

# The Center for Medical Mission's *e-Pistle* July 2012

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Welcome to the July issue of the *e-Pistle*! I have been thinking about you as I prepared for our Orientation to Medical Missions conference which took place last weekend, July 20-22. Each of the previous six pre-field conferences have been the annual highlight of my ministry here at CMDA, so I found myself thinking of all of you in the field as I prepared to meet the next class. We had 31 participants in this year's class. Most, if not all, will be joining you in the field within the next few months. I know they will appreciate your prayers as they make their final preparations and then experience the difficult goodbyes to family and friends.

Equally as important are your prayers and support as they join you in service. I'm guessing most of you can remember how overwhelmed you were when you first arrived in the field. So we ask that you please join us in praying for these new doctors/dentists and their families as they transition to the ministry for which they've been preparing for years. Thank you!

It won't be long before we'll be joining representatives from your sending agencies in Wheaton, Illinois for our 2012 Medical Mission Summit. This year we are meeting at TEAM headquarters on September 6-7 for our continuing dialogue on medical missions. We're excited to see where the group goes with a) continuing discussion of medical mission advocacy within sending agencies; b) developing a written theology for medical missions; and c) developing a training course for future medical missionaries. If your sending agency has not participated in this discussion in the past, please let us know who to contact and we will make sure they know they are invited.

There are several interesting articles in this month's *e-Pistle*. Dave has included the next to the last part of his article on community health and development. Ron Koteskey has shared his research into bribes and I've included a couple comments in response to my question about support from your sending agency. I hope you find this helpful.

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## **Cura Animarum**

by Rev. Stan Key

### ***TOO HARD FOR GOD?***

Is anything too hard for God?  
Perhaps you think my question odd,  
But listen and I think you'll see  
The cause of my perplexity.

I do not doubt that God alone  
Can speak a word, and from his  
throne  
The universe is set in place,  
And stars are hung in empty space.

'Twas easy to create the sun:  
He spoke the word – and it was done!  
Miracles, signs and wonders too  
It seems there's nothing God can't  
do!

But saving souls like you and me  
Reveals a deeper mystery:  
For all the powers in heaven above  
Can never force a heart to love.

Deep within my soul I see  
A kingdom that belongs to me,  
Where I am sovereign, I decide,  
And even God can't come inside!

If I was destined by decree  
Created so I'd bow the knee,  
Then like a robot I'd obey...  
No! God must find another way!

To melt my selfish heart of stone  
The Mighty One gave up his throne  
And came to die upon a tree  
In hopes that love would conquer me.

For even God will never force  
A sinful man to change his course  
Until he opens wide his heart  
And let God's grace fill every part.

Is there nothing God can't do?  
I leave the answer up to you.  
Your response, this very hour,  
Will demonstrate His sovereign  
power.

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## **Helpers of Health Section X: Community Health and Development**

by David Stevens, MD

### **Continued from June**

6. To Treat or Not to Treat? Another early decision was whether we would train our community volunteers, many with minimal education, to treat common diseases. Here is the decision tree that we climbed down to get to the root of our answer. These questions will assist you in making your decision based on your local conditions.

- Were there significant medical needs in the community? We identified the 10 most common easily treatable illnesses, looked at their incident rates in the

community and identified how many patients were admitted to the hospital with complications. We found a significant unmet disease burden.

