

The Center for Medical Missions'

e-Pistle

June 2007

Welcome to this month's e-Pistle. We have some new contributors to the "e-Pistle" for this issue. TECH has committed to a series of articles we hope you will find helpful. This month's article introduces TECH to you. We have also included an update on the PAACS (Pan-Africa Academy of Christian Surgeons). You will be encouraged by the growth of surgical training in Africa.

Dr. Stevens continues his two-part series on presenting health changing messages.

Indiana Wesleyan University (IWU) is considering offering an online (distance learning) Masters level degree in Global Health. Please take a minute to read the announcement of a survey which will help IWU determine the need and interest in this degree. The announcement includes an on-line link to the survey. Please take time to do this short survey if you have interest.

We continue to look to you for future contributions for the e-Pistle. If you have an idea or are willing to write about something that will be helpful to the Lord's work going on around the globe, please let us know.

Indiana Wesleyan University

Global Healthcare: Introduction and Survey

While on a recent trip, I had the opportunity to interact with a Haitian woman who now resides in the United States. She is a masters-prepared nurse who has an intense interest in providing health services to remote areas in Haiti. She repeatedly said she was growing weary of continuing to treat patients, but not being able to provide any way of escape from the sources of the health problems, which might include diseases such as malaria, typhus, or tuberculosis or systemic problems such as impure water or lack of nutritious food.

This seems to be an issue that prevails in other parts of the world, including so-called developed nations. Many medical personnel are highly trained in treating the patient, but are not trained in either the basic methodology of missions or in how to develop and implement healthcare projects. This often takes on even more significant deficit when the medical or healthcare person is operating in a culture which is different from his/her own.

We at IWU are proposing a graduate level training program that would incorporate aspects of missions and aspects of healthcare. In this program, students will learn to change the world through Christ-centered preventive and curative healthcare within diverse cultures. Students will develop intercultural leadership skills to develop relationships with government agencies, community leaders and local churches in order to implement sound community health principles

to impact common health issues and HIV/AIDS. Students will learn to integrate their health care leadership with culturally appropriate methods of evangelism and Christian ministry.

We envision this to have the potential for students to earn masters credit in areas such as cross-cultural ministry, ministry leadership, community health, needs assessment processes, and more. Some may want to take individual courses, certificate programs, or the complete program leading to a masters degree. As we are interested in the quality of training and not the particular program, we hope to serve all the interested students.

In order for us to offer this degree, we need information on the sincere interest that exists. There is a short survey in this newsletter. If any who are reading this are interested in pursuing training in the areas mentioned, please complete the survey. The information we gain from the survey results will assist us in deciding if this training is a viable option for IWU.

<https://vovici.com/wsb.dll/s/4430g29303>

If you are not able to access the internet for this survey you may complete it below and return it to Daniel.Tolan@cmda.org. We will forward it to IWU for you. Your name and email address will not be shared.

Survey: Masters of Arts in Global Healthcare

We at Indiana Wesleyan University are considering offering a degree program in Global Healthcare. In this program, students will learn to change the world through Christ-centered preventive and curative healthcare within diverse cultures. Students will develop intercultural leadership skills to develop relationships with government agencies, community leaders, and local churches in order to implement sound community health principles to impact common health issues and HIV/AIDS. Students will learn to integrate their health care leadership with culturally appropriate methods of evangelism and Christian ministry.

What is your interest in pursuing a Masters of Arts in Global Healthcare online through Indiana Wesleyan University? Check one.

- Very interested
- Somewhat interested
- Not interested

How likely is it that you would apply to a Masters of Arts in Global Healthcare program within the next 3 years

- Very likely
- Somewhat likely
- Unlikely

What factors might influence your decision to pursue a Masters of Arts in Global Healthcare? Check all that apply.

- Cost
- Christian perspective

- Financial assistance
- Capacity to complete degree in two years or less
- Other (please specify _____)

Other comments: _____

Do you have regular and consistent access to the internet? yes no

Are you a (check all that apply):

- Nurse
- Physician
- Pastor
- Missionary
- Other _____

Presenting a Heart-Changing Message - Part 2 Section XVI: Mission Responsibilities By David Stevens, MD

In telling your story you will probably want to share some numbers. To make them meaningful, compare and contrast. When I talk about a hospital's catchment area I do not just say we serve 300,000 people. I find out the population of a city nearby to where I am speaking and compare or contrast it to that. If I were speaking in Bristol, TN, where CMDA's headquarters is, I would say, "Imagine a population eight times the size of Bristol and only three doctors to meet their needs." Another option is to contrast a number with a U.S. norm. "There is one doctor for every 500 people in the U.S. Where I serve, there is one for every 100,000." Don't use percentages which are dry and sterile. Instead of saying 10% of the people in your country have AIDS say something like this, "If you are walking down the street in our capital city, one out of every ten people you pass is carrying the deadly AIDS virus."

