

The Center for Medical Mission's *e-Pistle* January 2017

Happy 2017! Can you believe it is 2017? I'm struggling to wrap my head around it. Of course, part of that might be the number of years I've been on the earth. Those years are adding up.

We are excited about our plans for the Center for Medical Missions in 2017. Registrations are coming in for our first pre-field training of the year. Those dates are March 9-12. I'm still looking for resource missionaries for this class. If anyone is interested and can be in East Tennessee on those dates, please let me know. The purpose of inviting resource healthcare missionaries is just to give the participants access to those who are currently serving and who can respond to their many questions. While all the presenters have been in the field for many years, most have been back in the states for quite some time. Thus we like to have current missionaries available. A second training will be July 20-23 and I will need resource missionaries during that time as well.

This newsletter has gotten long. I hope you will find it helpful. Stan Key's devotional is especially helpful at the start of this new year. Also note the resources listed. That isn't to say they are the only good articles, as I think they are all worth reading.

Included in this issue:

[Cura Animarum](#) - Learning Contentment by Rev. Stan Key

[Personalize Relationships](#) by David Stevens, MD, MA (Ethics)

[Critical Care: The Grey Zone, The Heightened Costs and Being a Missionary Physician](#) by Dr. Christine in West Africa

Resources

[PowerQuest WorldWide, Ltd](#)

[Ken Gray, Architect](#)

[World Report](#) - report on research around globe

[The Gerson L'Chaim Prize](#)

[From Battleground to Sacred Space](#) by Judy Palpant

[Retirement](#) by Dr. Ron Koteskey

Cura Animarum – Learning Contentment by Rev. Stan Key

One reason I love old books is because they often speak to issues our present generation ignores. For example, when have you read a book exalting the virtue of being content with what you have? Jeremiah Burroughs wrote such a book about 350 years ago entitled *The Rare Jewel of Christian Contentment*. The book is basically an exposition of Philippians 4:11, "...I have learned to be content whatever the circumstances" (NIV 2011).

As we begin a new year, let me offer some choice morsels of biblical wisdom from the heart of a puritan pastor who, though long dead, has much to say to a generation like ours.

Christian contentment is that sweet, inward, quiet, gracious frame of spirit, which freely submits to and delights in God's wise and fatherly disposal in every condition (p. 19).

So this is the art of contentment: not to seek to add to our circumstances, but to subtract from our desires (p. 47).

A Christian comes to contentment, not so much by getting rid of the burden that is on him, as by adding another burden to himself.... If you get your heart to be more burdened with your sin, you will be less burdened with your afflictions (p. 47).

Learn to say, "Lord, I am nothing, Lord, I deserve nothing, Lord, I can do nothing...." A man who is little in his own eyes will account every affliction as little, and every mercy as great... (p. 89).

Contentment delivers us from an abundance of temptations. Oh, the temptations that men of discontented spirits are subject to! The Devil loves to fish in troubled waters... (p. 126).

There is more evil in [a murmuring spirit] than you are aware of ... (p. 137).

You are a spouse of Christ. What! One married to Jesus Christ and yet troubled and discontented? Have you not enough in him? (p. 143).

Discontent makes our affliction a great deal worse than otherwise it would be (p. 160).

You reason amiss: you reason, "I am disquiet because God is gone," when the truth is, God is gone because you are disquiet. Reason the other way (p. 189).

"Unsatisfied desire is in itself more desirable than any other satisfaction."
—C. S. Lewis

Point to ponder: In what part of your life are you discontent?

Prayer focus: To learn contentment regardless of your circumstances.

From Susan: Another great book on this subject is [Contentment by Richard A. Swenson, MD](#).

Personalize Relationships by David Stevens, MD, MA (Ethics)

I just received another list of people I need to write handwritten notes to. I admit it gets tiring at times. In fact, as I think about it, I've probably written 450 personal notes in the last three months. I get worn out just thinking about it! The end of the year for me means, "Tis the season to write notes!"

In early November, I wrote 330 notes on Thanksgiving cards to CMDA's top donors. I write personal note cards each month to everyone who gives to CMDA over a certain amount. And just today I wrote a thank you note to a nationally known speaker who let me interview her on [Christian Doctor Digest](#). It doesn't stop there. I write congratulatory notes to staff. I write personal notes in the front of books people ask me to sign. I write thank you notes to ministry partners. I sometimes write handwritten notes for no reason at all.

