

# The Center for Medical Mission's *e-Pistle* January 2013

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Welcome to the first issue of the 2013 *e-Pistle*. It seems like more than a month since I last put the *e-Pistle* together. Of course, I didn't send one in December. I trust you felt the Lord's presence and peace in an unusual way as you celebrated the birth of our Savior. I had a special time with my family in Indiana though we sure did miss Dad.

After 12 days out of the office over the holidays, it was hard to get started again but I am now back with my feet to the fire. There is plenty to be done – more than I can do. But, if there is something I can do for you, please don't hesitate to ask.

As you read through this *e-Pistle*, please note that I ask for feedback in the bit about missionary mentoring and also for updating the International Rotation Handbook. I will be very grateful if you will take a few minutes to respond.

[susan.carter@cmda.org](mailto:susan.carter@cmda.org)

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## **Cura Animarum – Manger Danger**

by Rev. Stan Key

“...until Christ is formed in you” (Galatians 4:19, NIV 1984).

Imagine a person who has never heard the gospel coming to you with the following request: *I'm desperate to know the true meaning of the gospel. I only have three minutes. Can you help me?* Could you do it? What would you say? Your response reveals whether or not you truly understand what you claim to believe. OK, let me take my own challenge. Here is how I might respond.

*I'm so glad you asked! Let me try to convey the most basic message of the gospel by grouping my thoughts around four key words; words that will hopefully enable you to remember what I've said.*

*First of all, God **formed** everything. Not only did He create the universe, but He formed human beings from the dust of the ground, then breathed into them His own Spirit so they could have His life in them! In the beginning, people like us were perfect in every way. They had pure thoughts, healthy relationships, sinless behaviors, meaningful work and, best of all, an authentic connection with the One who created them. But something went tragically wrong.*

*Sin entered the world. And all that God had formed became **de-formed**! All creation was affected but especially us humans. Our thoughts, attitudes and actions became twisted into a shape that God never intended. Sin is not just what we do. It is who we are! We are not what God created us to be. All of us are affected. Our desires are impure, our thoughts are misguided and our actions are destructive. Like lost sheep, we have all wandered far from the original purposes of our creation. We sometimes try to re-form our lives by making resolutions, attending self-help seminars and modifying our behaviors, but none of these actions are sufficient. We need a remedy that goes much deeper than that!*

*Incredibly, God Himself has offered such a remedy. He loves us so much that He sent His only Son to come and recreate what sin had destroyed! Through His death on the cross He can forgive our sins, and through His indwelling Spirit He can enable us to live a new kind of life. Jesus came not just to re-form us. He came so that our hearts and lives could be **trans-formed**. His work in our hearts means that we can become new creations!*

*Why would God do such a thing? Because He wants us to be like Him. See, the goal of salvation is not heaven. That is the destination. The goal is Christ-likeness! The gospel makes it possible to recover what was lost. We can be **con-formed** to the image of Jesus. My actions, attitudes and desires can reflect the reality of Jesus Himself... living fully in me!*

*Now for you, dear friend, to benefit from what God has made possible, you simply need to acknowledge the truth of your de-formity and ask God, in childlike faith, to trans-form your heart and life so that he can con-form you into the image of his Son.*

Four words: Formed, deformed, transformed and conformed. That's how I would describe the gospel message if I had three minutes.

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## **Open Your Eyes**

by David Stevens, MD

This is the first year that the United States is hosting an awareness month on the issue of human trafficking. This morning in CMDA's chapel service, we learned and prayed about this tragic issue.

Frankly, I never thought about this when I was a medical missionary. I'm sure it was going on in K\_nya, but I was blind to the problem. I was just trying to take care of the next patient in line, deliver the next baby or get the next surgery accomplished. I should have opened my eyes.