Visual aids punch your message home. I can still remember a chaplain from a federal penitentiary who spoke when I was in high school. He was telling a dramatic story of a prisoner being stabbed with a homemade knife, called a "shive." When he got to the climax of the story, he pulled the actual "shive" out of his pocket and stabbed it into the top of the podium. I can still see it quivering forty years later! One of our women teachers spoke on "using your ajoinings of time," and flicked quarters into the audience as she talked about wasting time being like wasting money. I know a missionary doctor that dresses up like a Maasai and delivers his message from the Maasai's perspective. All of these are visual methods that reinforce your theme and get your message across.

Slides can be used as visual aids but they need to be of good quality and you have to keep them moving. Years ago, when I showed slides, I used two projectors and showed 140 in ten minutes. Of course in this day and time, a video is often most appropriate. A video needs to be well produced, short, and memorable.

After you plan your message, practice it. The more you give the message, the better you will do it. As you practice, keep it moving. Don't get bogged down with too detailed a story. Time yourself and work on giving your message in different lengths. If it is a 30-minute message, what are you going to cut out if the pastor tells you three minutes before the service begins that you only have twenty minutes to speak?

Get critiques of your message from knowledgeable people – pastors, other missionaries, etc. - on how you can make your message better. I encourage people to go through the painful process of listening to themselves on audio or better yet, to watch a visual recording of their presentation. If you do this, get someone to sit down and watch it with you and give you some feedback.

Here are a few practical pointers.

- After you get your outline, go through and highlight key words to stimulate your memory of the point. That way you can quickly look at your notes as you speak and better keep track of where you are. I use different colors or printing for main points, illustrations and scripture.
- Inject as much humor as you can into your presentation where appropriate. The best humor makes fun of yourself or helps other people to make fun of themselves.
- To generate emotion, you need to feel the emotion your wanting to generate. If you want them to be moved, you should be moved. If you want your audience to be passionate, you need to be.
- After all the preparation, it is time to present your talk. Before you speak, bathe your presentation in prayer and get others to pray as well. God is the ultimate One to move hearts. You're not putting on a performance but letting Him use your voice and the Holy Spirit to speak through you. I always ask God to empty me of myself and to fill me with His Spirit before I speak.
- Keep within your time limits. Nothing will blow your credibility and distract from your message than to take too much time.
- Don't just preach a message on the theology of missions. I've seen missionaries do that and the response is, "Our pastor could have done that and done a better job at it." People want to hear your stories and experiences. On the other hand, don't just tell stories and experiences without making a point.
- Move and use body language. Standing behind a pulpit can be boring. Use a wireless mike, move around the platform and dramatize the stories you are telling. When I tell the story of taking care of a woman and her child in a hovel in Mogadishu, I get down on my knee as I did when I was looking in the hovel. I act out the story as I tell it. Dramatizing your stories makes them much more effective and interesting.
- Reiterate you main points to drive them home. As someone said, "Tell them what you are going to say, say it and then tell them what you said." Repetition helps people remember. When I finish

preaching, I want people to go away remembering just one to three things. Those are the things I want to punch home again and again.

- Get eye contact. The smaller the group, the more important eye to eye contact with individuals is. This is something you have to practice since looking people in the eye can be distracting to your thinking. It is worth the effort because it helps you to really connect with your audience.

If you don't have enough good stories or illustrations, collect them from others or read missionary biographies. I remember preaching at a large church and a year or so later I saw a missionary executive who had been at the meeting. He said, "I loved that message you gave. I've been preaching it all across the U.S.!" Imitation is the nicest form of flattery but I had to ask, "Where?" I didn't want to visit one of the churches he had spoken at and preach the same message!

Public speaking is one of your greatest privileges and most important opportunities. There is nothing more gratifying than to see God using you to help transform someone's life. With purpose, planning, and practice you can become a more effective speaker. It is worth the effort.

Focus on Appropriateness

By Jennie Wood - Executive Director, Technical Exchange for Christian Healthcare, Inc. (TECH)

This is the first in a series of articles addressing appropriate technology in medical missions. The articles will be written by experienced biomedical technicians, engineers, hospital administrators, pastors, and other members of TECH who regularly serve in an advisory role.

