different letter. "I have wonderful news. No one in this country wears shoes! This is a great place to work. Thank you for choosing me for this assignment. Please, send 10,000 pairs of shoes immediately."

Let me ask you, what is your attitude about being sent as an ambassador for Christ to live out your faith in a land where you are surrounded by secularists, spiritualists, humanists, pluralists, pantheists, atheists, agnostics and pagans? Do you feel that God must have been crazy to send

you into such an impossible situation? Or are you humbly grateful for the privilege of living your life in a place where everyone around you has such an obvious need for what you have to offer?

Christians in the first century were sent forth like lambs into a world of wolves. The product they had to offer (Christ) was needed by everyone they met. Such a situation did not make them want to quit in despair. Rather, they were awed at the incredible privilege that had been given to them.

For God was in Christ, reconciling the world to himself, no longer counting people's sins against them. This is the wonderful message he has given us to tell others. We are Christ's ambassadors, and God is using us to speak to you. We urge you, as though Christ himself were here pleading with you, "Be reconciled to God!" (II Corinthians 5:19-20, NLT)

Your attitude will determine your altitude.

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Announcements

CMDA Consulting Service

We know you have difficult, and at times agonizing, dilemmas with your national and missionary patients. Wouldn't you love to have easy access to a specialist for advice and encouragement? You do through CMDA's MD2ndOpinion Consult Service. There is almost any specialist you could desire, ready to assist you. To connect, send an e-mail with patient details to Mary Jane Jewell, MD2ndOpinion@aol.com, who coordinates this ministry of CMDA's Continuing Medical & Dental Education Commission and she will get you linked up. Please attach pictures, lab or other documents if you think they would be helpful in solving your diagnostic or treatment issue.

Survey Opportunity

Paul Armerding presented lectures regarding governance, management and development of faith-based medical activities at the CMDA continuing education forum in Thailand this past February. He has designed a survey to elicit further information on these subjects so as to strengthen his knowledge base for future presentations such as those he is scheduled to give for CMDA in Kenya in February 2010. Paul will greatly appreciate all who will take approximately 20-30 minutes of their precious time to assist his research effort. Please find his web-based survey at <http://medicalcompass.org/survey>.

Where There Is No Doctor is Now Available On CD in both English and Spanish.

Hesperian Foundation has announced that its most well-known book, Where There is No Doctor, is now available on CD. The entire book in English and Spanish is on the CD which can be more easily transported than a book. [Click here](#) for resource; please note you have to scroll down to find it.

Continuing Medical/Dental Education Conference

If you are planning to attend, I hope you have already registered for this year's CMDA conference in Kenya. It will take place February 8 – 18. I hope everyone will be praying for this year's conference.

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Expectations

by Dr. Ron Koteskey

You have been working on a project for six months, already twice as long as you thought it would take, and you are discouraged that it is going nowhere. Perhaps you expected help from your field director and you feel like all you got was criticism. Perhaps you are field director, and you are discouraged that the other missionaries did not really get behind your proposal. Perhaps after being asked to take a position in your home office, you were surprised to find that you feel like you are accomplishing little of real importance. All of these situations have unfulfilled expectations in common. Let us look at such expectations, their importance, and the possibilities for doing something about them.

What are expectations?

An expectation is something you believe will occur, any event you anticipate happening in the future. You may expect either good or bad events. Hope is expecting good, and dread is expecting bad. Paul's famous expectation in Philippians 1:20 was that Christ would be glorified in him.

Expectations are often stated as goals or objectives. We may set these for ourselves, or others may set them for us. In either case we evaluate what actually happens on the basis of the expectations. When our expectations are appropriate, we have feelings of excitement, satisfaction, accomplishment, and success when we reach the goals. If our expectations are slightly high, they may inspire us to work harder and achieve more than we would have with lower expectations. The problem comes when our expectations are too high.

Why are expectations important?

Since we use our expectations to evaluate what happens, the same event may bring opposite reactions in different people. One church planter may be thrilled when 25 people attend because he was expecting 10. Another may be discouraged with 25 because he was expecting 250. Unfulfilled unrealistic expectations may result in many negative emotions.