Learning about this issue is easier today than ever. Just open a search engine on your internet browser and put in the word "slavery" or "human trafficking" and the name of the country where you serve. I just did and read that it is estimated that 20,000 children are trafficked annually in K\_nya. According to the U.S. Department of Trafficking in Persons Report of 2009, *"The country is a source, transit and destination country for men, women and children trafficked for the purposes of forced labor and sexual exploitation. Inside the country this involved domestic servitude, forced labor in agriculture (including flower plantations), cattle herding, in bars and for commercial sexual exploitation, including involvement in the coastal sex tourism industry."*

Put Iv\_ry Co\_st in your search engine and you will find that more than 15,000 children have been forced into child labor. Knight News reports, *"There may be a hidden ingredient in the chocolate cake you baked, the candy bars your children sold for their school fundraiser or that fudge ripple ice cream cone you enjoyed on Saturday afternoon."*

*"Forty-three percent of the world's cocoa beans, the raw material in chocolate, come from small, scattered farms in this poor West African country. And on some of the farms, the hot, hard work of clearing the fields and harvesting the fruit is done by boys who were sold or tricked into slavery. Most of them are between the ages of 12 and 16. Some are as young as 9. The lucky slaves live on corn paste and bananas. The unlucky ones are whipped, beaten and broken like horses to harvest the almond-sized beans that are made into chocolate treats for more fortunate children in Europe and America."*

To help battle human trafficking, CMDA is taking Global Health Outreach teams to the Nic\_r\_gua, the sex tourism capital of Central America. Two years ago, I purposely hosted a CMDA board meeting in that city so our board members could stay over a week and take care of the health needs of these victims. I've worked in war zones, in the midst of famine and in some of the worst prisons in the world, but my heart was broken as never before while seeing six, seven and eight-year-old girls who had been kidnapped or sold into child prostitution.

No part of the world is spared, but some places like Th\_iland, Ind\_a and Camb\_dia are more notorious. To establish that fact, I looked at the statistics for Tennessee, my home state – conservative, Bible belt, etc. The Tennessee Bureau of Investigation (TBI) did its first-ever study of the problem recently and reported, *Focused specifically on victims between the ages of 9 and 17, the study pulled together details that found children are*

*moved from city to city in the state and sold as prostitutes. Tennessee, simply because of its geographical position to Atlanta and the large number of interstates that cross the state, is conducive to a traveling business.*

Of course, I assumed all this goes on in the city. I've seen it. When I visit my children working in inner city Memphis, we sometimes stay with my son. His next-door neighbor sells drugs and pimps two prostitutes out of his home. All through the night, cars drive up on the street to get either or both.

But I was wrong about thinking it is only in the city. The TBI reports that "*human sex trafficking is prevalent all over the state and minor sex trafficking is in 72 percent of the counties in the state. In northeast Tennessee (which is very rural) there have been 176 human trafficking cases in the last two years.*

Knowing about the problem is important for awareness and, of course, it can be a catalyst for action. But what can you as a missionary do about this issue?

Research shows that victims of human trafficking often see healthcare professionals during their captivity, yet these cases typically go unreported. A good part of the reason for this tragedy is that healthcare professionals simply lack formal training on how to recognize suspected cases and how to respond to authorities. Armed with that knowledge, three CMDA experts have put together nine online training modules that qualify for CME that you can use to educate yourself on this important issue. Visit [www.cmda.org/tip](http://www.cmda.org/tip) to learn more.

Through these courses, you will be introduced to domestic and international trafficking and learn what signs to look for in recognizing victims. You will know to ask questions like, "Could you quit your job if you wanted? Have you been threatened with harm? Do you have to ask permission to eat, sleep or go to the bathroom?" and much more. You will also learn what to do if you suspect someone is a victim.

As your knowledge increases, I would encourage you to find out more about what is going on in your host countries such as the type of forced labor and commercial sex trafficking going on and the worse locations for trafficking. What is the legal situation and how can you work with authorities to facilitate a rescue? What rehabilitation ministries are in the country and how can you support them with medical services to meet the medical needs of victims? CMDA has gained significant experience in this area as GHO takes teams to work at rehabilitation sites around the world.