Technical Exchange for Christian Healthcare, Inc. (TECH) is a membership association, founded in 1990, with the goal of improving the quality of healthcare in the developing world so that the gospel of Jesus Christ may be preached. TECH membership is available to any Christian organization or individual that declares that Jesus Christ is Lord and Savior and is committed to excellence in medical missions.

Medical missions need TECH! Unfortunately, many of you have been the recipient of someone sending inappropriate medical products overseas. Broken or outdated equipment that cannot be sustained or repaired should not be sent to the mission field. High-tech equipment that requires special training for operation, or specific calibrations before use, should be carefully evaluated before being sent to an appropriate site. TECH calls this "junk for Jesus". Issues like these are discussed among TECH members and they are working to eliminate these practices and to improve the quality of healthcare in the developing world.

TECH developed two sets of Standards of Excellence (available at www.techmd.org - click "Standards" in left tool bar), one for suppliers of medical equipment and one for suppliers of medical supplies. Incorporating these Standards into the day-to-day practice of our member organizations has made an impact around the world. Our members are recognized for their

integrity, compassion, and commitment to excellence. Consider adopting the TECH Standards for use within your ministry and promoting them among your mission partners. Adhering to the TECH Standards will move your hospital or clinic in the direction of excellence.

TECH has established some basic “check-lists” for troubleshooting medical electronics. During the upcoming issues of the e-Pistle, we will focus on specific problem areas and how to identify them. You will learn what should be repaired, replaced, or disposed. Please feel free to ask questions, via the [TECH website](#) or [Susan Carter](#) editor of *The Center for Medical Missions' e-Pistle* if you have a specific need. Your questions and answers may appear in a future edition of *The e-Pistle*.

TECH is a membership association of over one hundred medical relief organizations. It is a network sharing and working to help each other complete the labor to which we are called in a manner that brings glory to God.

The Pan-African Academy of Christian Surgeons (PAACS)

Excerpts from “BULLETIN # 48” June, 2007

Bringing Christians together from around the world to train and disciple African surgeons in Africa.

Our goal: To train and disciple 100 African surgeons by 2020.

The dream of PAACS becoming accredited by Africa's two major Colleges of Surgery moved a giant step towards becoming a reality with the recent site visit by two Professors of Surgery from the West African College Surgery! From May 20 - 30, Professors Mbonu and Bode, representatives from the West African College of Surgeons (WACS), traveled from Lagos, Nigeria to Cameroon, Gabon, and Ethiopia to make accreditation visits to four active PAACS training centers. Bruce Steffes, the PAACS Chief Executive Officer, flew from the U.S. to accompany them. Professors Mbonu and Bode will now present their report to the WACS Executive Council in July and expressed their hope that they would be able to send PAACS a final report in late July or early August. All of us at PAACS are deeply grateful for their hard work.

The Admissions committee accepted seven candidates to begin their training with PAACS, six beginning in August, and one in January. This will bring the total number of PAACS residents in training to 20!

Earlier this month Tenwek Hospital announced the decision to become a PAACS Training Center, beginning in 2008. With Ngaoundéré's new general surgery program due to open in Cameroon in January 2009 and with the new Pediatric Surgery Fellowship at Kijabe (Kenya) opening in August, 2007, this will increase the number of training centers to seven. There are three more hospitals which are seriously considering the establishment of a general surgical training program sometime in the next few years.

Please continue to pray for PAACS.

CMA urges USAID initiatives to engage faith-based organizations

June 13, 2007—The Christian Medical Association today urged the new head of the U.S. Agency for International Development to take specific steps to facilitate funding of the faith-based organizations, which are providing much of the healthcare in underserved regions around the world. CMA Trustee Dr. Clydette Powell and CMA Vice President for Government Relations Jonathan Imbody, along with representatives from several other faith-based organizations, met with the new Acting Administrator of USAID, Under-Secretary [Henrietta Fore](#), to discuss policies and programs that would assist smaller faith-based organizations in partnering with USAID to achieve health outcomes.

CMA specifically recommended that USAID consider sending grant experts to conferences overseas, such as the [International Continuing Medical & Dental Education Conference](#) sponsored by CMA, to educate medical missionaries on the grant process. CMA recommended that members of the faith-based community be included on grant review panels, and that proposal requests and guidelines include consideration for the unique advantages offered by faith-based organizations. CMA also presented the Under-Secretary with a 10 page compilation of comments about USAID from medical missionaries around the world.