- Were diagnostic and treatment modalities available on a timely basis? There were few clinics or other places the local people could get treatment. The few government facilities were poorly staffed, equipped and supplied. People had to walk long distances to get treatment. “Bush Doctors” preyed on their plight by scavenging used vials and empty medicine bottles, stealing medicines, claiming knowledge they did not have and setting up “practices” in the community. Vials were filled with river water and contaminated syringes and needles were used to give injections again and again. Aspirin was sold as an antibiotic. Dangerous medicines were given with no knowledge of their effects or proper dosage.
- Could we properly train our CHHs? We thought we could if we limited their repertoire to only 10 diseases, most of them not requiring dangerous drugs. We realized it was going to take repetitive teaching and then ongoing supervision with frequent monitoring in the field. We decided before we even began that we needed to be ready to abandon this component of the program if it was not working well.
- Could we minimize risks? We identified a number of risks:
  - Our CHHs could give medications when they were not needed or for the wrong condition. Were they diagnosing correctly? We ascertained that one-on-one mentoring was needed during training and the early days in the field so our supervisors could help them apply the newly gained knowledge and observe the results.
  - They could give the wrong dose of medicine. Thirty years ago, malaria could still be treated with chloroquine in our service area, but adult doses given to young children could kill them. To avoid incorrect dosing, we adopted a unit dose packaging system for all our medications. Each envelope was clearly marked with the name of its contents, the expiration date of the medicine, for what age it was appropriate and how it was to be taken (using symbols for those who could not read).
  - As we had a large problem with corruption, theft and fraud in our service area, recruiting the right people and good close supervision were obviously the first safeguard, but we wanted to lower temptation with good systems. All pill envelopes were sealed and then enclosed in zip lock bags in groups of 10 for easy inventory. Medicines were kept in a large locked wooden “medicine box” by the local committee. Before new medicines would be issued, the CHHs had to have their medicine bags inventoried to show medicines present or the money they had received for them. They turned in their money to get another batch of medications.

- Added Benefits – We did not pay our volunteers, but we realized they would incur expenses as they served. Mothers with children with gastroenteritis would bring them to their homes and they would have to use their own sugar and salt to make oral rehydration solution. Others might desperately need medicine but couldn't afford it. CHHs might be too far from home to return for a meal and have to provide food at a local "duka" (store). For these reasons, we built a small "profit" into their medicines sales. It was not large enough to give a stimulus to sell medicines when they were not needed but high enough to cover some of their expenses.

Overall, our medicine system worked well. It gave our CHHs higher respect in the community as they treated malaria, peptic ulcer disease, small wounds, burns, cough, worms and other diseases, as well as provided vitamins. A medication distribution system might not make sense in your area so use this decision tree to find out.

7. Fund Your Program – You can do community health with comparatively little funding compared to curative outreaches, but funding can turbocharge your program when used properly. You can do more and expand quicker. Community health outreach gives a high return on a small investment but I've never seen a program that is totally self-supporting. There are costs for supervisors' salaries and benefits, transportation, computers, stationary supplies, training and much more. How do you fund it?

A number of streams are available for funding that should come together to make it happen. Missionary salaries and expenses may come from their ministry accounts, which is a gift in kind to the program though few missionaries are actually involved in the program. In our case, we had only one or two missionaries involved full-time in the early days.

You can generate some income from program activities. Our medication program also included income opportunities for each committee to do local projects and for the central office to help fund activities. This amount wasn't huge, but it was significant to show to outside funders we were doing our part to fund our work. Our hospital provided some services gratis, another gift in kind.

What we did not generate from medication sales, we raised from mission funds to help cover the cost of our evangelism and discipleship efforts including purchasing Bibles, tracts and other materials and to cover the cost of spiritual training for the CHHs. We wanted to show our secular funders that we weren't using their funds for "proselytizing" activities.

The vast majority of our funds came from project grants we received from government and parastatal organizations. My philosophy, as I've expressed elsewhere in this book, is not to use the Lord's money for things the secular world will pay for as long as there are no strings attached to impede our ministry goals. We initially got USAID funds for two three-year cycles of funding. When the U.S threatened to withhold aid funds to Kenya over political issues, we approached EZE (now EED) a large German parastatal

that had helped us on other projects. They helped hold us accountable to accomplish what we had set out to do, an added bonus to receiving the funding!

8. You Don't Want to Own It – It is better to have a friend who owns a truck than it is to own it yourself! If you own it, you have all the problems associated with ownership, yet most people only occasionally need a truck for hauling. It is a lot of easier to put some gas in the truck and return it.

The same is true in community health work. You want to indigenize your program. It often takes time to fully nationalize your community-based outreaches, but the process should start from day one. Not only do you need a great deal of input to understand community problems but you must also give the local health committees the latitude to make decisions and even mistakes as they work. Your central efforts need to be seen as facilitation of the community's efforts so the local people, government officials and others see "your" program as their program. How do you make that happen?