If there are no rehab ministries in your country, your mission may want to consider starting some. Human trafficking is a hot topic and many students and others want to be part of the solution. Our GHO teams fill up almost immediately for these types of trips. Money is readily available from private as well as government donors for those dealing with this \$32 billion dollar a year industry. Criminal elements know that they can sell drugs once, but they can sell the services of forced labor or prostitution every day for years.

Most importantly as you address this need, you will have the opportunity to meet victims at their point of need and introduce them to Christ.

Please pray for CMDA and its efforts. We are working actively in Washington and recently trained healthcare professionals to recognize and rescue victims. We are working now to make this type of CME required by each state medical board. We are also focused on increasing awareness. I've done four interviews today alone on this issue that have gone out on hundreds of stations. We regularly meet with the U.S. Ambassador on Human Trafficking to help work on policies and education efforts. We have great resources including downloadable brochures to educate healthcare professionals on this issue.

Human trafficking is today's modern day slavery. There are more slaves today worldwide than there were before the Civil War. There are victims of human trafficking all around you.

Can you recognize them?

Open your eyes.

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### **Announcing 2013 Orientation to Medical Missions Conference**

This year's Orientation to Medical Missions for new medical missionaries will take place July 26-28 at CMDA's headquarters in Bristol, Tennessee. While the schedule and curriculum for the 2013 conference is not yet set, you can visit [www.cmda.org/orientation](http://www.cmda.org/orientation) to get a general idea of what will be covered. Please let your sending agency know that this is a great opportunity for their new healthcare appointees to learn things that they will learn nowhere else. The conference has received only positive evaluations for six years. It really is a valuable two and a half days conference for those who plan to serve through healthcare outreach.

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### **Book: *Beyond Medicine – What Else You Need to Know to Be a Healthcare Missionary***

by Dave Stevens, MD, MA (Ethics)

Some of you have been compiling the articles Dave has shared over the past several years – articles that would help you with many of the non-medical issues you face as a healthcare missionary. Well now there is an even better way to access these articles: his new book, *Beyond Medicine*. The 345-page book is well organized and easy to read. The principles shared are applicable in most any setting. [Click here](#) to purchase a copy of his new book.

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## **We Need Your Help – Healthcare Missionary Mentoring**

For several months, the Center for Medical Missions has been thinking about the multiple requests we receive for a missionary mentor. While we realize this could be a really valuable resource for aspiring healthcare missionaries, we have not found the time to develop a mentoring program.

We are now prepared to move ahead in at least a limited way. But before we do, we would like to learn what the possibilities / expectations might be. For those of you who aren't aware, like the *e-Pistle*, I do a monthly e-newsletter for those who aspire to be a healthcare missionary. That newsletter is called, *Your Call*. In this month's *Your Call*, I asked the 1,400+ recipients to describe for me a healthcare missionary mentoring relationship. I'm excited to receive their responses and hope they will help us figure out how to facilitate mentoring relationships.

It will also be helpful to know what this mentoring relationship could look like from your perspective. If you will take a few minutes to consider and then share what comes to mind when you think about mentoring a young person preparing to serve, I will be VERY grateful. It does not have to be lengthy, just some thoughts. Questions I asked the young people are: Is it something that could be done by email or phone? Does it need to be with a medical missionary in the field today? Would a retired medical missionary be acceptable? How much time in a week, month or quarter do you picture this relationship requiring? How early would the ideal mentoring relationship begin – high school, undergrad, professional school, residency?

For you I add: Would you be willing to mentor a nurse, physical therapist, pharmacist, etc.? Would you prefer to have only one mentee or would you consider having a small group (three to five)? Is technology available in your location that would allow you to answer questions via Skype or a webinar? Would you be willing to host a mentee in your home to provide a more complete picture of a healthcare missionary's life (for example, when they come for an international rotation)?