It sounds like I don't have much to do besides write notes (wrong!), and my title of CEO doesn't stand for Chief Envelope Out-putter either! As the CEO of CMDA, I manage more than 45 ministries, supervise staff, conduct media interviews, make trips and tackle a full email in-box every morning.

But you see, there is something special about a personalized handwritten note on a nice card because it builds deeper relationships, facilitates new friendships and results in better ministry. There is a method to my madness!

One of our board members is the most famous dentist in the world. He has trained more than 40,000 graduate dentists in his training centers around the world, and he has written multiple textbooks with multiple editions over a 40-year span. I wish I could write notes as well as he does. I still remember the first one he sent after joining us for dinner in our home. He called me "his new best friend," lauded the meal and extolled our new fellowship. Personal notes follow every time I do the littlest thing for him. I treasure them and he has been "my new best friend" now for years!

I have to work at note writing. It is a skill I practice in order to master it because note writing is a lost art. That is what makes it so special and makes you stand out from the pack.

It is worth the effort. It helps you be a successful fundraiser. It will help you recruit long-term volunteers. It will raise up new prayer warriors and encourage the ones you have to be more faithful. It improves your penmanship. It will do your soul good.

I started writing personal notes when I led our community health work in Africa. Each month I would sit down with a stack of post cards and write at least one personal note to a health helper or a committee leader in each of the 30+ areas we worked. Years later, I saw where people had glued my notes on the walls of their homes. These notes made an impact and contributed to the remarkable results of the program.

So here is some free advice on writing better personal notes:

- **Make it personal.** Make sure you know and use the first name of the individual or couple you are writing. Keep a database to refresh your memory so you can write something that let's them know you remember them as individuals—when you visited them, when they visited you, their dog's name, their children's names, a hobby they enjoy or even something you did together. The more personal the note, the more personal the relationship you will build.
- **Make it unique.** I still remember how Josh McDowell wrote me a note on the back of one his boarding tickets. It was a 10-word thank you note, but I never forgot it. Get some personalized thank you notes. They are worth the expense. Write on the corner of a blank progress note. Grab a stack of post cards and keep them on your desk. People love to get foreign stamps and pictures. One of our board members writes personalized thank you notes that include a beautiful snapshot he took of a nature scene on the front of the note. He writes great notes and is an accomplished amateur photographer. I don't throw his notes away!
- **Make it specific.** Why are you writing this note? Is it a thank you, a note of appreciation, something they need to know or something else? Stay on task and laser focus on what you are trying to accomplish.
- **Make it memorable.** Use active words. Work to convey emotion. I produced a note today to say thank you for a financial gift and said, "Wow!! Your generous gift and faithful stewardship is a testimony and wonderful blessing to me! You make me want to change my views on human cloning! ... " Get the idea? Say what you need to say in an interesting and compelling way.
- **Make it short**
. A good note doesn't need to be long. Three or five sentences will do. If your notes are too long, you will end up writing fewer notes and they won't get read. (I established a new personal record last month for the longest note I didn't read. A former missionary sent me a typed 23-page year-end "note.")
- **Make it a habit.** Take my "Note Card Challenge" and write one note a day this year. Even starting late this year, you will write around 350 notes and it will only take you a few minutes each day. Keep a good pen, stamps, envelopes and a stack of whatever you are writing on where you have your devotions each day. As you finish, pick up your pen and jot a note.

Good habits are hard to make and easy to break, but this is worth the effort. Your investment in time and effort in this ministry will bear rich dividends. Write your co-workers in your country of service, your church leaders and those you network with. Write your supporters, your family and your friends. Make a list and check one person off every day. You will be glad you did!

Critical Care: The Grey Zone, The Heightened Costs and Being a Missionary Physician by Dr. Christine in West Africa

"Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms" (1 Peter 4:10, NIV 2011).

For every physician who cares for extremely sick patients, there comes a time when you reach a grey zone. A critically ill patient or ambiguous diagnosis confronts you at 2 a.m., and you are unsure of your ability to save the person from death or permanent disability. Should you choose to start life-support measures on someone who is palliative-care appropriate or have a frank discussion with the family regarding the prognosis? It's a place where

you sometimes doubt your clinical judgement and knowledge because the case could swing either way. You might think that the patient may survive another 24 to 48 hours or you might think that despite all efforts they will die in the next two to three hours. You feel the weight of every decision you make for the patient and family.