First, send the right messages and back them up. We told our local committees that they program belonged to them and they made the decisions. Preceding that, we had many discussions about concerns with that strategy. Should we make it a church-based program? We didn't because we thought it would limit our target audience to our own church denomination members. Should we limit it to committee members, health helpers or Christians? That was a harder question. If we did, we would still be holding "veto" power over local decisions. After lots of prayer and discussion, we didn't. Instead we worked hard to help local councils come to that decision. We had a few trainees come through that really didn't know Christ as their savior, but they came to Christ during training with prayer and testimony.

It is not easy to give up control but it pays off in many different ways.

If you use volunteers, sooner or later some of them will ask to be paid, especially if you are associated with a hospital or have outside funding from a grant-making organization. The problem is not hard to handle if you have truly made your local committees in charge. You just tell the volunteer that they need to talk to the local committee since they are in charge.

Politics exists in every country and community. As someone from another country, you don't completely understand the local politics and you definitely don't want to get into the middle of it. It is much better if the local committees deal with those issues.

True indigenization is like raising kids. To teach them responsibility, you set them increasingly free with more and more responsibility. The same is true in emancipating your local committees from central support. As they learn to motivate, train, equip, supervise and hold people accountable, you can step further and further back from the process, giving less and less of your resources from your central office. Do this slowly but methodically based on performance, not on time. Is this local committee solving problems, showing initiative and managing its people well? As they prove themselves,

you step back and become the encourager, providing advice only as it is requested. As the same time, you praise them for their accomplishments and give them credit with others for their successes.

*Please note: this series of articles will be completed next month.*

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## **Discussion Question**

Last month I mentioned that I did not receive any comments on the question, “What could your sending agency do to make you feel more supported in your medical ministry?” Well, a couple people did take the time to write so I share it with you here. Please feel free to comment or add to the discussion.

A sending agency developed a department of International Healthcare Ministries (IHM) to support and further develop their medical personnel and ministry.

- Most of the career healthcare missionaries, who are permanently in the USA, still active or retired, are members (some exceptions).
- One is director of missionary healthcare, another is head of healthcare recruitment, another is head of new ministry development (and short-term teams), and another is IHM department head. All of us are also active in helping one another in our roles.
- They developed a statement of healthcare role in church planting.
- They developed “Assessment for Help” questionnaires of what needs to be addressed for starting a new work, expanding a work or changing a work. The questionnaires are for us to use during an assessment to make sure that we have asked all the right questions of what needs to be done.
- We recruit for our healthcare fields by holding Medical Mission Conferences: one annually at the home office and one to two regionally.
- We attend other conferences (like Global Missions Health Conference in November in Louisville, Kentucky) and represent our mission, seeking contacts for our fields and short-term trips.
- We recruit through our short-term teams. Our teams are also to help develop new fields.
- For new, changing or expanding fields, we (two to four of us from the department) do an “Assessment for Help,” developing a proposed approach that the field is free to use or not. Our report is not mandatory, but a proposal that they can use to develop the ministry. In this context, we are not administratively

over any of our fields, but seek to come alongside. (In fact, we requested that we NOT be in the authority structure over the ministries. We find it is easier to come along side our missionaries on the field, without feeling that the home office is “checking up on them” or “evaluating them.” We are [or were] all career missionaries who have been on the field for years and we asked ourselves, “What do we want on the field?” Our unified response was that we did not want a home office administrator [who did not have a healthcare background] “evaluating us.” We wanted HELP on multiple levels.)

- For a new career healthcare missionary starting a new field or a new ministry on an established field, we (two to four of us) go with them to do a survey and write up an “Assessment” for them to consider.

Please email me at [susan.carter@cmda.org](mailto:susan.carter@cmda.org) if you would like to correspond with the person who shared these comments. He will be traveling for a few weeks otherwise I would give you his contact now.

One other person shared that he has felt wonderfully supported by his sending agency for 20 years, but some time ago they said finances were very tight and they would have to cut back on the number of missionaries in the field. As you can imagine, that has left him feeling somewhat less supported.