Will you take a few minutes to share your thoughts on mentoring? It will help us create and facilitate a mentoring program that will impact the kingdom through well trained and equipped future healthcare missionaries. Thanks so much! Please email me at [susan.carter@cmda.org](mailto:susan.carter@cmda.org).

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## **Updating the International Rotation Handbook for Students and Residents**

Work on our goal to update and add to our International Rotation Handbook is now underway. Please be on the lookout for the URL of a survey that will help you give us the information needed to update your listing. If your ministry is not currently in the

handbook but you would like it to be, please let me know and we will see that you receive the URL. Scott Reichenbach, whom some of you know from his days at World Medical Mission's Post-Residency program, is working on this project. You can contact him at [scott.reichenbach@cmda.org](mailto:scott.reichenbach@cmda.org) or you can notify me at [susan.carter@cmda.org](mailto:susan.carter@cmda.org). Scott still lives in Boone, North Carolina, but is volunteering a couple hours a week for the Center for Medical Missions. I am certainly grateful for his help. Remember to let us know if you want to be added to the handbook.

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## **A Whale of a Paradox--Be Afraid and Fear Not**

by Judy Palpant

***Fear is a remedy against presumption. Fear is that flaming sword that turns every way to keep sin from entering. Fear quickens; it is an antidote against sloth. "Noah...being moved with fear, prepared an ark..." (Hebrews 4:1, KJV).-- from Puritan preacher Thomas Watson's sermon "The One Thing Necessary," preached in London in 1656***

"Nana, when you pray for me, sit on your knees!" insisted three year-old Madeline.

"Of course, honey!" I said as I folded down beside her bed. Trust me, on or off my knees, I was not about to pray a glib, perfunctory prayer for this grandchild of mine. Sweet sleep is rare for her. A recent tonsillectomy helps her breathing at night. Still, congestion persists. Not to mention night terrors and fear of the dark.

And to be honest, I rarely pray on my knees. When our children were teenagers, I occasionally fell asleep in that position by my bed. Here I was again, beside my granddaughter. As I began to pray for Madeline, Scriptures came to mind: Isaiah's vision--*and a little child shall lead them (Isaiah 11:6, NASB) along with Jesus' admonition--unless you change and become like little children, you will never enter the kingdom of heaven (Matthew 18:2, NIV 1984).*

Madeline called me back to an inward and even an outward position of humility before God. She reminded me of the young boy Pip, a character in the classic book Moby Dick. His fear drove him to prayer. At the end of chapter 40, Pip describes the night Captain Ahab makes his crew swear to kill the whale: *And only this evening--it makes me jingle all over like my tambourine--that anaconda of an old man swore 'em in to hunt him. Oh! thou big white God aloft there somewhere in yon darkness, have mercy on this small black boy down here; preserve him from all men that have no bowels to feel fear.* Ahab's defiant bravado forced Pip to fear and trembling. He cried out to God for mercy.

In my landlocked world, other reasons produce fear--that visceral response to dire circumstances. Friends with agonizing problems, including brain cancer, panic attacks and a fresh divorce, draw me into their pain. My prayers for them take on new urgency.



Oh, for one of God's great angels to appear to them and say, "Fear not. The Lord is with you."

But Pip also longed to see Ahab exhibit "bowels to feel fear"--a healthy reverence for God that would guide his actions. Here we see the other side of the coin--a shift from "fear not" to "be afraid." The Apostle Peter describes this kind of fear: *Since you call on a Father who judges each man's work impartially, live your lives as strangers here in reverent fear* (1 Peter 1:17 NIV 1984).

There is something about serving in a foreign country that forces a person to live in this way. In Kenya, we struggled with inadequacy, isolation, lack of provisions and the unknown. We overcame initial worries and insecurities with time, perspective, familiarity and experience. But healthy fear remained. It kept us from self-sufficiency, ever aware of both real perils and God's promises wrapped into one package.