Under-Secretary Fore, who is leading USAID pending Senate confirmation of her recent nomination by President Bush, expressed deep appreciation for the "tremendous effect" of faith-based organizations around the world, noting that their accomplishments often remain "under-recognized." She expressed a concern to develop strategies to insure the continuance of programs assisted by USAID once funding is discontinued. Under-Secretary Fore also stressed the need to translate ideas and policies into practical action steps.

The high-level meeting comes on the heels of several reports indicating the need to better engage faith-based organizations internationally. The World Health Organization recently released a [report](#) revealing that between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations. The [Gallup World Poll](#) asked sub-Saharan Africans in 19 countries about their confidence in eight social and political institutions. Overall across the continent, they were most likely to say they were confident in the religious organizations (76%) in their countries.

Resources

Books

Setting Up Community Health Programmes, A Practical Manual for Use in Developing Countries, 3rd Edition

By Ted Lankester

This revised edition has all you need to know about how to set up community-based health care in rural or urban areas.

The community approach to primary health care is steadily climbing the agenda. This makes the publication of a major revision of SUCHP timely. The book incorporates much of the recent research, which has been done in a variety of countries on community-based approaches to primary health care. This revised edition brings the community care of people with HIV into a central position. It deals with the synergy between HIV and TB and offers community-based approaches to treatment as well as care and prevention. The evidence-based approach, which underpins the book, will make it an attractive resource for the increasing number of health courses, especially at master's level. These revisions make the book invaluable for anyone involved in primary health care including doctors, nurses, and care workers of all levels.

CONTENTS

Part I - Basic Principles

1. Setting The Scene
2. Working As Partners With The Community
3. Health Awareness And Motivation

Part II - Starting A Programme

4. Initial Tasks
5. Learning About The Community
6. Drawing Up Plans
7. The Community Health Worker

Part III - Specific Programmes

8. Setting Up A Community Health Clinic
9. Improving Childhood Nutrition
10. Setting Up A Childhood Immunisation Programme
11. Dealing With Childhood Illnesses: Diarrhoea, Pneumonia and Malaria
12. Setting Up A Maternal Health Programme
13. Setting Up A Family Planning Programme
14. Setting Up A Community Tb Programme
15. A Community Development Approach To Aids Care, Prevention and Control
16. Setting Up Environmental Health Improvements

Part IV - Appropriate Management

17. Using Medicines Correctly
18. Monitoring And Evaluating The Health Programme
19. Managing Personnel And Finance
20. Co-Operating With Others
21. How To Make A Programme Sustainable

Appendices

- (A) Suppliers Of Equipment

- (B) Supplies Needed By A Small Health Centre
- (C) An Essential Drugs List
- (D) Useful Journals And Newsletters
- (E) Addresses Of Resource And Information Centres
- (F) Family Folder And Data Recording Form

AUTHOR

Ted Lankester is currently Director of Health Care at InterHealth, an international health centre whose staff acts as health advisors to a wide range of church-based and international aid agencies. He has wide experience of work in developing countries as well as the UK, where he has also worked as a specialist in primary health care.

He was founder-director of SHARE, a community-based health programme in the Himalayas and helped set up other health programmes amongst refugees and poor rural communities. He was until recently a Board member of Tearfund and Assistant Editor of Tropical Doctor. Along with health care colleagues he has recently set up Community Health Global Network, www.chgn.org.

You can purchase this book from **INTERHEALTH for £5.50 plus P and P.**
supplies@interhealth.org.uk Web www.interhealth.org.uk/shop.

The Traveller's Good Health Guide, 3rd Edition

By Ted Lankester

Written in an easy-to-read style, with cartoons and illustrations, this lively and informative book has been expanded to over 400 pages of practical and helpful advice in four sections:

Before You Go – from immunizations and malaria prevention to essential health supplies

Health Traveling – minimize your travel-health risks with vital precautions, including food and water safety tips

Returning Home – know when you should get a travel-health worry checked out and how to deal with stress and reverse culture shock

Plus – a detailed glossary of infections and conditions that affect travelers; how to prevent them and how to deal with them

Is this something to check out as a resource for the many visitors who come to assist your ministry? If you are interested you can purchase this at www.interhealth.org.uk/shop.

Center for Medical Missions

PO Box 7500
Bristol, TN 37621
423-844-1000

www.cmda.org/go/cmm

To unsubscribe, send an e-mail to becky.warus@cmda.org. Thank you.