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## **Sugar Cane Sabbath**

by Judy Palpant

*“In observing the Sabbath one is both giving a gift to God and imitating him.”—Lauren F. Winner, “Mudhouse Sabbath”*

Sugar cane—sweet, juicy. Anyone familiar with the taste will salivate at the mention of the word. During our years in Kenya, a fresh stalk of sugar cane trumped all other treats as far as our children were concerned. Eagerly they watched us cut away the tough outer layer with a sharp knife. Then we hacked it into 12-inch segments and passed them each a piece. Off they’d run outdoors to eat it—ripping off a chunk with their teeth. They sucked out the sweetness, swallowing the juice and spitting out the fibers. Then they’d take another “chaw.” Even now as adults in the U.S., no candy bar compares.

On our recent trip to Kenya, the subject of sugar cane surfaced as we rode with our friend Solomon. “Saturday is my Sabbath,” he said, “I always eat a stick of sugar cane.” He pulled his car off the dirt road and stopped. Opening his car door, he walked towards a man standing beside his bike. It was loaded with long stalks of sugar cane. We watched him negotiate the price. Soon he returned with his Sabbath-treasure.

Now we knew one of Solomon's Sabbath secrets. I imagined the mere thought of this stalk of sugar cane helped him cope with the multitude of demands he faced day in and day out in his ministry. He knew there would be time on Saturday to sit and stare, to be.

On his Sabbath, I pictured him retiring to his veranda or garden where he sat down on a low three-legged stool. Slowly, he savored the sugar cane, extracting the juice and the joy--discarding the dry, remaining fibers. In this simplicity of time and place, stress and strain fell from his shoulders. Gradually rest, release and renewal made room for quiet prayer.

While his taste buds relished the sweetness, his soul's taste buds savored the goodness of God.

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## **Bribes**

by Dr. Ron Koteskey

Little about missionaries and bribes is readily available online, in printed periodicals or in published books. The Bible is not silent on the issue of bribery, but Christians have written little about it. Missionaries living in countries where bribery is common discuss it among themselves, but only a few have put their thoughts in writing.

Most mission agencies have no policy or guidelines about bribery. Therefore, missionaries have to make decisions about bribes on their own or with the advice of a few colleagues in the absence of much relevant thinking and information.

### **What is a "bribe?"**

Two definitions of "**bribe**" are nearly always given in English. One is "anything given to people to persuade them to do something they would not ordinarily do." The other definition is "anything given to people in authority to persuade them to do something wrong."

People working cross-culturally may pay **transactional bribes** in which they give officials money to do what those officials should do without payment. Those same people may pay **variance bribes** in which they get people to do something illegal.

**Extortion** is demanding something from people by threatening some negative outcome if the demand is not met. Bribery offers favors or gifts but extortion demands with a threat. Bribery is when I give you money for a certain outcome; extortion is when I threaten something harmful unless you give me money. Many transactional bribes are really extortion.

A **gift** is something which is voluntarily transferred by one person to another without compensation. Note that, unlike bribes, gifts involve no demands or expectations and are given voluntarily.

Like “bribe,” **Shochad**, the Hebrew word most often translated as bribe, also has several meanings. In addition to bribe, it is also often translated as gift or reward. So, like the English word “bribe,” shochad has more than one meaning, meanings similar to those of transactional and variance bribes.

### **What does the Bible say about bribes?**

The Old Testament has much to say about bribes including shochad which is most often translated as “bribe.” However, although several bribery situations occur in it, the New Testament does not use the word “bribe” except in a few versions in one verse in Acts.

The Bible repeatedly commands God’s people not to accept bribes and repeatedly condemns people who do. This condemnation of bribes is clearly stated throughout the Old Testament which always says it is wrong to accept a bribe. In addition, refusing bribes is always right. Unlike accepting bribes, the Bible does not say it is wrong to give a bribe. In fact, it has several passages that encourage giving bribes.

Although the Bible mentions extortion less frequently than it does bribes, both the Old Testament and the New Testament have passages about it. Some versions have more verses about extortion in the Old Testament, and other versions have more in the New Testament.

The Bible always condemns extorting from others, and the Bible always views the extorted person as a victim. Nowhere in Scripture is the victim told not to give in to the extortion nor does it indicate that the person who yields to extortion is guilty of any sin.

Of course, the Bible does not condemn the giving of gifts, as long as the “gifts” are not intended as bribes. People even brought gifts to Jesus himself.