Years ago I read lines from a young missionary woman's journal. Krista, at 25 years of age, served with the Mennonites in Bolivia. Here is her "gratitude" list: *I thank God for the women who get along, the stars, fear, answered prayer and the peacefulness of space.* We resonate with four out of the five blessings--but fear? I believe Krista refers to the healthy kind that keeps one alert, that guards and guides one's choices out of reverence for Almighty God. Trusting our all-seeing, all-knowing and all-powerful Shepherd allows us to fear God and nothing else.

A grandmother falls to her knees. A young sailor calls on God's mercy. A 25-year-old missionary recognizes her reverential fear as a good thing. So here is my short list of "be afraid's" to speak to my own soul:

Be afraid to allow resentment to swallow me whole.  
Be afraid to squander time comparing myself to others.  
Be afraid of shrugging off what I should shoulder.  
Be afraid of hearing the Word and not doing it.

What would your list include?

Judy Palpant may be contacted at [judypalpant@gmail.com](mailto:judypalpant@gmail.com)

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## **What Missionaries Ought to Know about Relationships**

by Dr. Ronald Kateskey

Making and maintaining friendships on the field has been so difficult. You begin to wonder if there is something wrong with you. Why are relationships so difficult? What do relationships have to do with the Great Commission anyway? How can we make friends? What if some friendships just don't work? Let's consider some of these questions.



## **What do relationships have to do with the Great Commission?**

They are central to it. In the Great Commission, Jesus told us to go and make disciples of all people groups. If people are going to become disciples, they have to recognize that you are disciples—and want to become like you. Jesus said that people will know that you are His disciples if you love each other (John 13:35). In the previous verse, He had called His command to “love one another,” a new command, but it was really a renewed command. It was first given back in Leviticus, then quoted by Jesus when He was asked about the Greatest Commandment. He said to love God and to love your neighbor as yourself.

Certainly the Great Commission involves preaching and teaching people to love God. However, that may be easier than obeying that second great command, the command to love each other. When nationals look at friendships among missionaries, do they say, “Look how they love each other!” If not, perhaps your friendships need some improvement so that you can better carry out the Great Commission of making disciples. If people do not recognize that you are disciples and want to become like you, your ministry may be quite fruitless.

## **Why are missionary friendships so difficult?**

Making and maintaining friendships is difficult for most people. People are different in many ways, and may feel threatened or may let stereotypes keep them from forming close friendships. Some people are morning types, others evening types. Some work fast and have everything done early, others complete things at the last minute. People have different personality traits, such as some being extraverts and others introverts. Some people are quite mature, others immature. In addition to these general factors, other more specific ones make it even more difficult for missionaries to develop and maintain close friendships.

- **Time.** In your “home” country everyone is busy, but on the field there is even more to keep you busy. The hassles of everyday life, such as getting and preparing food, paying bills and getting things repaired all take longer. You have to maintain relationships with supporters.
- **Mobility.** At “home” people move, but changing your residence twice every five years is built into missionary life—on the field four years, home one. At home, deputation keeps you on the road. On the field, you frequently move even during your term.
- **Expectations.** Although people back “home” disappoint you, other missionaries may do so even more often because you expect more of them. They ought to know what you need and meet that need. Where is their love?

We have a good example of this in the disciples who were an evangelism team of 12 to reach Palestine. Jesus was the field director. The disciples had been called, had gone through the selection process, had left their jobs, had gone through orientation and had

gone out in teams of two. They had gone through training and had served for nearly three years. You would certainly expect that they would have things down pretty well.

Let's pick up the story in Mark 9. The disciples had been arguing about who was the greatest. Jesus calls them around and points out that whoever wants to be first has to be last and servant of all. In Mark 10, they meet the rich young man who would not give up his possessions. When Peter points out that the disciples had given up home and family to travel and spread the good news, Jesus agrees and reviews the teaching about the first being last and the last first. Even after two clear lessons, as they travel on toward Jerusalem, James and John (or their mother) ask to be first in the kingdom. When the other 10 hear about this, they become indignant with James and John—those two should know better! However, rather than scolding them, Jesus calls the disciples around and again reviews the lesson: Whoever wants to be great must be the servant of others.