The challenge at a mission hospital is the grey zone looks a lot different due to limitations on level of care and a heightened cost to making these decisions. Cultural and language barriers notwithstanding, I am often making decisions that would be made only after consulting with someone's primary care doctor, various specialists and numerous other colleagues in the middle of the night with limited labs, limited imaging and a limited history. I also have limited leeway in treating a critically ill patient, because ventilators, ICU-level monitoring, dialysis and lack of medications force me to frame my choices in a completely different light. There's often no recourse if someone's kidneys shut down in the middle of the night and their blood pressure drops at the same time. Dopamine is our only pressor (life-support medication to raise blood pressure), and it comes with a host of potential complications.

Even more than adjusting my medical decisions about critical illness is recognizing the impact on the family financially. Since most people here are desperately poor, and healthcare insurance doesn't exist, is it fair for me to charge them more money for a very slim chance of seeing improvement, when it might mean much less money for food, education or basic necessities? While I don't often stop to ask these questions in the U.S., I stop to ask myself them here. Although our hospital has very reduced rates and ways to help the poor, we do need to charge for care. How can I appropriately care for a patient in a cross-cultural ministry, while giving fair expectations, but also excellent and up-to-date care? I've found more and more it boils down to the essence of "being a missionary physician." What does "being a missionary physician" mean besides a good bedside chat with the family, giving hope and prognostic information, but more than that, giving what in my mind is the most important news of all, the news that Jesus has died to save each of us? No matter the level of my medical skills or availability of technology, each one of us will one day have to face our Creator God. If I can encourage, pray and share the hope I have for eternal life, even if I feel limited medically in what I can offer, I am limitless in the impact God can have on their life for eternity. I am adjusting my expectations and understanding of treating critical illness, but I am standing firm in the knowledge that God is more than sufficient for all of my critically ill patients.

Resources

PowerQuest WorldWide, Ltd is a 501(c)3 organization with special interest in helping medical mission organizations with electrical challenges. Generating power by diesel generators is very costly in fuel and maintenance and many national utilities are unstable and unreliable. Mr. Bill Wright, engineer, is available to help interested organizations look at ways to stabilize their electrical supply using solar and battery inverters. As a consequence of the electrical power problems, the O₂ suppliers are also suffering and lacking in supply of O₂. Bill can also help with O₂ supplies and medical gases.

Note from Susan: I've known Bill from all the projects he did at Tenwek. He is very knowledgeable and skilled.

Ken Gray, Architect, is a recently retired and highly experienced architect who has helped a variety of mission organizations around the world with their design needs for clinics, hospitals, churches, schools and other buildings.

- His time is volunteered.
- He covers his flight and travel expenses.
- He requests the host organization be responsible for in-country expenses.
- Typically he develops a project to 30%+/- complete which allows the organization to leverage his design and graphics for fundraising and/or contracting with local architect/builder to complete per that countries codes and regulations.

For more information, contact Ken at 859-619-2577 or kgray@scbarchitects.com

Note from Dr. David Stevens: Ken is the husband of Dr. Sandy Gray, the President of Asbury University, and someone you will be delighted to work with!

World Report reports on funded global health research around the world
<http://tinyurl.com/hy6mbht>

Global research funders have launched an online database and mapping tool of research projects funded around the world. The interactive, open-access site depicts investments and partnerships from some of the largest biomedical research funders.

[World Report
worldreport.nih.gov](http://worldreport.nih.gov)

Known as [World Report](http://worldreport.nih.gov), the website provides information by continent, country, funding organization, research organization and year. It includes funding data from 2012 to 2015, with annual updates planned. Research projects can be searched by keywords in their titles and abstracts, filtered by location (continent, country, or city), funding organization, research organization, principal investigator (PI) name, or any combination. The project is intended to provide a public means to track international research activities and partnered investments, increase awareness of funding opportunities and share results with the broader research and funding community. In addition to providing information about direct awards, World Report also tracks indirect research activity, which often occurs in collaborations between the domestic research organizations and foreign institutions. The goal is to improve understanding of the research landscape, identify gaps in funding and areas where there might be a duplication of effort and enable funders to more effectively synergize investments.

The site includes funding data from the Bill & Melinda Gates Foundation (BMFG), Canadian Institutes of Health Research (CIHR), European Commission (EC), European & Developing Countries Clinical Trials Partnership, INSERM, Institut Pasteur, Max Planck Society, Medical Research Council (MRC), NIH, Swedish International Development Cooperation Agency, Swedish Research Council and the Wellcome Trust (WT). It is hosted by NIH and managed by a steering committee of participants. It is supported by the BMFG, CIHR, EC, MRC, NIH and WT.