- **Failure.** You did not live up to your own expectation.
- **Hurt.** Your fellow missionaries did not help you as you anticipated they would.
- **Confusion.** God called you, but it seems like nothing has happened to advance his kingdom as a result of your obedience.

- **Frustration.** You had such a vision for what could be done on your field, but that vision has not become reality.
- **Anger.** You have sacrificed to help the national church, but now they have rejected your help and leadership.
- **Bitterness.** You left a beautiful home and a fruitful ministry, but so few have come to Christ here. If you had stayed home, you probably would have won hundreds to Christ.
- **Depression.** You begin to think that it was not worth it. In fact, you just feel like giving up, giving up on everything!

All of these feelings, and many more, may be the result of unrealistic expectations. Others may feel excitement and satisfaction when exactly the same events occur if their expectations were more appropriate.

I'm too old to have unrealistic expectations!

Impossible again! As long as you are alive, your expectations may be unrealistic. Such expectations are most obvious and most common among the idealistic first-term missionaries who have such high hopes and great visions of how God will use them. However, they may occur at any stage of a missionary's life.

- First home ministry assignment (furlough). You thought people back home would be eager to hear about the revival that is happening on your field. However, after listening politely for about five minutes, they excitedly begin telling you about the success of the local basketball team.
- Become field director. You had such great plans for the field, but both the national church and the other missionaries are much more interested in promoting their own projects. You have not been able to bring unity to the field.
- You move to the home office. You had thought the stress would be more bearable back in your own culture, but living back "home" is even worse.

How can I set realistic expectations?

Goal-oriented and time-oriented people are most likely to suffer from the effects of unrealistic expectations. Remember that God molds servants, not bosses. Rather than directing others, servants trust the Leader and stay in the background, perhaps washing feet! The fruit of the Spirit, as well as the gifts of the Spirit are found in such servants.

In the 1960s the director of Missionary Internship suggested six attainable objectives for the first term. They were:

1. Learn the language.
2. Adjust to the field.
3. Learn about the mission.
4. Understand the field.
5. Find your gifts and place in the work.
6. Confirm your missionary call.

This may not seem like much to accomplish in several years, but it is plenty. Here are several suggestions to keep your expectations reasonable.

- **Ask others.** You are not the only person involved in missions—ask those who are in the positions you anticipate filling. When you get answers about what to expect, do not think it will necessarily be different for you.
- **Develop a long-term view.** Remember that we all stand somewhere between the first three chapters of Genesis and the last three chapters of Revelation. God has been working on his plan of redemption for thousands of years, and you will not accomplish the redemption of the world alone in one lifetime.
- **Remember that everything takes much time.** Learning a language and culture are long term projects never really completed. Relationships are important and take time. The hassles of daily living in many cultures take time. Paper work is necessary and takes time. Contact with supporters takes time.
- **Learn interdependence, not independence.** Rather than trying to do things yourself, realize that you really do depend on other people, and they depend on you.
- **If you must set time frames and goals, be sure to set sub-times and sub-goals as tiny steps to get to the larger ones.** Estimate how long it will take you to reach the goal; then at least double the time and triple the cost; then feel successful if you achieve that.

What if I still discover I have unrealistic expectations?

That is almost sure to happen. Since we are often not consciously aware of our expectations until they are not met, we are likely to have some unrealistic ones. When you realize that you have them, taking the preventive steps mentioned above may also help eliminate those that discourage you.

You may find yourself in conflict with others about what is realistic and what is not. In such cases you will need to use some conflict management skills.

Of course, God may give you some very high expectations in your call to missions, so be careful not to dismiss God's call as a human miscalculation. Likewise, remember that you are in a spiritual battle, and Satan may give you unrealistic expectations to discourage your work for God's kingdom. Spiritual discernment is necessary to make these kinds of decisions.

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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The fastest and most secure way to give to CMDA is through our [secure online giving site](#). Your gifts will be used to continue and expand the critical work of CMDA as we minister to doctors, students and patients.

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