### **How do we form such relationships?**

To live so that people will know that we are His disciples by our love for each other is not easy in today's world, but it can be done. Of course, you cannot be intimate friends with everyone, so after you have chosen people with whom you would like to develop such a relationship, try the following to form friendships.

- Time. Friendships take time. Your response may be that you just do not have time, that you have to prioritize your schedule. If you believe it is important for people to recognize that you are His disciples, you may want to start scheduling your priorities. Time allotted each week to developing missionary relationships will make you more effective, less likely to quit missionary work, more likely to be happy and less likely to become ill.
- Affirmation. One can live for several weeks on one good compliment. However, most of us go for months without giving or receiving any. When was the last time you gave a firm compliment to build someone up and strengthen relationships?
- Trust. Spending time together in an affirming atmosphere is likely soon to lead to the development of trust. As time increases, so may the trust--but you must be very careful never to betray a trust. Trust takes months or years to build, and only seconds to destroy.
- Communication. Some people have never really had someone give full attention and really listen. Sometimes we hear what people are saying with words, but not with their hearts.
- Vulnerability. When trustworthy people care and really listen, we tend to open up and become more vulnerable, more honest with each other rather than being "on guard."

We all need a group of supporting friends. People from individualistic Western cultures often think that all they need for their ministry is “Jesus and me,” but they are suffering from “angel syndrome,” believing that they do not have the same needs as ordinary people just because they have been called into the Lord’s service.

### **What about cliques?**

Isn’t there a danger of forming exclusive groups that ignore others on the field? Of course there is, but you can take precautions to see that it does not happen. For example, agree that you will not spend time together at church or at field events. Make it a point to have someone else in your home for each time you have someone from your group over.

### **What if it doesn’t work?**

That will almost certainly happen with some people. It is unlikely that every attempt at friendship will result in the kind of relationship described here. If not, try again elsewhere. Except for those in very isolated areas, most missionaries today are near missionaries from other organizations, and that is a good place to look, even a good place to begin. If your friends are all from the same agency, you may be setting yourselves up for burnout as you increasingly discuss mission business rather than building relationships.

### **Do it!**

As is so often the case, we know what we should do, we just don’t do it. In Luke 10, an expert in the law asks Jesus what he has to do for eternal life. Jesus asks him what was in the law. The man replies by giving the great commandment, including, “love your neighbor as yourself.”

Jesus tells him he is right, “Do this and you will live.” However, trying to justify his lack of relationships, the man asks who his neighbor is. Jesus tells the story (a cross-cultural one, at that) about the Samaritan who helped after the two religious men had ignored the man in need. When Jesus asks who was the neighbor, the expert in the law answers correctly. Jesus again tells him to go and do the same.

Like the expert in the law, our problem is often not in finding out what to do, but in actually doing what we see to be right. In Mark 12, another teacher commenting on Jesus giving the great commandment observes that to love God and “...to love your neighbor as yourself is more important than all burnt offerings and sacrifices” (v. 33, NIV 1984). Jesus notes that this is a wise answer. That is, loving your neighbor may be more important than many of the “professional missionary” things you do.

Spending much time in the “business” of missionary work may be a symptom that one is avoiding the hard work of building and maintaining relationships--that one is trying to fill the need for close human relationships with “busy-ness.” The single most helpful earthly

resource for combating stress is social support—feeling comfortable sharing with others and then actually sharing with others who are positive and supportive.

If more missionaries developed intimate friendship relationships, they would be happier, healthier and would require less missionary care. By the missionaries' love for each other, nationals would recognize that they were Jesus' disciples and may want to become disciples as well.

For other topics, please visit [www.missionarycare.com](http://www.missionarycare.com). Also please let your non-medical colleagues know about these free resources.

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**Center for Medical Missions**

PO Box 7500

Bristol, TN 37621

423-844-1000

[www.cmda.org/cmm](http://www.cmda.org/cmm)