### **What does the law say about bribes?**

In the 1970s, investigations found that hundreds of U.S. corporations admitted making payments totaling millions of dollars to foreign officials, politicians and political parties. In a rare show of unity, the U.S. Congress unanimously passed the Foreign Corrupt Practices Act (FCPA) in 1977.

This law included both civil and criminal penalties for both corporations and individuals, even when the bribery took place in other countries. Companies paid millions of dollars in fines and individuals served years in prison. By 1998, 33 other countries had passed similar laws and together signed agreements to combat bribery in business transactions.

Although this law prohibits most bribery, it contains an explicit exception to the bribery prohibition for “facilitating payments” for “routine governmental action.” It gives examples of such things as obtaining permits, licenses or other official documents; processing governmental papers, such as visas; and so forth. Thus, the law agreed on by 33 nations forbids variance bribes, but not transactional bribes. Of course, just because they are legal does not mean that they are good.

Other countries and organizations have urged inclusion of transactional bribes as well. Parliament recently passed the United Kingdom's Bribery Act 2010. This law specifically defines facilitation payments as bribes and violation may result in imprisonment up to 10 years and unlimited fines.

No similar laws exist for extortion. Demanding money from people under threat seems to be illegal in virtually all nations. Extortion is practiced in many nations, but it is officially viewed as a crime.

### **Reasons people cite to give or not give bribes**

Missionaries come to different conclusions about whether or not they should ever give bribes. Here are some arguments in favor of giving bribes under some circumstances.

- Small-scale bribery is an accepted mechanism for legal transactions in many cultures.
- A "bribe" is really just a tip, gift or donation.
- In many cultures, missionaries can accomplish little without providing some financial incentive.
- They may not be able to get a visa to enter the country where God has called them to serve.
- The bribe provides additional income so the underpaid workers can support their families.

Here are some reasons against giving bribes under any circumstances.

- When you pay, you help corrupt the one you bribe.
- Such bribery may have unintended social consequences, keeping a culture unstable.
- Paying shows a lack of faith in God to accomplish His purposes.
- Giving bribes sears the conscience of the giver.
- Your supporters may lose confidence in you if they find out you paid a bribe.
- Bribery may cause dissention on your team if others have different convictions about it.

### **Other Considerations**

Deciding whether or not to give a bribe is not simply a matter of lining up arguments for both sides and coming to some conclusion. Here are some other things to consider.

- Intermediaries you hire may pay the bribes for you out of what they charge.
- Humanitarian aid may function as a bribe even if you did not intend it that way.
- Appropriate gift giving varies widely between cultures.

Even if you ask nationals about bribery customs, you may not be proficient enough in the language to ask the right question or to understand the answer. Your nonverbal behavior may not communicate to them, and you may miss what their nonverbal behavior is saying to you.

Even when learning the language from nationals, one may miss parts of the culture for years. Don Richardson illustrates that in *Peace Child* when the Savi saw Judas as the hero when told the story of Jesus' death.

Finally, remember that Christians reading the same Scriptures often come to different conclusions about a variety of topics. For example, some Christians totally abstain from alcohol, others drink it only at communion, others cook with it and still others drink socially. Likewise, some missionaries do not pay anything that seems to be a bribe while others pay transactional bribes (extortion).

### **What should one do?—and not do?**

The best thing one can do is to take preventive measures to avoid being asked for bribes. One can cultivate relationships in culturally accepted ways such as writing thank you notes or giving people appropriate gifts. If asked for a bribe, one can do a variety of things, such as reading the Word on bribery, asking God for wisdom, reading available material and consulting with missionary colleagues and nationals. Of course, there are some things one should not do. For example, do not accept bribes, do not de-Christianize other missionaries who do give appropriate bribes and never give a bribe to cover up something wrong. Here is a series of four questions that may be helpful.

- Stage 1: Is it a bribe, gift or extortion?
- Stage 2: Is this sinful?
- Stage 3: Is this legal?
- Stage 4: Are there other considerations?

*Missionaries and Bribes* is free at <http://www.missionarycare.com/ebook.htm#bribes>.

This book expands each section of this item in the *Your Call* into a chapter between six and 10 pages long. In addition, the book has 10 appendices and it may be downloaded free of charge.

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