The Gerson L'Chaim Prize is a \$500,000 annual award for outstanding Christian medical missionary service. For information on this prize and how to apply go to: <http://tinyurl.com/j4e6ewe>

Dr. Jason Fader, surgeon at Kibuye Hope Hospital in Burundi, was the first recipient of this award. Congratulations, Dr. Fader and team in Burundi!

From Battleground to Sacred Space by Judy Palpant

R.I.P. "Rest in peace" is usually reserved as a benediction for the dead. But it is the living who need restful sleep, and for one in 10 Americans, this is only an elusive dream. As sleep evades, the mind becomes a strategic battleground and the pillow a daunting beachhead. We rummage through the past, mull over the present. Hopes and fears converge. Principalities and powers joust overhead.

Consider a different scenario: whether stuffed with feathers, foam or fiberfill, the pillow can become a place of peaceful refuge. God values our heads and minds. The apostle Paul decrees that we have the mind of Christ (1 Corinthians 2:16). And he recommends wearing the helmet of salvation as protection from spiritual attack (Ephesians 6:17).

In Genesis 28, the stone which propped up Jacob's precious, preoccupied head by night turned into an altar of praise by morning. After seeing a ladder of angels in his dream and hearing from God, he declared his hard pillow-stone a monument and poured oil over it. He named it Bethel—"House of God."

Your pillow, whether firm or soft, is just that—a sacred space. A sanctuary. Worship there. Claim it as holy

ground. Relax into it. Alone and awake, lift up your heart to the Lord. Invite God's intimate presence to come. Repent. Trust. Abide. Contemplate. Your grateful praise and worship ascend to the throne of God. And like a celestial visitation, His grace, mercy and peace descend.

F.B. Meyer wrote in *Through the Bible by Day*, "There is an open way between heaven and earth for each of us. The movement of the tide and the circulation of the blood are not more regular than the intercommunication between heaven and earth. Jacob may have thought that God was local; now he found Him to be omnipresent. Every lonely spot was His house, filled with angels."

Retirement **by Dr. Ron Koteskey**

Paul, Barnabas, Silas and their companions never planned for retirement or made the transition into it. They simply kept working until they died. Retirement for the masses is an invention of our modern Western culture. Never before in history have the majority of people had enough money to be able to quit working with 20 to 30 years of their lives remaining.

If Jesus were telling the parable of the rich man in Luke 12 today, he would probably talk about the missionary getting online daily to check his retirement portfolio, thinking about diversifying, perhaps by a strategic rebalancing of stocks, bonds and real estate. This modern rich missionary may still say to himself or herself, "You have plenty of good things laid up for many years. Take life easy, eat, drink and be merry" (Luke 12:19).

Retirement can take many forms from a delightful, freeing experience to a traumatic, depressing one. A major factor in determining which it becomes is the planning one has done. Most people make some sort of financial plan for it, if nothing more than knowing that Social Security (or similar benefits) will be available. However, people need to think about where they will live, if they will have enough money, what they will do and who will be in their circle of friends. This planning should begin early, but at the latest, early in the last term of service before retirement.

Where will I live?

Unlike people who remain in the country of their birth, many missionaries do not own homes where they can live in their passport country during retirement. Some of the options might be:

- Early in their careers some missionaries do buy a home in their passport country. They live in it while on home ministry assignment and rent it to other people while out of the country. The rent pays the mortgage payments, maintenance, insurance and taxes. Of course, to make this work, one has to plan decades in advance—and have a reliable friend to manage the house.
- Missionaries who do not own homes at retirement have a variety of options:
 - Buy an existing house, if they have enough savings set aside and can find a suitable one where they want to live.
 - Build a home if they have the finances and can find suitable property.
 - Lease or rent a home.
 - Enter a retirement community. Many agencies and churches have these with many different plans for becoming part of the community.
- In addition to the house, missionaries who do not already have one will also choose the community where they live. Again many options are available:
 - In or near to community where they grew up.
 - Near the agency headquarters.
 - Near a supporting church.
 - Near family, either near parents if they are still alive or near children if they have homes of their own.
 - In the host country. Be sure to check on agency policies about this because some do not allow you to return to your host country and remain part of the agency.

Will I have enough money?

Many retired missionaries have sufficient income from retirement plans and investments to live adequately, and some also continue to work at least part-time. Depending on how you have planned, many sources of income are available:

- Benefits from governmental retirement plans, such as Social Security in the U.S., are available to those who have paid the taxes over the years. This income provides a base, but not enough to live on.
- If your agency has a retirement or pension program, you have that income as well.
- Your investments in tax-deferred plans or Individual Retirement Accounts can be used as income after age 59.5 in the U.S.
- If you own your own home, you can receive income from a reverse mortgage (you keep living in your house and the bank pays you mortgage payments).
- Increasingly people continue to work part-time after retirement at such things as fast food, retail sales or a mission agency.
- You may become a consultant in your area of expertise, such as business affairs, church planting, etc.
- Paying a qualified financial planner a few hundred dollars may save you many thousands in the long run.

What will I do?

Missionaries vary widely in answering this question. Some of the options are:

- "Take life easy; eat, drink and be merry" as the rich man said in Luke 12:19 (NIV 2011).
- Continue working as before. Some agencies have age limits, so when people retire from one agency, they may move to another agency that has different age limits.
- Continue working, but in their passport country, such as pastoring a small church.
- Volunteer work in many capacities:
 - In the host country on short-term engagements among familiar people.
 - In another country where your agency has a work.
 - At the agency headquarters.
 - In your passport country among those of the same people group living there.
 - In settings unrelated to missions, such as hospitals and nursing homes.
- Join a group such as Finishers. These groups were created to enable people who had retired early in their passport cultures to have the opportunity to serve several years after their retirement. Missionaries can continue serving through some group such as this.
- Start something new, such as:
 - An interesting hobby.
 - Reading in a totally new field.
 - Writing memoirs, stories.
 - A new skill (computer, piano).

Who will be my friends?

Finding a place in a social group may well be the most difficult task you have in retirement. Having lived in another culture for many years, you may find that your values are quite different from the people your age in your passport culture. You may have changed so much that you feel like you do not fit anywhere, even among those who were your closest friends.

However, some contexts make it more likely that you will find a compatible social group with similar values.

- Retirement communities sponsored by your own agency may be best for this.
- Retirement communities sponsored by other mission agencies are also good.
- Retirement communities sponsored by churches.
- Missionaries living in a community or neighborhood of a larger city sometimes meet monthly in prayer or interest groups.
- Check to see if your agency has some mechanism for keeping you connected with the agency and other retirees.
- Most agencies have an annual conference or convention, and some agencies have special meetings to

which retirees are invited.

Special Considerations.

Some things arise that may surprise retirees. Here are a few that occur rather frequently.

- Aging parents. As people live longer and longer, the chances of retiring and finding yourself responsible for the care of parents unable to care for themselves increase. Remember that if you retire at 65, your surviving parents may be in their late 80s and need help.
- Healthcare. As you get older, healthcare becomes much more expensive. If you are retiring before you are eligible for governmental healthcare (Medicare in the U.S.), be sure to check to see if your agency policy continues to cover you. Check how much you will have to pay yourself. What about a medical supplemental health benefit policy?
- Depression. Missionaries may experience "making-a-difference" withdrawal when they retire. On the field, they have made a life and death difference to many people, but back in their passport culture, they feel like their lives make little contribution to anyone.
- Agency policies. Be sure to read carefully the policies your agency has about your retirement activities. Then make your plans about retirement taking these policies into account. Being asked not to return to a field may be devastating.
- Pass the baton. Remember that the missionary enterprise is like a relay race. You carry the baton for years or decades, then you pass it on to the people following you. Your place then is to cheer that next generation on as they continue to carry out the Great Commission.
- Finish well. After you have passed the baton to the people who have replaced you in the race, refrain from interfering with their running the race. Each generation does things differently, and when you are tempted to be critical, remember how you felt when the old missionaries told you what to do. Your students, parishioners, disciples, etc. have now become the leaders. Let them lead.
- Give yourself time. These issues take some time to resolve and may seem overwhelming if faced all at once. They can be more adequately faced if you give yourself four or five years.
- Remember God's promise in Psalm 92:12-14, "The righteous will flourish...They will still bear fruit in old age, they will stay fresh and green" (NIV 2011).

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

Center for Medical Missions

P.O. Box 7500
Bristol, TN 37621
423-844-1000

www.cmda.org/cmm

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